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Adolescents' experiences following a group-based intervention for at risk youth exposed to violence

By

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DECLARATION OF ORIGINALITY

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Declaration

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Abstract

South Africa has amongst the highest rates of violence in the world. Research has revealed that school-aged children who are exposed to family and community violence present with a greater frequency of internalising and externalising behaviour problems. Furthermore, those who have been abused and neglected are more likely to exhibit a wide range of academic, personal and socially maladaptive behaviours including poor academic performance, crime, emotional problems, sexual misconduct and alcohol and substance abuse. Based on the need for psychological interventions and lack of community resources, a group of masters' psychology students developed a psychological intervention for a group of adolescents who had been exposed to various forms of violence. The intervention was implemented as part of the counselling psychology students' practical training and aimed to target emotional, behavioural and coping strategies that would teach the adolescents to interact healthily with their environment. The purpose of this study was to understand the participants' experiences following their participation in this group-based intervention.

Design: A qualitative research design was adopted.

Sampling: Purposive sampling was employed to select participants for the focus group discussions.

Data collection: Two focus group discussions were conducted with six participants. The first focus group discussion was held the week following their completion of participation in the intervention and another again two months after their participation.

Data Analysis: Thematic analysis was used to explore and interpret the results.

Findings: Four main themes were identified: the contribution of group processes to participation in the group intervention; improvements in self-management skills; interpersonal awareness; and the benefit of the intervention for others.

Conclusions: The results from the study revealed that participants perceived themselves to have benefitted from their participation in the intervention and they supported the implementation of the intervention at schools and advocated for ongoing support for themselves and for other adolescents.

Keywords: youth, Adolescents, exposure to violence, experiences, group-interventions

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1.1 Introduction

At an annual celebration event for children, former statesman Nelson Mandela stated, "While we understand and promote the notion that while children need to be guided, they also have an entrenched right to be whatever they want to be and that they can achieve this only if they are given the space to dream and live out their dreams" (Mandela, 2011). The former president's words echo the responsibility of affording children communities and spaces in which they not only feel safe and secure, but are also able to explore and pursue the wonder of their imaginations. This type of environment should be afforded to children because their development is not only an entrenched right in the South African Constitution, but their presence often represents the promises and aspirations of families and future generations.

Consequently, the development of children and adolescents is a responsibility with which the most caring and supporting hands should be entrusted. Furthermore, adolescents should be afforded optimal opportunities to aspire and explore their surroundings freely as they gradually progress through the phases of human development. Developing children may benefit from a safe environment to explore, the cultivation of positive relationships, the courage to challenge themselves and aspirations to achieve.

However, this type of environment does not appear to be an attainable objective when one considers the current reality of children in the South African context. Because children and adolescents are vulnerable, they are affected by the high levels of violence in South Africa. Children appear to be at risk regardless of whether their homes, schools and/or communities are marked by violence. The manifestation of violence may be complex and multi-dimensional, affecting individuals and communities at large. Children's exposure to

violence is detrimental to their development. Traumatised adolescents are often impulsive, become angry quickly, are easily upset, struggle with feelings of guilt, experience problems with trust, suffer unstable relationships, feel ashamed and perceive the future as hopeless and pessimistic (DeRosa et al., 2006).

According to the United Nations Committee on the Convention on the Rights of the Child, violence against children includes all forms of physical and/or mental violence, injury and/or abuse, neglect and/or negligent treatment, maltreatment and/or exploitation including sexual abuse (Covell, 2005; Guerrero & Rojas, 2016). Covell further explained that violence against children is multidimensional and may comprise physical, sexual and psychological abuse as well as neglect. The most prevalent forms of violence experienced by children in South Africa include physical violence and homicide, corporal punishment, sexual abuse and rape, emotional abuse, neglect, observing intimate partner violence (IPV), bullying, gang violence and xenophobic violence (Mathews et al., 2016).

Violence against children occurs in a variety of settings including the home, school and community. Furthermore, violence is often influenced by a wide range of factors: from the personal characteristics of the victim and perpetrator to their cultural and physical environments (Guerrero & Rojas, 2016; McClosky, Figueredo, & Koss, 1995; Rakovec-Felser, 2014). Insults, name-calling, isolation, rejection, threats, emotional indifference and belittling are all forms of violence that may have a detrimental effect on a child's psychological development and well-being, particularly when the perpetrator is a respected adult such as a parent (Guerrero & Rojas, 2016) or an authority figure to which the child looks up to. Any authoritative figure may harm a child.

Exposure to violence may lead to dire consequences for the development and functioning of the developing child. Children who have been exposed to violence may

experience a number of difficulties such as paying attention in class and concentrating because they are distracted by the traumatic event that they witnessed or experienced. Furthermore, studies have shown that younger adolescents who have been exposed to violence, either through witnessing or personal victimisation, are more likely than their older counterparts to present with subsequent emotional distress (Chen, 2010; Schwab-Stone et al., 1999). Most children and adolescents who are exposed to violence are never formally identified, assessed and/or treated even though the emotional, social and psychological impact of their exposure is observed by their families and practitioners in various settings (Cohen, Groves, & Kracke, 2009). In a country with high rates of domestic and community violence as well as violence at schools, the question as to what responses and interventions have been implemented so as to create a safe and secure environment in which children can grow up may be posed. A safe environment can allow for the appropriate development of children's skills and abilities as they mature towards adulthood.

1.2 Research Problem

South Africa has amongst the highest rates of violence in the world. The country has the highest reported cases of gender-based violence and its homicide rate is five times the global average (Mathews et al., 2016; Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). The effects of trauma and exposure to violence have far-reaching consequences and long-term impacts on individuals, families and communities. The reality is that children and adolescents are direct victims and casualties of exposure to violence in a society that is marked by excessive poverty, unemployment and crime.

The findings of a comparative study that investigated exposure to community violence and psychological distress among adolescents in the United States of America and South Africa revealed that South African youth had higher rates of exposure to witnessing

school violence, neighbourhood violence and victimisation (Shields, Nadasen, & Pierce, 2013). Studies have also shown that not only is there a high degree of co-occurrence between witnessing domestic violence and direct victimisation of children in the home, but children's exposure to family and community violence also tends to overlap (Farver, Xu, Eppe, Fernandez, & Shwartz, 2005; Kennedy, Bybee, Sullivan, & Greeson, 2010; Schwartz & Proctor, 2000).

School-aged children who are exposed to violence are more likely to experience a broad range of psychological difficulties such as sleep disturbances and are less likely to explore their environment and play freely (Fantuzzo & Mohr, 1999; Schwartz & Gorman, 2003). Exposure to violence may also have a negative influence on academic functioning by interfering with children's emerging capacities for self-regulation and behavioural control (Schwartz & Gorman, 2003). Children who are exposed to violence often show a greater frequency of internalising, for example, withdrawal and anxiety as well as externalising such as aggressive and delinquency behavioural problems in comparison to children from non-violent families (Fantuzzo & Mohr, 1999; Overstreet & Braun, 2000; Schwartz & Gorman, 2003).

In addition, Bell and Jenkins (as cited in Fantuzzo & Mohr, 1999) revealed that children who have been abused and neglected are more likely to perform poorly in school, commit crimes, experience emotional problems and get involved in sexual misconduct and alcohol and substance abuse as they get older. Schools may also be affected by events that occur in the broader community; for example, increased gang-related criminal activities in the community may manifest in the school environment (UN Committee on the Rights of the Child, 2006).

According to Mathews et al. (2016), the high levels of children's exposure to violence eventually results in a further cost to society. This cost is incurred by the government, specifically, health care for the treatment of victims, law enforcement and the criminal justice system for the prosecution of offenders and child social services for the protection of children who have been victims of and/or are vulnerable to violence. In addition, there is a more extensive, long-term cost to society through the intergenerational transmission of violence and lowered productivity, absenteeism and poorer quality of life that results from the effects thereof.

Children's exposure to violence is further complicated by the scarcity of mental health services in South Africa. Bruckner et al. (2011) noted that according to the South African healthcare statistics, there were 1.58 psychosocial service providers for every 100,000 people in 2010. Williams et al. (2008) estimated that 75% of people with a mental disorder in South Africa do not receive any mental health services. Current statistics do not reflect an improvement. Robertson and Szabo (2017), in a study that investigated existing community mental health services (CMHS) in Southern Gauteng, revealed that the existing CMHS in Gauteng did not meet any of the norms referenced in the National Mental Health Policy.

In South Africa, community-based mental health care is a requirement of the Mental Health Care Act of 2002 and a central objective of the National Mental Health Policy Framework and Strategic Plan 2013-2020 (Mental Health Act, 2002). The advantages of CMHS over psychiatric hospital-based care are not only that they meet the legal and human rights of mental health care users (MHCUs) to receive care close to home, but also in their modelled cost-effectiveness in relation to improved population coverage (Robertson & Szabo, 2017). This information provides a preview into the high levels of violence against children and the dearth of psychological services, particularly for children who are the most vulnerable group in society. Furthermore, a scarcity of research has been conducted on

psychological interventions including group-based interventions for children and adolescents, particularly in the African context (Visser & Du Plessis, 2015).

Therefore, in accordance with the need for psychological interventions and the lack of community resources, a group of masters' psychology students from the University of Pretoria developed a psychological intervention for a group of children/adolescents who had been exposed to various forms of violence. The purpose of the intervention was to enhance emotional and behavioural skills as well as coping strategies of children/adolescents to enable them to interact with their environment in a healthy way. The intervention was implemented as part of the MA counselling psychology students' practical training. Accordingly, the aim of this study was to understand the participants' experiences following their participation in the group-based intervention.

1.3 Justifications, Aims and Objectives

Despite media attention and campaigns against violence against women and children including the 16 days of activism every year between 25 November and 10 December, child protection week that is commemorated annually during the last week of May and Youth Day on June 16, violence against children continues to threaten the livelihood of children throughout the country. Clinical practice and public policies have not had a significant impact on reducing the rate of childhood violence (Machisa & van Drop, 2012; Seedat et al., 2009). Early psychological interventions so as to facilitate healing are imperative because of the high levels of exposure to violence and damaging psychosocial consequences children suffer (Radford, Allnock, & Hynes, 2015). Christner, Stewart, and Freeman (2007) argued that schools cannot ignore the mental health needs of such a substantial proportion of the student population. The realities that adolescents experience justify the need to explore various methods in which appropriate support may be offered.

The preventative nature of a group-based intervention provides potential benefits for participating youth who may gain valuable skills and feedback during their participation. Furthermore, interventions that empower children to deal with emotional, social, behavioural and traumatic consequences of exposure to violence are imperative so as to reduce maladaptive behaviours and empower the developing child. Group-based interventions not only target multiple participants at a single time, but their therapeutic characteristics may enhance the effects of the intervention (Yalom & Leszcz, 2005).

The literature on group interventions reveals that participants have various experiences during their participation in group interventions. Listening to other participants' similar challenges may help *normalise* feelings and experiences, which may help participants to feel less alone. Listening to other group members' successes may also provide them with hope to accomplish similar goals. Children in a group together are able to grasp that their behaviours, feelings, thoughts and families are not strange or *weird* (Christner et al., 2007). They further elaborated that the group intervention setting may serve as a *natural laboratory* where members are able to *test* their beliefs as well as the newly acquired strategies they have learned during the intervention.

Group settings also afford members the opportunity to think more critically about their own personal situations. While group conflict may be uncomfortable, it may also present a considerable learning experience and may be beneficial in the change process (Keperling, Reinke, Marchese, & Ialongo, 2017). The group setting also provides an ideal way for clinicians to observe participants' emotional and behavioural reactions as well as interactions with their peers directly. This affords valuable information in relation to members' repertoire of interpersonal responses and skills including decision-making, coping, problem-solving and communication as well as their abilities to implement them successfully. The implications of therapeutic work with youth emphasises the need for the earliest possible

identification, evaluation, intervention and treatment of potential impairments because as maladaptive behaviours including depression, anxiety, anger and aggression begin to develop, impairment in social, educational, occupational and other important areas of functioning may emerge (Christner et al., 2007).

Consequently, the researcher was interested in gaining insights into the participants' experiences following their participation in the group-based intervention designed for at risk youth. This may contribute to a more enhanced understanding of how the participants experienced and benefitted from the intervention. Furthermore, the findings of this study will contribute to more extensive research on the evaluation of the value of the intervention for children exposed to violence in the South African context.

1.3.1 Research question

The following research question was formulated: What lessons are learned from the experiences of participants following their participation in a group-based intervention designed for at risk youth exposed to various forms of violence?

1.3.2 Research aims and objectives

1.3.2.1 Aims

Only a minimal amount of research has been conducted on group-based interventions for children and adolescents in the South African context. Therefore, the aim of this study was to gain insight into the participants' experiences following their participation in a group-based intervention designed for adolescents exposed to violence.

1.3.2.2 Objectives

The objectives of the study were as follows:

To explore the participants' experiences during the implementation of the intervention; and

To examine the participants' interaction with their social environment following their participation in the intervention.

1.4 Nature of the Study

A qualitative research design was adopted for the proposed study so as to capture the participants' experiences following their participation in a group-based intervention. Qualitative research methods were employed to explore how people experience and make sense of the world (Willig, 2008). The paradigm that informed the methodology of the research was adopted from the constructivist and interpretive paradigms.

The roots of the study were underpinned by the theoretical framework of phenomenology. Phenomenology is an inductive qualitative research tradition rooted in the 20th century philosophical traditions of Edmund Husserl (descriptive) and Martin Heidegger (interpretive). The focus of a phenomenological study is on the world as it is experienced by human beings within a particular context and at a particular time, rather than in abstract statements about the nature of the world in general (Willig, 2008). The researcher employed an interpretative phenomenological approach because this approach is used to understand the contextual aspects of an experience that relates to other influences such as the culture, gender and/or well-being of individuals and/or groups experiencing the phenomenon. A focus group discussion was selected as the data collection method. This approach was selected to allow the researcher to arrive at a deeper understanding of the participants' experiences. Thematic analysis was employed to interpret and identify the emerging themes from the data.

1.5 Overview of the Chapters

This research report is divided into the following chapters:

In *Chapter One,* the study was introduced, specifically, children's exposure to violence and the related psychosocial effects thereof. As a result of the lack of mental health services for

children exposed to violence, the development of the intervention was motivated. Specifically, the participants' experiences during and after participating in the intervention were examined in this study. Furthermore, the research problem, justification, aims and objectives as well as an overview of the research design that was employed were outlined in this chapter.

In *Chapter Two,* the literature on the youth's exposure to violence, the psychosocial effects associated with their exposure to violence, evaluations of group-based interventions, research on group interventions for youth and adolescents' experiences of group-based interventions are reviewed.

The research methodology that was employed in the study is explained in *Chapter Three*. At the outset of the chapter, the research design is introduced. Subsequently, the paradigmatic departure of the study and the theoretical framework that informed the study are explained. Thereafter, a detailed description of the research process as it occurred is outlined including the sampling, data collection and analysis. The chapter is concluded with a discussion on the ethical considerations of the study.

The research findings following the analysis of the results are presented in *Chapter Four*.

In *Chapter Five,* the research findings are discussed in relation to the research question as well as the literature.

In *Chapter 6,* the study is concluded. Furthermore, the strengths and limitations of the study as well as recommendations for future research are outlined.

1.6 Key Terms

Child - The Convention defines child as a human being below the age of 18 years unless under the law applicable to the child (UN Committee on the Rights of the Child, 2006). The South African constitution has also adopted this definition.

Adolescents - The World Health Organization (1965) defines an adolescent as any person between the ages 10 and 20 years of age.

Youth - According to the National Youth Policy of South Africa, young people are those between the ages of 14 and 35 years (National Youth Policy, 2020).

Lived experiences - Lived experience, as it is explored and understood in qualitative research, is a representation and understanding of a researcher or research subject's human experiences, choices and options as well as how those factors influence one's perception of knowledge (Given, 2008).

Group-based intervention - Group therapy interventions refer to a format in which several individuals participate in a psychological intervention aimed at helping them change or deal with a long-term problem they are encountering, guided by a therapist or counsellor (Gidron, 2013).

Exposure to violence - The Safe Start initiative (as cited in Cohen et al., 2009) defines children's exposure to violence as direct and indirect exposure to violence in the home, school and community.

1.7 Conclusion

In this chapter, a broad overview of the study was provided. In Chapter Two, the body of literature on the youth's exposure to violence and potential interventions studied in the process of developing the group-based intervention are discussed.

Chapter Two: Literature Review

2.1 Introduction

An overview of the literature as it relates to the current study is provided in this chapter. The literature on adolescents' exposure to violence in the South African context and some of the psychosocial effects that may result from their exposure to violence is discussed. Thereafter, research on group-based interventions as potential interventions is reviewed. A group-based intervention developed for adolescents exposed to violence and implemented at a school on which the current research was based is considered. Finally, the literature on the evaluation of group-based interventions and adolescents' experiences of participation in group-based interventions is examined.

2.2 Children's Exposure to Violence

Violence against children occurs in a variety of settings including the home, school and community and is often influenced by a number of varying factors, which range the personal characteristics of the victim and perpetrator to their cultural and physical environments (Guerrero & Rojas, 2016; McClosky, Figueredo, & Koss, 1995; Rakovec-Felser, 2014). It is imperative to deliberate on the contextual considerations that shape how societies perceive and interpret violence in order to acquire an enhanced understanding of its prevalence and impact in that particular group. For example, the degree of entrenched severe structural social inequalities, a legacy of the apartheid era, may normalise and enhance the use of violence uniquely as a method of control in South Africa (Stansfeld et al., 2017).

The crime statistics released by the South African Police Service (2018) showed that there were 43,540 crimes reported against children during the 2017/2018 reporting period. In the same report, a national sample of cases of crime against women and children reported between July 2016 and June 2017 was analysed. The results from this sample revealed that

37.2% of the victims were children. Furthermore, almost three-quarters (72.1%) of the child victims were aged between 10 and 17 years. The most frequently arrested offenders in this regard were acquaintances of the victims (38%), strangers (15.2%), extended family members (7.6%) and school or classmates (6.7%).

Data from the 2018 crime statistics against women and children revealed that in 47% of the cases, the victims were subjected to physical assault, which included being hit and kicked, 35% had been sexually assaulted, 16% had been stabbed and 4% suffered gun shots (SAPS, 2018). Although these statistics reflect a specific period, they are indicative of a very dim picture of children's safety and security, a right enshrined in the Constitution of the Republic of South Africa.

Chen (2010) noted that an adolescent's age, gender, and race are related to the risks of exposure to violence and the development of internalising behaviours. Furthermore, Mathews et al. (2016) in a study on the direct and indirect determinants of violence against women and children in South Africa revealed the findings, presented in Table 1, of children's exposure to violence.

Table 1

Children's exposure to Violence

Males:	**Females:**	**Children in General:**
Boys were more likely than girls to be victims of physical violence.	Girls were significantly more likely to perceive and report emotional violence than boys.	Children living in households where they were exposed to drugs/alcohol and crime were at greater risk for violence.
Boys were at greater risk for perpetrating all forms of violence.	Girls were at significantly greater risk for sexual violence in comparison to boys.	Children from households with scarce financial resources were significantly more likely to experience violence in some form as well as eventually to perpetrate it
Boys were significantly more likely than girls to associate with violent persons in the community and thus, more vulnerable to suffering violence and were at greater risk for perpetrating it.	Emotional, physical and sexual abuse suffered by women as children was a significant determinant of violence victimisation.	Children who had suffered some form of violence at home were at a greater risk of experiencing violence outside the home.

Boys were significantly more likely than girls to perpetrate all forms of violence, even when all other determinants were constant.	In many instances of victimisation, childhood abuse was the most significant risk factor	Children who had suffered some form of violence were significantly more likely to perpetrate violence against others, be it in the home, the community or at school.
Boys were at much higher risk of drug use than girls.	Both boys and girls appeared to be at equal risk for suffering physical violence at home.	Greater exposure to community members who were involved in drugs/alcohol and/or crime placed children at greater risk for violence, both as victims and perpetrators.

Various forms of violence that the youth were exposed to are subsequently discussed.

2.3 Understanding Violence Against Children

The World Health Organization (WHO) recognises violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (Krug, Mercy, Dahlberg, Zwi, & Lozano, 2002). These authors expressed the view that this definition encompasses all types of violence and includes a wide range of acts of commission and omission that constitute violence and outcomes beyond deaths and injuries.

Given the contextual and cultural factors that may inform the understanding of violence, it is important to review and revise the definitions and understanding of various manifestations of violence. Hamby (2017), for example, emphasised that a comprehensive definition of violence should comprise four essential elements: behaviour that is intentional, unwanted, nonessential and harmful. Krug et al. classified violence into three broad categories: self-inflicted, interpersonal and collective. As noted previously, violence may occur in a variety of settings and may be used in certain contexts as a form of behavioural, physical and psychological control.

2.3.1 Sexual violence

Sexual violence may be defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances and acts to traffic or otherwise directed against a person's sexuality using coercion by any person regardless of their relationship to the victim in any setting including but not limited to home and work (WHO, 2010). They further explained that sexual violence can occur at any age, including during childhood, and may be perpetrated by parents, caregivers, acquaintances, strangers and intimate partners. A history of sexual abuse in childhood and adolescence has consistently been found to be significantly associated with increased health risks and health-risk behaviours in both males and females (Mangioloi, 2009).

Meta-analytic studies of the prevalence of child sexual abuse and its lifetime health consequences have demonstrated that child sexual abuse contributes significantly to depression, alcohol and drug use and dependence, panic disorder, posttraumatic stress disorder (PTSD) and suicide attempts (Andrews, Corry, Slade, Issakidis, & Swanston, 2004). Other studies have revealed that intimate partner and sexual violence may lead to a wide range of short- and long-term physical, mental and sexual health problems (Heise & Garcia-

Moreno, 2002; Jewkes, Sen, & Garcia-Moreno, 2002; WHO, 2010). Children from households, which are marked by intimate partner violence, may exhibit increased rates of behavioural and emotional problems that can result in increased difficulties with education and employment, and often lead to early school dropout, youth offending and early pregnancy (Anda et al., 2001; Dube, Anda, Felitti, Edwards, & Williamson, 2002; WHO, 2010).

Ward, Artz, Leoschut, Kassanjee, and Burton (2018), in a cross-sectional study on the prevalence of sexual abuse among 5 631 adolescents aged between 15 and 17 years in the South African context, revealed that 9.9% and 14.6% of the males and females, respectively reported some lifetime sexual victimisation. They also found that sexual abuse, emotional abuse, neglect, family violence and other victimisations were strongly associated with sexual victimisation. Furthermore, the following are some of the risk factors that were found to be associated with greater risk of sexual abuse: school enrolment, rural dwellings, parental substance misuse, being disabled, female (but not male) caregivers' poor knowledge of the child's whereabouts, friends, activities and a poor parent-child relationship. The child's own substance misuse and high-risk sexual behaviour were the behaviours were most frequently associated with sexual abuse.

2.3.2 Corporal punishment

Violence against children may take place in the context of discipline from the child's parents, guardians and school teachers. Corporal punishment may be defined as any punishment in which physical force is used with the intention of causing some degree of pain or discomfort, however light (UN Committee on the Rights of the Child, 2006). This may involve hitting, which includes smacking, slapping and spanking children with one's hand or an implement such as a whip, stick, belt, shoe, wooden and spoon. However, it can also

involve kicking, shaking or throwing children, scratching, pinching, burning, scalding and forced ingestion.

Corporal punishment not only violates one's fundamental rights to dignity and bodily integrity, but may also have an effect on children's engagement with schooling. Moreover, the capacity to learn can have long-term implications for their life chances (Portela & Pells, 2015). Although the current laws prohibit corporal punishment, it is still widely practised in South Africa (Mathews et al., 2016). Dawes, De Sas Kropiwnicki, Kafaar and Richter (2005) revealed that more than half (57%) of parents with children under the age of 18 years acknowledged smacking their children at some point and approximately one-third (33%) admitted to using a belt and/or object to beat their children. The National School of Violence Studies revealed that roughly half of all surveyed learners were caned and/or punished physically in some manner (Burton & Leoschut, 2013).

Meinck, Cluver, Boyes, and Loenig-Voysey (2016) revealed that caregivers and teachers committed most of the physical abuse amongst a sample of 3,515 South African children aged between 10 and 17 years. Caregivers are usually a child's primary disciplinarian and spend a great deal of time with the child and may consider physical discipline to be a behavioural measure (Dawes et al., 2005; Meinck et al., 2015).

In 2019, the Constitutional Court of South Africa upheld a high court ruling that declared all forms of corporal punishment against children as unconstitutional. Since the passing of this law, the topic of corporal punishment continues to be debated vehemently and has had mixed reception amongst parents and religious authorities as well as in the public discourse in general.

2.3.3 Violence in the school setting

Children may be exposed to violence in educational settings and accordingly, learn from this exposure. Research has revealed that violence in schools in the form of playground fighting and bullying of learners is most prevalent in South African communities (Ncotsha & Shumba, 2013; Prinsloo, 2008; Van Jaarsveld, 2008). Bullying typically involves discrimination against learners from lower socio-economic families, ethnically marginalised groups and those with particular personal characteristics such as appearance and/or physical or intellectual disabilities (Krug et al., 2002). Although the prevalence of bullying is typically higher amongst learners from lower socio-economic backgrounds in comparison to learners from advantaged or semi-private schools, it appears that violence against children occurs irrespective of social class and economic status (Ncotsha & Shumba, 2013).

2.3.4 Community violence

The World Health Organization has defined community violence as a form of interpersonal violence perpetrated by strangers, acquaintances other than family members and intimate partners (Krug et al., 2002). Exposure to persistent community violence has long-term implications for the future mental health of South Africans (Donenberg et al., 2020; Tomlinson et al., 2016). Research on adolescents' exposure to community violence has been documented throughout the world. This phenomenon is as prevalent in South Africa where it has received considerable attention in the public discourse and research. Kaminer, du Plessis, Hardy, and Benjamin (2013), in a South African study that explored adolescents' exposure to multiple forms of violence, revealed that 98% of the sample of 617 adolescents (12-15 years) who resided in Cape Town had witnessed community violence, 40% acknowledged direct or indirect involvement in school violence and 8% shared that they had been sexually abused.

Moreover, they found that the experience of several forms of violence were correlated to each other.

Poly-victimization refers to exposure to multiple types of victimisation (Finkelhor, Ormrod, & Turner, 2007; Kaminer et al., 2013). Kaminer et al. revealed that poly-victimisation was prevalent in 93.1% of the participants thus indicating that adolescents living in South Africa are very exposed to multiple forms of violence. Stansfeld et al. (2017) explored the exposure of violence amongst a sample of 1,034 adolescents from schools around Cape Town and revealed exposure levels of 84.1 % to violence. They also demonstrated that exposure to violence was more likely in boys than girls, in those who smoked and/or used alcohol and drugs, in those who lived in poor housing and in those who experienced financial difficulties.

Research has demonstrated a link between exposure to community violence and the experience of symptoms related to anxiety, depression and aggressive behaviours in school-aged children who live in violent urban neighbourhoods (Fantuzzo & Mohr, 1999; Overstreet & Braun, 2000; Schwartz & Gorman, 2003). Meta-analytic studies that have focused on traumatic symptoms of children in situations of family violence have found that more than half of the children in these studies presented with high levels of distress and were at risk of developing PTSD (Lehman, 2000; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

In a longitudinal study with a sample of over 2,000 children and families throughout the greater Johannesburg-Soweto metropolitan area, Richter, Mathewa, Kagura and Nonterah (2018) revealed that only 1% of the sample had not been exposed to violence in their home, school or community. Two-thirds of the school-aged children related that they had been exposed to community violence, more than half shared they had been exposed to violence at home and 40% had been exposed to five of the six categories of violence in the analysis.

In their study on exposure to violence in a sample of 120 families in the Western Cape, Donenberg et al. (2020) found that boys described significantly more community violence exposure than girls. Although the difference was negligible, both genders were exposed to high rates of community violence. For boys, exposure to community violence was related to peer support of risky behaviour thus making it possible for boys who witnessed community violence to choose peers who approve of high-risk behaviour.

The literature on children's exposure to violence reveals a very alarming reality for children who are exposed to various forms of violence. Children in South Africa are exposed to high levels of family, school and community-based violence and crimes. Research has shown that perpetrators are often significant figures in close proximity to the victims who may be trusted with the child's safety and security. The high exposure of women to violence is also disturbing because this has a direct impact on mother-child relationships and threatens the sustainability of households and security of children. Children who are exposed to violence also suffer long-term ill health, poor psychological adjustment and a range of social difficulties including adverse intergenerational effects (Richter et al., 2018).

2.4 Psychosocial Development in Adolescence

Adolescence is a significant period in a child's development during which children develop and learn about themselves. Adolescents are a particularly vulnerable group in that they suffer one-third of all new HIV infections globally (Meinck et al., 2016). Furthermore, adolescence is a time where the intergenerational transmission of poverty, violence, victimisation and perpetration, gender inequalities and educational disadvantages manifest themselves (Meinck et al., 2016). Evidence from neurobiology and epidemiology has suggested that early life stress such as abuse and related adverse experiences cause enduring brain dysfunction that, in turn, affect health and quality of life throughout one's lifespan

(Anda et al., 2001). Some studies have established that childhood stressors including abuse and witnessing domestic violence can lead to a variety of negative health outcomes and behaviours such as substance abuse, suicide attempts and depressive disorders (Anda et al., 2001).

2.4.1 Psychological well-being

Psychological well-being is associated with a wide array of positive outcomes including strong work engagement, performance, creativity, strong social connections, effective coping and problem-solving strategies, physical health, and longevity of life (Diener, Pressman, Hunter, & Delgadillo-Chase, 2017). However, on the opposite side of the spectrum, individuals with mental disorders experience significant distress and/or impairment in everyday life and/or functioning (American Psychiatric Association, 2013; Widiger & Clark, 2000). Mental health problems affect 10-20% of children and adolescents throughout the world (Dube, Gagne, Clement, & Chamberland, 2018; Kieling et al., 2011). In relation to diagnosis and developing interventions, researchers and practitioners are interested in the ways in which psychopathology interferes with well-being (Goodman, Doorley, & Kashdan, 2018).

The impact of violence exposure and trauma on psychological health may be especially critical during adolescence, a period associated with increased vulnerability to the onset of psychopathology (Costello, Erkanli, & Angold, 2006). Research has revealed that psychological disorders that stem from childhood may persist and worsen throughout one's life span. Studies have shown that early abuse survivors suffer multiple overlapping psychiatric disorders, which may be explained as co-morbid disorders (Anda et al., 2001; Kessler, Sonnega, Bromet, Hughes, & Nelson 1995). Christner et al. (2007) stated that

anxiety experienced during childhood and adolescence usually does not lessen in adulthood and is associated with other serious conditions such as depression and substance misuse.

Anda et al. reviewed the neurobiology of childhood trauma and found a significant relationship between early adverse experiences and substance use and abuse involving illicit drugs, alcohol and nicotine later in life. Recent research in South Africa has shown that violence-exposed adolescents experienced more emotional volatility, difficulty regulating emotions, anxiety and sensitivity to environmental stressors than those who were not exposed to such violence (Visser, Coetzee, & Claassen, 2016).

Difficulties in competencies such as regulating emotions and a reluctance to explore their environment may have an impact on the youth's self-efficacy. Gregorowski and Seedat (2013) found that children and adolescents' attributions about themselves, others and their environment may also be altered as a result of early adverse experiences. More specifically, their attributions may change to reflect negative thoughts about themselves and their future as well as expectations of future re-traumatisation and absence of care and protection from others. In the group-based intervention implemented as part of this study, emotional self-regulation by involving exercises that improved emotional awareness, emotional regulation, self-esteem, positive self-affirmations and communication skills were targeted in four of the eight sessions.

2.4.2 Trauma

Trauma has been defined as an emotional response to a terrible event such as an accident, rape and natural disaster (American Psychiatric Association, 2019). Trauma is also understood in accordance with direct exposure, which includes experiencing trauma first-hand or witnessing trauma as it happens to others, as well as indirect exposure, which may occur by learning about the violent or accidental death of a close associate through secondary

narrative accounts or work-related media reports (May & Wisco, 2016). After a traumatic event, most people will experience some degree of distress as they attempt to adapt to what has happened (Kaminer & Eagle, 2010). Trauma may also be understood in various ways depending on its manifestation, course and impact on the individual.

Post-traumatic stress disorder (PTSD) is an anxiety problem that some people may develop after experiencing extremely traumatic events such as combat, crime, an accident and natural disaster (American Psychiatric Association, 2019). A diagnosis of PTSD requires the presence of a specific number of symptoms from the categories related to re-experiencing the traumatic event such as flashbacks and nightmares, avoidance of stimuli associated with the trauma, for example, thoughts and feelings, and persistent increased arousal such as a startle response and irritability for at least one month (American Psychiatric Association, 2013). PTSD as a disorder has undergone various changes and definitions in the Diagnostic and Statistics Manual (DSM) in order to review and realise an enhanced understanding of the disorder as society changes.

Some researchers are of the opinion that the DSM criteria do not include the full scope of the developmental effects related to trauma (Cohen, Mannarino, & Deblinger. 2010; Cook et al., 2005). Spinazzola et al. (2017) asserted that while in some cases affected children meet the criteria for PTSD, expressions of psychopathology typically extend beyond the symptoms captured by the disorder and often include psychiatric disorders and functional deficits in the areas of attachment, anxiety, mood, eating, substance abuse, attention and concentration, impulse control, dissociation, somatisation and chronic medical problems, sexual behaviour and development, and learning and scholastic performance.

However, South African adolescents are nonetheless at risk of developing significant symptoms in comparison to other countries. Seedat, Nyamai, Njenga, Vythilingum, and Stein

(2004), in a study that compared the effects of trauma exposure on adolescents from South Africa and Kenya revealed that although the sample from Kenya reported higher levels of exposure to violence, the South African sample reported more cases that presented all the criteria for PTSD.

Complex trauma may be explained as the experience of multiple, chronic and prolonged developmentally adverse traumatic events, most often of an interpersonal nature, for example, sexual and physical abuse, war and community violence and early-life onset (Cook et al., 2005; Van der Kolk, 2005). Exposure to complex trauma may lead to a loss of core capacities for self-regulation and interpersonal relatedness (Cook et al., 2005). Studies have also revealed that cumulative childhood trauma may lead to the development of psychiatric disorders such as PTSD in childhood and/or adulthood (Cook et al., 2005; Gregorowski & Seedat, 2013). Exposure to other types of traumatic events including abuse, neglect, loss, relational problems and psychosocial stressors has also been linked to mental health difficulties in the South African population (Gregorowski & Seedat, 2013).

In a study that reviewed post traumatic symptoms in 39 pre-school children who had witnessed domestic violence and 23 children who were living in families characterised by domestic violence, Levendosky, Huth-Bocks, Semel, and Shapiro (2002) found that although all the children had experienced at least one symptom of trauma, only 3% met the criteria for PTSD on the DSM-IV, based on the PTSD-PAC, while 24 % of the same sample met the criteria when a different PTSD scale was employed. Their study questioned the applicability of the DSM-IV criteria for young children. Over the years, researchers and clinicians have continued to assert that the DSM V should broaden its understanding so as to improve diagnostic validity (Gregorowski & Seedat, 2013).

2.4.3 Emotional regulation

Adolescence is a critical period for the development of personal responsibility because of increased autonomy and interpersonal interactions outside the home. Consequently, adolescence is viewed as a period of psychosocial development during which teenagers develop skills to regulate their emotions, navigate complex social skills and adapt to changing relationships with their peers and parents (Donenberg et al., 2020; Steinberg, 2005). Duckworth and Carlson (2013) defined self-regulation as the voluntary control of emotional, attentional and behavioural impulses to facilitate personal valued goals and standards.

Emotional regulation may be understood to be part of overall self-regulation. Furthermore, it is thought to encompass specific skills, for example, the ability to delay gratification and learn how to stay calm to moderate affective experiences so as to meet the demands of different situations and achieve goals such as learning (Metz et al., 2013). The ability to regulate one's emotions during stressful experiences effectively is viewed increasingly as a foundation for well-being and positive adjustment throughout one's life span (Eisenberg, Spinrad, & Eggum, 2010). Whereas Rothbart and Sheese (as cited in Metz et al., 2013) stated that skills involved in the regulation of emotions help to facilitate success in school, Green and Walker (as cited in Metz et al., 2013) asserted that such skills may also serve as protective factors against the emergence of psychosomatic symptoms and emotional and behavioural difficulties.

On the contrary, emotional dysregulation may be defined as the failure to regulate emotions (Macklem, 2007). In comparison to other periods of development, the negative impact of violence on psychological functioning may be amplified during adolescence because adolescents adopt strategies to cope with stress and exposure to violence may

interfere with key milestones for psychosocial development (Donenberg et al., 2020). Wolff and Ollendick (as cited in Metz et al., 2013) noted that deficits in emotional regulation are a core feature of many emotional and behavioural problems including anxiety, depression, self-injury, and substance abuse during adolescence.

The development of skills to cope with their environment has important implications for developing children. According to Arvidson et al. (2011), although young children may have trauma responses that challenge a caregiver's capacity to manage his or her own affect, they also have limited resources for independent, internal regulation and are very dependent on the caregiver for co-regulation. Dysregulation of affect may include emotional lability, numbing, difficulty identifying and verbalising affective states, and the poor communication of needs (Ford & Cloitre, 2009; Gregorowski & Seedat, 2013; Van der Kolk, 2005).

The inability to regulate emotion and behaviour has adverse implications for the development of appropriate skills and abilities that may empower developing adolescents with the skills to cope with their environment in a more enhanced way. Arvidson et al. (2011) found that in the absence of a caregiving system that was able to support the development of more sophisticated skills and/or provide external regulation, children were unable to regulate emotions, disconnected from their feelings and/or employed unhealthy coping skills. The experience of intense affect such as rage and shame as well as the associated difficulties with affective regulation may result in children engaging in withdrawal or behavioural enactments (Gregorowski & Seedat, 2013). Significant consequences of dysregulation and disrupted attachment may also include a poor self-concept, sensing the world as dangerous and perceiving help is unavailable or futile (van der Kolk, 2005).

A correlation between children's exposure to violence and emotional difficulties has been demonstrated. According to Macklem (2007), children's lack of emotional regulation

may contribute to their intense experience of emotions, difficulties with identifying and regulating emotions and difficulties communicating emotions effectively. Children who have been exposed to violence may also experience difficulties managing their emotions, thoughts and concentration, which may lead to learning and social difficulties (Farver et al., 2005; Kennedy et al., 2010; Pierce, Shields, & Nadasen, 2013). The association between subjective emotional well-being and psychopathology amongst a sample 10,610 adolescents aged between 12 and 20 years was examined by Bartels, Cacioppo, van Beijsterveld, and Boomsma (2013). The findings revealed that while females reported significantly more internalising problems, males related significantly higher levels of externalising behaviour. Significant negative associations were found between subjective well-being and psychopathology in the form of internalising and externalising behavioural patterns for both genders.

Stansfeld et al. (2017) revealed that young people in Cape Town who were exposed to the highest quartile of violence had a very high chance of suffering depressive symptoms, anxiety symptoms, and PTSD symptoms. Furthermore, the disorders increased in relation to the increasing degree of exposure to violence. However, although their results suggested there was a relationship between violence and suffering maladaptive symptoms, this relationship may not necessarily be linear. Rather, a variety of other factors may also play a role in human survival and coping. However, Stansfeld et al.'s results are consistent with previous studies that have demonstrated strong associations between exposure to violence and PTSD, anxiety and depressive symptoms.

In essence, studies have found that adolescents who are exposed to violence may experience significant levels of emotional distress. Chronically traumatised children face adverse realities as long as they are exposed to high levels of violence. Research has shown that chronically traumatised children may struggle to identify and communicate their feelings

and lack a sense of agency in relation to their own internal experiences and ability to influence the world around them (Cook et al., 2005).

2.4.4 Social effects

Social alliances have served as important, life-sustaining resources throughout human history (Goodman et al., 2018). Social support is a well-documented psychosocial factor that may have an effect on physical health outcomes (Uchino, 2009). Aron and Aron (as cited in Goodman et al., 2018) noted that social support has allowed individuals not only to survive, but also expand their resources, perspectives, strengths, and skills by learning from others. Furthermore, research has proposed that greater social support and community integration may lead to enhanced social functioning and life satisfaction among people with severe mental illness (Goodman et al., 2018; Lam & Rosenheck, 2000).

On the contrary, psychological disorders may result in a variety of suffering that affects not only the individual, but also their friends, family and the wider community (Goodman et al., 2018). Research has shown that students with behaviour problems often experience deficits in social skills. The youth affected by traumatic experiences may perceive the world as an unpredictable and dangerous place. Furthermore, their capacity for developing competencies through self-exploration and mastery of new skills may become inhibited by fear (Arvidson et al., 2011; Larrieu & Bellow, 2004). The youth also tends to communicate their traumatic experiences through behavioural enactments by either taking the part of the abuser or the abused such as becoming aggressive, engaging in deliberate self-harm, exhibiting sexualised behaviour and attempting to control relationships (Cook et al., 2005; Gregorowski & Seedat, 2013; Van der Kolk 2005).

Cook et al. (2005) stated that when attachment is severely disrupted, it often engenders the lifelong risk of physical disease and psychosocial dysfunction. Earlier

experiences of exposure to violence appear to have an impact on the development of young children as they gradually develop into adolescence. According to Fazio-Griffith and Ballard (2014), elementary school children who have been exposed to various forms of violence exhibit maladaptive social skills including poor interpersonal relationships, inability to make friends, incapacity to control emotions, and poor stress management. Such deficiencies may have a negative impact on children's academic, personal, social and emotional functioning in and outside of the classroom. Over time these difficulties may also lead to the presence and development of maladaptive behaviours. It is at this juncture that psychopathology may impede social functioning and constrain well-being (Goodman et al., 2018).

Social competence may be defined as the ability to achieve success in social and interpersonal situations (Chen & French, 2008). Social competencies are important skills and abilities for adaptive functioning in a variety of contexts. These competencies are reflected particularly in relationships with peers and play a role in the resilience of at risk youth (Reeslund, 2010). During adolescence, facets such as self-awareness, social comparison and preoccupation with self-image increase dramatically. Consequently, adolescents' self-esteem may become vulnerable thus making their self-perception of social competence even more important during this period of development (Reeslund, 2010).

Masten and Coatsworth (as cited in Arvidson et al., 2011) declared that children develop an increased sense of efficacy and achievement through learning new skills and areas of expertise, which allow them to deal with new challenges throughout childhood. Moreover, because children's self-appraisal shifts during middle childhood, they begin to develop the capacity for social comparisons and become more motivated to judge themselves in comparison to others. During this period, they develop the ability to view themselves as others perceive them (Cole, Jacquez, & Maschman, 2001). As they gradually move into adolescence, their self-perception becomes more consistent with others' appraisal of their

abilities. These are the first steps in the development of a sense of personal competence (Cole et al., 2001; Reeslund, 2010). Exposure to traumatic experiences may hamper the development of these critical competencies.

Self-development and self-esteem are critical areas that are affected by the common consequences of trauma (Cook et al., 2005). Children may lag behind their peers in a variety of developmental domains and/or fail to develop a sense of confidence and efficacy in task performance (Arvidson et al., 2011; Shonk & Cicchetti, 2001). Behavioural difficulties such as social withdrawal, over-compliance, impulsivity, aggression and defiance may prevent the development of potentially supportive, mitigating relationships during childhood and adolescence, thus compounding the problem (Gregorowski & Seedat, 2013).

Humm, Kaminer and Hardy (2018) examined the association of perceived social support with exposure to violence and the severity of depression, aggression and conduct disorder symptoms from a sample of 615 Grade 7 learners in the Western Cape. On average, the young adolescents in this sample perceived their immediate families, particularly their mothers, to be their strongest source of social support. Paternal support was perceived to be higher amongst boys than girls thus suggesting that fathers may have a particularly salient support role for young adolescent boys in this community. They further revealed that there was no relationship between familial support and reduced risk of exposure to violence outside the home and sexual victimisation. Therefore, this may reflect the limited capacity of even supportive families to protect young adolescents from the multiple risks that are pervasive in such communities.

In a culturally diverse society with a history of social discrimination and segregation such as that of South Africa, social relationships are an important communication method to overcome cultural barriers. Therefore, social competencies are a necessary consideration to

maintain an inclusive and functional society. Social interactions are critically important in multicultural societies such as the City of Tshwane where there are not only multiple languages, but also various culture groups and races. Peer relations are very important in facilitating the ways in which people negotiate and reinforce the social values that advance society.

The group-based intervention conducted at the school was identified as an ideal platform to afford adolescents exposed to violence a space that would, as part of the therapeutic process, provide a support system and opportunity to learn skills and competencies that are appropriate for their developmental stage. The facilitators of the intervention were responsible for creating a safe space that ensured confidentiality, a non-judgemental and open group climate and group values that transmitted equality and respect for one another. The creation of such a space was identified as ideal for inviting a group of young participants to utilise this social platform for their self-development.

In the next section, the literature is reviewed to illustrate the value of group interventions for adolescents and specifically, adolescents exposed to violence.

2.5 Research on Group-based Interventions for Traumatized Youth

Group therapy is a treatment modality involving a small group of members and one or more therapists with specialised training in group therapy (Brabender, Smolar, & Fallon, 2004). This form of therapy has certain advantages including the fact that this format facilitates the normalisation of issues with which members are struggling and supplies an instant network of relevant peers from whom to gain support, examples, models and practice (Christner et al., 2007). Positive group interventions with a solid evidence base offer the most promising strategies that are aimed at addressing behavioural problems with young people (Amendola & Scozzie, 2004).

Group therapy is viewed as a cost-effective way to provide counselling and psychological services to more participants at a single setting. This group counselling intervention is designed to promote psychological growth and ameliorate psychological problems through the cognitive and affective exploration of the interactions among members and between members and the therapist (Brabender et al., 2004). Kronenberger and Meyer (as cited in Christner et al., 2007) noted that certain problems, especially those involving social skills, empathy and interaction problems are best dealt with within a group setting. Groups are also employed to facilitate discussion, provide support, normalise disorders and motivate otherwise disinterested children.

According to Reineicke et al. (as cited in Christner et al., 2007), situations that typically produce emotional and behavioural disturbances for young people are often new and ambiguous to them; this a further reason group-based interventions are favourable for adolescents. Christner et al. (2007) further asserted that observing and hearing others who are similar to them in relation to presenting problems and/or circumstances affords group members reference points to offer information, increases their motivation to adapt to their challenges and difficulties and facilitates normalising what makes members feel different or alone. This provides adolescents the opportunity to process traumatic experiences in a manner that is consistent with their cognitive and emotional development (Arvidson et al., 2011).

Although a scarcity of research on group-based interventions for children and adolescents in the South African context has been conducted, studies elsewhere have revealed that group-based interventions have the potential to yield positive results. Cook et al. (2005) identified six essential components of an intervention for the effective treatment of complex trauma amongst children and adolescents: establishing safety, self-regulation, self-reflective information processing, integration of traumatic experience into the life narrative, re-

engagement with relationships, and enhancement of positive affect. We employed these components in the development of the current group-based intervention.

Various therapeutic approaches can be employed to provide interventions for adolescents who have been exposed to violence. According to Bratton and Ferebee (as cited in Paone, Packman, Maddux, & Rothman, 2008), the introduction of structured activities encourages group interaction and affords a means to reduce anxiety related to having to talk in groups. This allows the youth to express interpersonal feelings from a safe distance and enhances their ability to communicate with their peers in a less threatening manner (Bratton & Ferebee, 1999; Packman & Bratton, 2003; Paone et al., 2008).

The cognitive behavioural approach that was employed in the development of the current intervention is one of the most studied approaches.

2.5.1 Cognitive Behavioural Therapy (CBT)

Research has revealed interventions that have designs rooted in psychological theories such as Cognitive Behavioural Therapy (CBT) have yielded positive results (Fazio-Griffith & Ballard, 2014; Flanagan, Allen, & Henry, 2010). CBT is commonly used to treat a wide range of disorders including phobias, addictions, depression and anxiety (Kumar, Sattar, Bseiso, Khan, & Rutkofsky, 2017). Theories such as CBT combine cognitive and behavioural principles and allow clients to become aware of thoughts and emotions; identify how situations, thoughts and behaviours influence emotions; and improve feelings by changing dysfunctional thoughts and behaviours (Corey, 2013; Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). The process of CBT is collaborative in that it encompasses not only by simply discussing the presenting problem but teaching clients skills to address the problems (Westbrook, Kennerley, & Kirk, 2007). The intervention is brief, structured and goal-oriented.

During a CBT intervention, the general goal for the client amongst others is to increase his or her ability to cope with problem situations and stressors, master difficult tasks and decrease faulty thinking patterns (Fazio-Griffith & Ballard, 2014). Most empirical research has found CBT is more effective than any other psychotherapeutic modality (Corey, 2013; Westbrook et al., 2007). Furthermore, there is strong evidence for the effective use of CBT interventions with children and adolescents (Christner et al., 2007; Cohen et al., 2010; Knell, 2009). Such interventions are being adapted increasingly for groups of children and adolescents in school settings (Fazio-Griffith & Ballard, 2014; Flanagan et al., 2010).

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is the most extensively researched psychotherapy model for children and adolescents (Ford, Grasso, Elhai, & Courtois, 2015). TF-CBT includes emotion identification, stress inoculation such as breathing and relaxation techniques, direct discussion of trauma experiences through gradual exposure exercises, cognitive restructuring, psychoeducation and safety skill building. Several randomised clinical trials have demonstrated TF-CBT is superior to supportive therapy with children, including 33% adolescents with PTSD following abuse, violence and single-incident traumatic stressors such as severe accidents (de Arellano et al., 2014). TF-CBT has been well accepted by children, parents and clinicians for the treatment of PTSD related to sexual abuse, traumatic loss and more recently, mass disaster (Cohen, Mannarino, & Deblinger, 2012).

The Cognitive Behavioural Intervention for Trauma in Schools (CBITS), which is conducted in schools, is another CBT model for children and adolescents with PTSD that has been tested adequately (Ford et al., 2015).

2.5.2 Cognitive Behavioural Intervention for Trauma in Schools (CBITS)

CBITS is a group intervention conducted at schools for traumatised students (Cook et al., 2005). This intervention includes six activities: education about PTSD symptoms, relaxation training, skills for challenging anxious thoughts (cognitive therapy), trauma memory reconstruction (stress or trauma exposure), *in vivo* confrontation of reminders of traumatic or stressful experiences, and skills for solving problems in relationships (social problem solving skills). Studies have demonstrated the CBITS can be employed to reduce youth- and parent-rated PTSD and depression symptoms (Ford et al, 2015; Kataoka et al., 2011; Stein et al., 2003).

A brief discussion of interventions available for adolescents that are similar to CBT and from which the group- based intervention adopted some exercises and skills follows.

2.5.3 Other Interventions designed to assist traumatised youth

2.5.3.1 Interventions that improve self-regulation

***Trauma Affect Regulation: Guide for Education and Therapy* (TARGET)** is the most extensively validated self-regulation intervention for youth with PTSD (Ford, 2015; Marrow, Knudsen, Olafson, & Bucher, 2012). TARGET teaches a sequence of self-regulation skills including a personal *lifeline* through drawing, collages, poetry and other creative arts in order to direct the course of their entire life including traumatic events, losses, and successful and happy times. A randomised clinical trial found TARGET to be effective in reducing symptoms related to PTSD and depression as well as improving emotion regulation (Ford, Steinberg, Hawke, Levine, & Zhang, 2012). Research has also demonstrated the effectiveness of TARGET in reducing violent behavioural incidents and coercive restraints and enhancing PTSD, depression and hope/engagement in rehabilitation (Ford & Hawke, 2012; Marrow et al., 2012). In the current group intervention, the participants were required to draw a personal

life map in which they recorded positive and negative experiences. They who felt comfortable sharing their experiences were invited to do so while the rest of the group listened empathically and provided positive regard.

2.5.3.2 Interventions on mindfulness

Metz et al. (2013) noted mindfulness is a way of paying attention that is intentional in the present moment and maintained with a non-judgemental attitude. They also asserted that mindfulness-based interventions promote social-emotional well-being by supporting the development of key emotion regulation skills. Although not much research has been conducted on mindfulness training with adolescents (Greenberg & Harris, 2011), some studies have documented improvements (Meiklejohn et al., 2012). These included improvements in working memory, attention, academic skills, social skills, emotional regulation, self-esteem and self-reported improvements in mood and decreases in anxiety, stress, and fatigue. Mindfulness practices reduce experiential avoidance directly, which is at the core of many emotional disorders (Roemer & Orsillo, 2002).

Learning to BREATHE is a mindfulness-based training programme that is designed to facilitate the development of emotional regulation and attentional skills for middle and high school students (Broderick, 2013). Metz et al. (2013), in a study that investigated the effectiveness and acceptability of the Learning to BREATHE programme, revealed positive effects on measures of emotional regulation, self-regulation efficacy, psychosomatic complaints and self-report stress levels. In the current group intervention, mindfulness was practised at the beginning and ending of each session in the form of breathing and meditation exercises. The participants were taught and had to take turns in teaching it to the whole group in order reinforce their mastery of the skills.

The current group-based intervention for adolescents exposed to violence was rooted in the CBT group model. CBT was chosen because of its short-term applicability, support from research and its theoretical focus on the relation between cognitions, emotions and behaviour. CBT interventions used with children and adolescents in group settings may enjoy beneficial effects including peer-modelling, interpersonal learning and group cohesiveness (Rosselló, Bernal, & Rivera-Medina, 2012).

2.6 The Group-based Intervention Presented in the Current Research

The group intervention described in this study was developed and implemented as part of the community psychology module offered to masters' counselling psychology students at the University of Pretoria. The overall goals of the intervention included: promoting a sense of safety so as to enable adolescents to share personal experiences, teaching new coping skills, and identifying strengths and resilience in an effort to enhance positive coping mechanisms. The core of the intervention was designed to assist the adolescents to increase emotional awareness, understand their thoughts and feelings, challenge irrational thoughts in an effort to change negative feelings and learn to regulate their emotions. Another focus involved improving self-esteem and social competence by learning assertive communication, problem-solving skills and protective behaviours.

CBT was largely employed as a theoretical framework for the intervention implemented at the school even though various exercises were borrowed from other frameworks. CBT interventions are directed towards recognising and monitoring patterns of irrational thinking, clarifying and challenging the belief systems that support maladaptive thoughts and behaviours, and working to replace them with more adaptive alternatives. A typical CBT technique, for example, involves examining dysfunctional cognitions such as the notion that one will never be happy again and uses experiential feedback to confirm or negate

the accuracy of the belief. Once the unrealistic nature of maladaptive cognitions is recognised, efforts to modify thinking using cognitive restructuring including written records of dysfunctional thoughts can be applied to diminish their influence on emotions and behaviour.

Each session followed a specific structure. While some sessions began with a breathing exercise to help the participants focus, an activator to stimulate energy in the group was employed in others. Subsequently, all members checked in by sharing how they were feeling that week. The previous session's homework was then discussed. Thereafter, the topic for that particular session was introduced. This topic informed the type of activities appropriate for each session. The activities included paper and pencil exercises, role play and acting, storytelling, discussion of scenarios, self-disclosure and listening to others. Skills were taught using instruction, modelling and practising in role play situations.

Sessions ended with a reflection on what they had learned during the session and homework exercises were given to practise skills in their own life situation. In the current intervention, there was no emphasis on the participants having to mention or talk about their traumatic experiences explicitly in the group so as to avoid the possible occurrence of secondary trauma. However, the participants were allowed to talk about their experiences if they felt comfortable doing so. Although the facilitators were trained to support the participants and encourage group support, sharing traumatic experiences was not fundamental to the intervention.

The outline of session topics is presented in Table 2.

Table 2

Outline of the intervention

Session Topic:	**Content of Session:**
One: Building a safe space. Learning more about one another.	Contracting, establishing group norms, self-exploration and sharing of experiences through the life map exercise.
Two: Building self-esteem.	Share positive affirmations, change negative self-statements, build self-knowledge and positive experiences using sentence completion.
Three: Awareness of emotions and emotional regulation.	Express and observe emotional expression, and identify emotions in specific situations.
Four: Coping with difficult emotions.	Using the CBT model to explain the relation between thoughts, emotions and behaviour. Challenge unhelpful thoughts to change emotions.
Five: Coping with difficult emotions: understanding trauma.	Understanding brain processes during trauma, normalising trauma reactions. Learn to cope with difficult emotions through cognitive restructuring using scenarios.
Six: Dealing with anger through assertiveness.	Introduce communication styles with a focus on assertive communication and conflict resolution. Role play to practise assertiveness.
Seven: Problem-solving.	Practising problem-solving skills through role play of various scenarios.

Eight: Putting it all together: Develop a safety and survival kit, self-protection.	Reflecting on skills learned during the intervention and building a self-protection kit. Termination.

The intervention was presented to two groups of adolescents at a secondary school in Pretoria during 2019. Each group comprised a maximum of 10 participants to ensure effective communication in the group. The groups were not separated according to gender, but mixed gender groups.

The teacher who was responsible for well-being in the school assisted with coordinating the group intervention by identifying the participants. She used a screening tool to identify adolescents who were exposed to at least one form of abuse, violence and/or traumatic events during the previous two years. She identified these learners in accordance with her knowledge of and interaction with the learners. The following additional criteria for selecting the participants included:

- Boys and girls who attended the secondary school in Pretoria;
- Grade 8 and 9 learners between the ages of 13 and 17 years;
- The capacity and willingness to attend the weekly group sessions at the school during school hours; and
- Written consent from parents and participants.

The groups and their facilitators met once a week over a period of ten weeks for between 60 and 90 minutes each week. The intervention took place under the supervision of a lecturer from the Department of Psychology. The intervention had been implemented by a different group of facilitators during 2018 in the same school. Although the researcher was involved in

the 2018 implementation, he was not involved in the implementation of the intervention during 2019.

2.7 Youth Experiences of Group-based Interventions

Only limited research on group-based interventions for youth exposed to violence in the South African context has been conducted. Consequently, there is a lack of insight into the experiences of adolescents during and following their participation in group-based interventions.

Visser and Du Plessis (2015) conducted interviews to explore the experiences of sexually abused female adolescents following their participation in an expressive art group. The participants shared that the group intervention alleviated their sense of isolation and contributed to their ability to express emotions and develop self-awareness. They also related they enjoyed more positive self-esteem and improved interpersonal closeness. The intervention assisted participants to find new meaning in painful experiences, which contributed to their personal growth (Visser & Du Plessis, 2015).

Some knowledge on participants' experiences following their participation in group-based interventions focusing on other mental health and behavioural issues afford an understanding of participants' experiences of group-based interventions.

Mncwabe (2014) conducted a qualitative study with a group of adolescents following their participation in a youth sexuality health programme offered by service learning students, which was presented to Grade 11 learners in Kwa-Zulu Natal. Focus group discussions were conducted with the participants to explore their subjective experiences of the programme. Mncwabe revealed that the participants were appreciatively receptive to the youth sexuality programme. The participants recognised the positive rights based approach as one that nurtured a comfortable environment for learning about youth sexuality and sexual health.

Similarly, Wegner, Flisher, Caldwell, Vergnani, and Smith (2008) evaluated an American school-based programme, adapted for use in the South African context, designed to reduce sexual and substance use risk behaviour and promote positive use of leisure time amongst high school learners. Qualitative interviews were conducted with participants aged between 13 and 16 years in Cape Town. The findings revealed that the participants found the contents of the programme were relevant. Furthermore, they shared that they had enjoyed activities such as role play and condom demonstrations.

A few evaluations conducted in the international context have confirmed that participants benefit from group-based interventions that focus on mental health promotion.

Garmy, Berg, and Clausson (2015) explored the experiences of adolescents aged between 13 and 15 years from Sweden following their participation in a depression prevention programme that was rooted in CBT. Twelve focus group discussions were conducted with 89 participants. Three themes related to the participants' experiences of the programme, namely, gained intrapersonal strategies, gained interpersonal awareness and experienced structural constraints were identified. Intrapersonal strategies that participants learned during the programme such as directed thinking, improved self-confidence and stress management constituted the theme on intrapersonal strategies.

The second theme, interpersonal awareness, implied a group level impact during and after the course and included trusting the group and considering others. The participants mentioned negative framing and emphasis on performance under the third theme, constraining structures. In essence, the school-based mental health programme was perceived as beneficial and meaningful on both an individual and group level even though the participants expressed a desire for a more health-promoting approach.

Shochet, Montague, Smith, and Dadds (2014) conducted a qualitative analysis of 109 Grade 9 students from Australia on their beliefs about what they gained from an evidence based depression prevention intervention. A thematic analysis of responses revealed two main themes: improved interpersonal relationships and improved self-regulation. The following sub-themes comprised the theme of interpersonal relations: improved empathy, talking it through, staying calm during a conflict and increased use of social support. The theme of improved self-regulation encompassed improved self-esteem, keeping calm and managing anger. They concluded that the participants appeared to have acquired a range of skills from the programme that they could use in different situations.

The findings from these studies are beneficial to understand adolescents' experiences of group interventions although this cannot be generalised to all group interventions. Research has indicated that little has been published on culturally appropriate community-based group work in the South African context (Becker & Duncan, 2010; Sturgeon & Keet, 2010; Visser & Du Plessis 2015).

The researcher was interested in exploring adolescents' experiences during and after participating in a group-based intervention for adolescents who were exposed to violence. The study could supplement a broader evaluation of the intervention and research on children's exposure to violence in the South African context. The researcher viewed the insights of the participants as particularly important so as to acquire a broader understanding of how interventions for adolescents in particular should include their frame of reference. Insights and feedback from the participants were imperative for the intervention so that they could benefit from their participation.

2.8 Conclusion

The discussion in this chapter has revealed that the high levels of violence against women and children in South Africa reflects a very bleak future for at risk youth. The lack of adequate interventions particularly in the South African context has ensured the fight against abuse of children is extremely arduous to overcome. The literature supports group-based interventions that are designed to address the needs of children exposed to trauma and violence. Qualitative studies that have explored adolescents' experiences during and after psychosocial group-based interventions are minimal but imperative for the development of interventions to assist adolescents to cope with emotional reactions related to trauma.

In Chapter Three, the methodology employed in the study is detailed. The paradigmatic point of departure and the theoretical framework are discussed. Subsequently, the research process that was followed is explained.

Chapter Three: Methodology

3.1 Introduction

In this chapter, the research process that was followed is elucidated. The researcher explored the participants' subjective experiences following their participation in the group-based intervention. Specifically, the experiences during the intervention and their interaction with their social environment following their participation in the intervention were examined. Furthermore, the research methodology and theoretical framework that informed the study are discussed. The selection of participants, data collection, data analysis and the ethical considerations followed in the study are described.

3.2 Research Design

A research design is a strategy employed to study a phenomenon based on philosophical assumptions that determine the selection of participants, data gathering techniques and data analysis (Maree, 2010). The researcher adopted a qualitative research design rooted in the theoretical framework of phenomenology.

3.2.1 Qualitative research

A qualitative research design was adopted for the study in order to capture the participants' experiences following their participation in a group-based intervention. A qualitative research design may be defined as an interpretative approach as it relies on subjective information and the researcher's most important task is to understand the insider's view (Christensen, Johnson, & Turner, 2011). Qualitative research studies focus on how people experience and make sense of the world (Willig, 2008). Qualitative research as a methodology is also concerned with understanding the processes as well as the social and cultural considerations that shape various behavioural patterns (Maree, 2010; Wagner, Kawulich, & Garner, 2012).

Qualitative research methodology strives to create a coherent story as perceived through the eyes of those who are part of the story as well as to understand and represent their experiences and actions as they encounter, engage with and live through situations (Wagner et al., 2012). Accordingly, qualitative research employs a wide range of data-gathering techniques including interviews, focus groups and observations. Furthermore, it seeks insights through structured, in-depth analysis that is primarily subjective, impressionistic and diagnostic (Wagner et al., 2012).

3.2.2 Paradigmatic approach

The paradigm that informed the methodology of the study was adopted from the constructivist and interpretive paradigms. Constructivism and interpretivism are related concepts that address an understanding of the world as individuals experience it (Wagner et al., 2012). Interpretivism is also sometimes referred to as constructivism because it emphasises the individual's ability to construct meaning (Maree, 2016).

Researchers who employ an interpretive paradigm and qualitative research methods seek to understand the experiences and perceptions of individuals with the core belief that reality is not objectively determined, but rather constructed through the perceptions of people (Maree, 2016; Thanh & Thanh, 2015). The belief is that by studying individuals in their natural and social contexts, researchers are afforded an enhanced understanding of the perceptions that inform individuals in their activities (Maree, 2016). Ethnography, phenomenology, case studies, critical theory and grounded theory are common in constructivist/interpretive research designs (Maree, 2010).

3.2.3 Theoretical framework: Phenomenological approach

3.2.3.1 Theoretical framework

Phenomenology, which is an inductive qualitative research tradition rooted in the 20th century philosophical traditions of Edmund Husserl (descriptive) and Martin Heidegger (interpretive) was selected for the study. German philosopher Edmund Husserl defined phenomenology as an interest in those things that can be directly understood through one's senses (Wagner et al., 2012; Wallace & Wolf, 2006). Hence, phenomenology as a theoretical framework attempts to explore and describe how a person experiences something.

A phenomenological study describes the meaning of lived experiences of a concept or phenomenon for one or several individuals (Maree, 2016). The focus of a phenomenological study is on the world as it is experienced by human beings within a particular context at a particular time, rather than in abstract statements about the nature of the world in general (Willig, 2008). When conducting a phenomenological analysis, researchers are concerned with the similarities of how individuals perceive a phenomenon and how a shared view of their daily reality as they experience it is constructed (Wagner et al., 2012). However, phenomenological inquiry is not limited to similarities and may focus on both the similarities and differences in individual experiences because this is how individuals interpret their unique experiences (Creswell, 2007; De Vos, Strydom, Fouche, & Delport, 2011).

Phenomenology encompasses descriptive and interpretative phenomenological approaches:

3.2.3.2 Descriptive phenomenology

Giorgi (as cited in Willig, 2008) explained that descriptive phenomenology is concerned with capturing the experience as it presents itself without adding or subtracting from it. Husserl expressed the view that phenomenology suspended all suppositions, was

related to consciousness and was based on the meaning of the individual's experience (Reiners, 2012). Consequently, Husserl developed descriptive phenomenology where everyday conscious experiences are described while preconceived opinions are set aside or *bracketed.* Therefore, descriptive phenomenology requires the researcher to adopt an attitude in which all past knowledge about the phenomenon as it manifests itself in a particular instance is bracketed.

3.2.3.3 Interpretive phenomenology

Heidegger developed the interpretive phenomenological approach by extending the study of hermeneutics. Heidegger explained that *being* refers to our existence as human beings and implies that humans are in a state of being (Reiners, 2012). Thus, he believed that it was impossible to negate experiences related to the phenomenon under study because personal awareness was intrinsic to phenomenological research. Therefore, an interpretative phenomenological approach differs from a descriptive approach in that it does not only consider experiences, but also seeks to understand the meaning of an account of experience by stepping outside of the account and reflecting upon its status as an account and its wider social, cultural and psychological meanings (Willig, 2008).

Heidegger reasoned that human beings can best represent their world and their interpretation of reality through words and language. By listening to responses to the interview questions and then interpreting the lived experiences of multiple individuals who have experienced the same phenomenon, the researcher can better understand the phenomenon and how it is experienced.

Therefore, interpretative phenomenological research seeks to generate knowledge about the quality and texture of experience as well as about its meaning within a particular social and cultural context (Willig, 2008). The researcher adopted an interpretative approach

because this approach is employed to understand the contextual aspects of an experience that relates to other influences such as culture, gender, employment and the well-being of people or groups experiencing the phenomenon. A focus group discussion was selected as the data collection method to afford the researcher a deeper understanding of the participants' experiences.

3.3 The Research Process

3.3.1 Sampling

A qualitative research design usually employs different sampling strategies in comparison to those used in quantitative studies (Jones, Brown, & Holloway, 2012). Because of the intense and in-depth nature of data collection in qualitative research, non-probability and purposive sampling is generally used and the samples tend to be small (Maree, 2010; Wagner et al., 2012). Purposive sampling was utilised to select the participants for the study. In purposive sampling, the selection of participants is based on some defining characteristic that ensures they possess the data needed for the study (Maree, 2010).

Purposive sampling was employed in this study because the participants who were selected had to have participated in the group-based intervention that was conducted at a secondary school in Pretoria. The school was identified by the coordinator of the community psychology module in the psychology department. Collaboration to enter and work with the school was sought from educational authorities as well as the school principal. The researcher was part of the masters' psychology group who had facilitated the first group intervention at the school in the previous year. During this time, he had developed an interest in the experiences of the participants in the group intervention. During this period, the researcher was introduced to the principal of the school and teacher responsible for learner well-being who was asked to co-ordinate the implementation of the intervention in the school.

3.3.2 Selection for research

In order to be selected to participate in the study, during the final sessions of the intervention the participants were informed that participation would be voluntary.

In order to qualify as a volunteer, the adolescents needed to:

- Have participated in all of the weekly sessions of the group intervention;
- Provide parental consent to participate in the study from their parents/guardians;
- Provide a signed assent form to participate in the study; and
- Be willing to avail themselves to attend the two focus group discussions.

Volunteers who were interested in sharing their experiences of the intervention in the group were required to inform their group facilitators or the coordinating teacher at the school. They were then issued with consent and assent forms. The facilitators of the intervention had been asked to recommend three participants from each group whom they thought would be suitable participants for the study, based on their participation in the intervention. In the instances that the recommended participants were not available, the coordinating teacher from the school assisted with the selection of the volunteers.

Thirteen participants volunteered to participate in the study and accordingly, completed assent forms. However, because of transport disruptions as a result of protest action in the city, only two participants from the recommended six participants were available on the day of the first focus group discussion. Consequently, the coordinating school teacher selected four additional participants who met the additional criteria.

The final group comprised six participants; two from group one and four from the second group. Two of the participants were males and the other four females. Furthermore, two were in Grade 8 and four in Grade 9.

The respondents:

Respondent P – Female, Grade 9

Respondent K – Male, Grade 8

Respondent L – Female, Grade 9

Respondent Z – Male, Grade 8

Respondent N – Female, Grade 9

Respondent J – Female, Grade 9

3.3.3 Data collection

According to Maree (2010), purposive sampling decisions are not only restricted to the selection of participants, but also involve the settings and activities that are to be included for the data collection. Qualitative data are noted to maintain a naturalistic approach, which means that it should be collected in participants' real, day-to-day environment (Christensen et al., 2011).

Accordingly, the researcher employed a focus group discussion as the data collection method. This is based on the assumption that group interactions are productive in extending the range of responses, activating forgotten details of experiences and releasing the inhibitions that may otherwise discourage participants from disclosing information (Maree, 2010).

During a focus group discussion, statements may be challenged, extended, developed, undermined and qualified so as to generate rich data (Bryman, 2016). Such data allow the researcher to address questions about the ways in which attitudes may be formed and changed and further provide evidence of the ways in which participants may justify their positions (Willig, 2008). The discussion is focused on a particular topic. Furthermore, group dynamics

and processes become an integral part of the focus group discussion (Maree 2010; Puchta & Potter, 2004; Wagner et al., 2012).

3.3.4 Instrument for data collection

An interview schedule comprising open-ended questions was used as the instrument for data collection. Cozby (as cited by Mncwabe, 2014) noted that research that attempts to elucidate how people view their world naturally lends itself to the use of open-ended questioning and thus, this approach was utilised in this study. The questions served to guide the discussion and illicit a broad range and scope of discussion with which the participants could interact. Probes were included to explore specific aspects of the intervention.

3.3.4.1 Interview guide

3.3.4.1.1 Focus group one questions

- How did you experience being a participant in this intervention?
- What have you learned from the programme that you can apply in your life?
- Did you make any changes in your life because of participating in the programme?
- Which sessions/activities did you enjoy the most and why?
- Which session/activities did you enjoy the least and why?
- What made you feel part of the group and helped you to participate more?
- What made you uncomfortable about participating? How did you deal with this?
- What would you have liked to be included or elaborated on in the intervention?
- Did you experience any form of teasing because you participated in this intervention?

In the first focus group discussion, the researcher was interested in the participants' subjective experiences following their participation in the intervention. The questions were directed mainly at how they experienced certain aspects of the interventions. During 2018 when the researcher was a facilitator for the group intervention at the school, the researcher had noted that upon their arrival at school to facilitate a group session, some of the learners at

school passed inappropriate remarks such as *cat-calling* the female facilitators and teasing the participants for participating in the intervention. Consequently, the researcher deemed it appropriate to ask the current group if they had experienced any victimisation during their participation in the intervention.

3.3.4.1.2 Focus group two questions

These questions explored the participants' experiences with their social environment following their participation in the intervention.

- How would you describe the past three months since your participation in the intervention?
- Is there anything you are doing differently since participating in the intervention. If so, what is it?
- What new skill did you learn from the programme that you still apply as part of your daily life?
- Have you noticed changes in your behaviour after your participation in the intervention? If so, in what areas have you noticed these changes?
- Have you noticed any changes in other people's behaviour towards you? If so, have what you noticed?
- Based on your experiences now after three months, is there anything that do you think the intervention should include going forward? If so, what is it?
- Would you recommend the programme to a friend? Give a reason for your answer?

The second focus group discussion was scheduled to take place three months after their participation. In this interview, the researcher was interested in determining if there had been any changes in their social environment following their participation and if so, what type of changes they were. The researcher was also interested in ascertaining what skills gained from participation the participants were applying in their social environment and if these skills

were perceived to have been beneficial. Finally, the researcher unmasked whether the participants had perceived their participation in the intervention as beneficial.

The participants' young age required researchers who not only possessed an empathic attitude to facilitate openness and safeness, but could relate to them well. As noted previously, the researcher had facilitated a similar group intervention at the same school during the previous year, which enhanced familiarity, relatability and an empathic attitude during this process. Permission to use an audio recorder was requested from the participants. Although the group discussions were conducted in English, the participants were allowed to speak their home languages if they found it easier to express their opinions in their vernacular language.

3.3.5 Focus group discussions procedure

The role of the researcher during a focus group discussion is to direct discussions amongst the participants with the purpose of collecting in-depth qualitative data related to the group's perceptions, attitudes and experiences on a defined topic (Maree, 2016). Morgan and Krueger, and Kreuger and Casey (as cited in De Vos et al., 2011) asserted that group facilitators should be comfortable and familiar with group processes, be curious about the topic and the participants, communicate clearly and precisely, be good listeners, have empathy and positive regard for the participants, have the ability to listen and possess self-discipline to control their personal views.

The first focus group discussion, which was scheduled for an hour, was conducted at 8:30 on the 6 September 2019. The venue for the focus group discussion was the coordinator's office in her classroom. This was a private and secure venue to conduct the focus group discussion. At the start of each focus group, the participants were given the option of speaking in their vernacular language in order to allow better self-expression. The second focus group discussion took place two months later on 15 November 2019, on the last

school day of the year post their participation in the intervention. Only volunteers who had participated in the first focus group discussion were allowed to participate in the second group discussion.

The focus group discussions were facilitated by the researcher and a female co-facilitator who facilitated one of the intervention groups with the current research participants. The participants did not know the researcher. The second facilitator was included so as to allow the participants to identify with a facilitator of a different gender. De Vos et al. (2011) noted that when selecting an assistant facilitator, consideration should be given to that individual's characteristics that differ from those of the facilitator. The co-facilitator also assisted with recruiting volunteers to participate in the study, conducting observations, operating the tape recorder and co-asking as well as clarifying questions in instances where needed.

3.3.6 Data analysis

A qualitative approach usually involves in-depth, structured or semi-structured interviews, which are typically audio-recorded and then transcribed. Subsequently, these transcriptions are subjected to a series of analyses, beginning with the raw data and step by step moving to relevant text and repeating ideas, themes, theoretical constructs, theoretical narratives and research concerns (Auerbrach & Silverstein, 2003).

After the focus group discussions, the audio recordings of the interviews were transcribed verbatim. A thematic analysis method using Braun and Clarke (2006) was subsequently selected to explore and interpret the data. Thematic analysis involves searching across interviews to find repeated patterns of meaning (Braun & Clarke, 2006). Thematic data analysis involves the identification of possible themes, coding of data, sorting codes into themes, reviewing and refining themes and describing the identified themes. This approach also allows investigators to arrive at a deeper understanding of the experience (Matua & Van

Der Wal, 2015). The steps involved in the data analysis process, which were informed by Braun and Clarke, are subsequently detailed.

3.3.6.1 The data analysis process

Stage 1: Familiarising yourself with your data

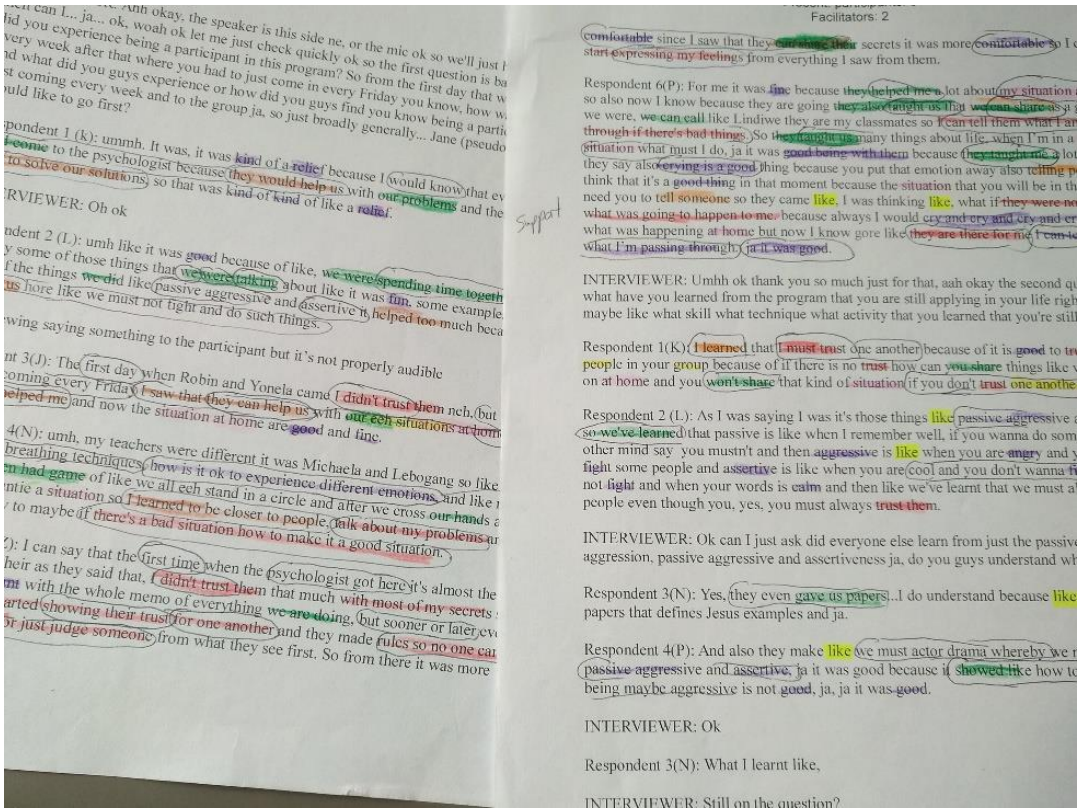
The first step in thematic analysis involves immersing oneself in the data to the extent that one is familiar with the depth and breadth of the content. A key step in familiarising oneself with the data is by being involved in the transcription of data. When the researcher transcribed the interviews from audio to text, he attended to detail as the transcription process unfolded. The participants were allowed to use their vernacular language to communicate to afford them the opportunity to express themselves in a manner in which they were most comfortable. However, this decision had an effect on the analysis and interpretation of the results.

Although most of the data collected was in English, the participants also spoke in their home languages and used slang common to the youth. In an attempt to preserve what the participants expressed, the researcher translated vernacular statements into English and analysed them accordingly. Thereafter, the researcher ensured that his interpretation of what the participants had related was correct. The participants spoke three languages during the focus group discussions, namely, English, Sesotho and isiXhosa, all of which the researcher was familiar. The transcription of the first and second focus group discussions took approximately three hours and two-and-a-half hours, respectively. Braun and Clarke (2006) noted that while the process of transcription may seem time-consuming, frustrating and at times, boring, it is the first step involved in familiarising yourself with the data.

Immersing oneself in research involves cycles of reading the data repetitively to enable one to familiarise oneself with all the aspects related to the data. The researcher achieved this by listening to the audio recording multiple times during the transcription and

subsequently, recording each response verbatim. Thereafter, as the researcher read through the transcript, he started using colour markers to identify words that had been repeated and compiled a table in order to group them together. For example, words, statements and sentences related to or including the word *trust* and *learning* were marked with a red marker and green marker, respectively while the colour purple was assigned to any *emotive* words identified.

A picture illustrating this process follows.



Stage 2: Generating initial codes

After the researcher had read and familiarised himself with the data, he started to generate codes. The researcher generated an initial list of ideas and noted what was interesting about them. He first created a table to classify similar or related words, concepts and sentences from the transcripts that resembled the category. Accordingly, an open-coding approach that

involves developing and modifying response categories was created as the researcher proceeded with the analysis rather than using pre-determined themes from the literature.

After the first stage, the researcher read through the entire transcript systematically again with the aim of combining words, sentiments, experiences and opinions that were relevant to the research question and had been repeated. Furthermore, the researcher noted differing views. Subsequently, the researcher selected quotes from the transcript and filled up the initial response categories formulated from the coding. During this stage, the researcher observed that some data extracts were associated with more than one response category. The response categories that the researcher identified during this stage are as follows:

1. The process from uncertainty to trust
2. Group Cohesion
3. Role play
4. Feedback
5. Interaction in the group
6. Victimisation for participation
7. Sadness at termination of group
8. Referring to self
9. Situations at home
10. Problems with expression
11. Improved self-expression
12. Calming techniques
13. Change in behaviour-attitudes
14. Relationships
15. Extending programme
16. Extending to others/friends

17. Additional topics

Relevant data extracts were contained in each of the response categories.

Stage 3: Searching for themes

The aim during this stage was to analyse the data on an interpretative level so as to create themes from the data extracts. The researcher searched for relationships and similarities among the response categories and attempted to classify them into potential sub-themes and themes. The themes are described in Chapter 4.

Stage 4: Reviewing themes

Stage 4 of thematic analysis encompassed reviewing the themes and sub-themes, which were generated during the previous stage. The researcher reviewed the identified themes by examining each theme and reviewing the extracts that comprised that theme. This involved checking the data extracts in which the sub-themes were identified and that informed the overarching themes to ascertain whether they were consistent with the quotations that originated from their response category. This process also entailed re-reading the transcript to ensure that the emerging themes matched the data and to confirm that nothing from the earlier coding process had been overlooked. The researcher utilised a table, which is provided in the next chapter, to provide an overview of the identified themes, sub-themes and coding categories.

Stage 5: Defining and naming themes

This stage involved the ongoing defining and refining of themes. Defining themes involves identifying and detailing how a particular theme fits in and is relevant to the research topic and research questions. This was carried out by reviewing the sub-themes and ensuring they all corresponded with the theme and were related to research question.

Stage 6: Producing the report

In the final stage of the thematic analysis, the researcher provided an in-depth research report. The report included a discussion of the findings and how they related to previous literature as well as the research questions.

3.4 Steps to Ensure Research Quality

Qualitative research can never entirely be divorced from subjectivity (Wagner et al., 2012). During qualitative data analysis, the researcher as a person is involved in the interpretation of the data. However, in qualitative research, trustworthiness of data in qualitative studies refers to the process of ensuring that the results are valid. Maree (2010) noted that trustworthiness is of the utmost importance in qualitative research. Researchers can employ multiple strategies and options to enhance the trustworthiness of the results. Lincoln and Guba (as cited in Wagner et al., 2012) identified four criteria to ensure trustworthiness of data: credibility, transferability, dependability and confirmability. Christensen et al. (2011) added other strategies to enhance the quality of data.

- To ensure the trustworthiness of data the researcher employed the following strategies: The researcher sought to understand the process as it unfolded. Furthermore, he took it upon himself to be honest and vigilant about his own perspectives and beliefs as well as possible influences on responder bias by keeping a reflexivity journal during the data collection stages.
- The researcher had both an insider and outsider relationship during the data collection process. The insider position involved being a MA counselling psychology student who had facilitated a similar intervention with a different group at the same school during the previous year. He thus had a good understanding of the programme.

However, he was an outsider because he did not know the current group of participants.

While being an insider holds certain advantages, there are also disadvantages associated with the position because the researcher may be too subjectively involved. This may cause the researcher to ignore the negative aspects of the intervention. The co-facilitator was an insider because she facilitated the intervention to this group of participants. Consequently, the participants may have been tempted to provide information that they thought the researcher may have wanted to hear (Wagner et al., 2012).

- To enhance dependability, the researcher provided a detailed description of the research methodology that was employed during the data collection stage.
- Although the researcher transcribed the interviews verbatim in order to ensure consistent transcription of audio to text, he also utilised the services of an external transcriber to ensure consistency, especially in those parts of the interviews where the participants spoke their vernacular language.
- To ensure accuracy of understanding, member checking was employed by the researcher. During this process, the participants were provided with transcripts of the audio transcript of the focus group discussions to validate the accuracy of the information that they had provided.
- To enhance the quality of the data analysis, the researcher collaborated with a research scholar who is a clinical psychologist who has completed a similar qualitative study to review and discuss the themes that emanated from the data analysis, which the researcher had conducted. The research scholar provided his input and verified the logic of how the researcher had identified the themes.

- To enhance the quality of the data, the researcher conducted follow-up interviews with the participants in order to gain clarity and allow the participants to elaborate on various issues.

3.5 Ethical Considerations

Ethics should be considered during every step of the research design and implementation process so as not to harm and/or exploit the participants (Wagner et al., 2012). Ethical approval for the study was obtained from the Ethics Committee of the Faculty of Humanities, University of Pretoria (ref: 2020/29629536 (HUM031/0319). The current study is part of a more extensive study titled *Development of interventions for children exposed to violence* that had previously obtained ethical approval from the Ethics Committee. The Department of Education in Gauteng as well as the school management of the particular school had also given consent for the intervention to be implemented and evaluated.

The facilitators of the intervention gained entry to the school by being invited to work there as part of their community psychology masters' practical training. The researcher had previously facilitated the intervention at the secondary school with a different group in the previous year. Any child under the age of 18 is regarded as a minor and therefore, assent had to be obtained from the child and signed consent from his/her parents and/or guardians to involve the child in the study (Allan, 2016). The informed consent and assent forms served to inform the participants and their caregivers by enlightening them about the research and nature of their participation (Wagner et al., 2012).

Because adolescents are considered a vulnerable group, the focus group discussion commenced with an extensive discussion and suggestions about maintaining confidentiality as a key rule for the group. This was also particularly important in the context of data collection for the focus group discussion as this method may have affected the participants'

disclosure (Willig, 2008). In addition, the researcher preserved confidentiality by giving the participants pseudonyms in the dissertation.

The participants did not benefit financially or personally by their participation in the study. They were informed that their participation was voluntary and that they could withdraw from the study without experiencing any adverse consequences. The researcher did not provide individual counselling to the participants, but arrangements for any participants who needed counselling were made to see a counselling psychologist nearby the school. A letter from the psychologist confirming her availability to see any potential participants was obtained during the ethical approval application process.

3.6 Conclusion

In this chapter, the research process was explained. The key concepts of the research process including the theoretical and paradigmatic framework, sampling, data collection procedure and schedule, data analysis and ethical considerations of the study were discussed. The method of analysis following the collection of the data was also detailed. In addition, the various stages of thematic analysis and how the themes and sub-themes were identified and defined were outlined. An extensive discussion of the findings constitutes Chapter Four.

Chapter Four: Research Findings

4.1 Introduction

The aim of the study was to explore the experiences of a group of at-risk youth participants following their participation in an intervention. The researcher employed qualitative research methods to collect the data and performed thematic data analysis that was informed by Braun and Clarke (2006). The results are presented in this chapter.

4.2 Results

The results are presented in relation to the four themes and sub-themes identified in the analysis (Table 3). Extracts from the focus group discussion are quoted to illustrate each theme. The quotations are presented in English. Brackets are employed for purposes of clarity when the participants responded in another language or where the sentence did not make grammatical sense.

Below is a review of the themes identified:

Table 3

Review of themes

Themes:	**Sub-Themes**
1. Group Processes	1. Mistrust versus safety 2. Empathic problem-solving 3. Skills acquisition 4. Encountering mental health stigma 5. Loss due to termination of support
2. Self-Management skills	1. Improved self-awareness 2. Emotional regulation 3. Behaviour change
3.Interpersonal Awareness	1. Self –expression 2. Improved relationships

4. Value of Intervention	1. Value to friendships 2. Value to other adolescents 3. Value for ongoing support

4.2.1 Theme 1: Group processes

The researcher identified the following sub-themes that constituted the theme *group processes* to detail the experiences and factors that contributed significantly to their participation in the intervention. The sub-theme *loss due to termination of support* is related to the sense of loss that participants felt following the completion of the intervention.

4.2.1.1 Sub-theme 1: Mistrust versus safety

One of the first observations the researcher made was that the participants all described a similar pattern of how their participation in the group was characterised by mistrust towards the group process in the early stages of the intervention because the members were not familiar with the process that was about to unfold. This is illustrated by the following quotations:

The first day when R and Y [the facilitators] came, I didn't trust them [Respondent J].

When the psychologists got here it's the same story as they said, that I didn't trust them with most of my secrets so I was kind of distant whole of memo [process of the intervention] of everything [Respondent Z].

What made me uncomfortable is that I used to think that you guys everything that we say in here you are going to go around telling people about it [Respondent P].

The development of trust, facilitated by measures to ensure confidentiality and the responsibility of members towards protecting one another, was significant in facilitating a safe space, which encouraged increased participation. This is substantiated by the following excerpts:

But sooner or later ever since everyone started showing their trust for one another and they made rules so one can neither bad mouth or judge someone from what they see first. So from there it was more comfortable since I saw they can share their secrets [Respondent Z].

...Okay like the people who we were with we signed some papers that say that what happens in the group doesn't go out, we don't talk in between when someone is talking and like yes we talked about those rules and the reason I participate more is because of I see that people are talking about their problems and time is going and I have never heard a person telling me that someone told what you are doing in your group. So I said, "Okay there trust and everything so I started to join the group" [Respondent L].

I learned that I must trust one another because of it is good to trust people in your group because of if there is no trust how can you share things like what is going on at home and you won't share that kind of situation if you don't trust one another [Respondent K].

4.2.1.2 Sub-theme 2: Empathic problem-solving

The participants also related that the experience of an emotionally supportive climate that provided support and feedback contributed to members feeling safer about sharing their problems in the group. The researcher observed that the group members' experiences of being able to put themselves in the shoes of other group members and endeavour to provide solutions to others' problems was a common pattern. This is supported by the following quotations:

I felt part of the group because everyone was giving me support, also, when I tell them the story and they also cried because of what I was saying also so they do support me and they are also trying to find a way of finding the solution of the problem [Respondent P].

The thing that made me join the group [participate more] is when, during the second or the third Friday, P told them, told R and Y her story what's happening at home and all that. So I saw that when P was telling them [and] they tried to help her, and they helped her so I thought that let me give it a

try so that I can see what's going on in the group, and now I am participating and I am enjoying it [Respondent J].

I felt part of the group when everyone was sharing their stories and giving each other feedback that [of] how you should handle the situation. Then I'm like ok, then I can also share my situation then after they will give me good feedback [Respondent N].

4.2.1.3 Sub-theme 3: Skills acquisition

The researcher observed that the participants commonly referred to their enjoyment of the process of how they acquired skills from their participation in the group. Numerous activities including role play and problem-solving were identified as enjoyable because of their purpose of skill-building. Similarly, the process of supporting and offering each other feedback was also reported as a significant contributor to increased participation and one of the perceived benefits of the intervention. This support was described to have occurred through the various activities and experiences where group members learned from one another. This is thus illustrated:

My favourite activity is just mostly just one that we did, that drama acting out. I enjoy[ed]mostly just like the process of acting out what you felt about this whole thing which you were doing, like what you have learnt from this whole process of passive, aggressive and assertive [training] then putting it into act and showing you visually and audibly to everyone else [Respondent Z].

I almost enjoyed every activity because it seems like every activity that we did was making me to solve my problems at home. Now I speak with my parents, ask them questions and some other things. And also that other one [communications skills activity] it told [taught] me how to, when you are in a typical situation, how can you solve that problem [Respondent P].

And also they make like we must act drama whereby we need to act passive, aggressive and assertive, ja it was good because it showed like how to calm yourself, ja, being maybe aggressive is not good [Respondent P].

4.2.1.4 Sub-theme 4: Encountering mental health stigma

During their participation, the participants shared instances during which they had to deal with stigmatising comments from other school children because of their participation in the intervention. The following quotations substantiate this:

Every time when you guys come obviously some of the learners here at school they know what are you guys here for so like obviously they talk about us that ok she's a psycho no wonder why she has anger issues like this, ok let me not be too close to her. So like it makes some of us feel uncomfortable for the fact that they are judging us even though they don't know what's going on in here. Cause all they think about that ok psychologists are for psycho [mentally unwell] people and it's not only about that. [Respondent L].

Like the first time neh, when let's say, we would come and we will pass a class and then they'll be like "where are you guys going?" Then we'll say to see a psychologist and then they'll be like "are you guys crazy?" Then we are like no [Respondent N].

Yes, some people have teased me neh, but I told them one thing, I told them to leave me alone and deal with the problems. I told them I am the one going to the psychologist not them, leave me alone, and I'm not crazy I'm fine. [Respondent K].

It was apparent to the researcher that although the participants reported instances of victimisation, they did not appear to have internalised the stigma associated with receiving a service related to mental health. It also appeared that the participants had responded in a way that changed the perceptions of others. Their responses also indicated that they may have learnt to establish boundaries in order not to be discouraged from participation in the intervention.

4.2.1.5 Sub-theme 5: Loss due to termination of support

Although the participants were aware that the intervention was for a certain timespan, they expressed their sadness that the intervention had come to an end. Moreover, they were aware of the loss of the close relationships they had formed as a result of their participation. The following quotations illustrate this:

When you get used to something and then you have to let it go, it's not nice at all. So that's the only thing that bothered me, being able to express your feelings and emotions, things that you've been through with these people and then they just gonna leave, that's the only thing that bothered me [Respondent Z].

But the only thing is now they're leaving and when they're leaving we don't know maybe we are going to pass through times whereby there will be difficult things so [Respondent P].

Nothing made me uncomfortable in this group and it's sad that they are leaving now [Respondent N].

4.2.2. Theme 2: Self-Management

The following sub-themes were related to self-management skills and knowledge, which participants perceived had improved following their participation in the intervention: Improved self-awareness, emotional regulation and behaviour change pertaining to self-regulation. These sub-themes constitute part of intrapersonal skills. The improved ability to regulate their emotions as well as their behaviour demonstrated an improved ability to manage their emotions and behaviour.

4.2.2.1 Sub-theme 1: Improved self-awareness

Following their participation in the intervention, the researcher noted that the participants related that they enjoyed enhanced awareness and an understanding of themselves and their environment. This is supported by the following excerpts:

Yeah it help[ed] me to think a lot to help me know who I am actually [Respondent N].

It helped me in, now I know myself what type of a person I am and all those stuff [Respondent P].

For me the session that was most valuable to me was the one where you had to write bad stuff and good stuff. For me what I do[did] is that I bought this this vase and all the bad stuff that happened I put rocks inside and at the end I put water [for the good stuff]. So to see that there's a lot of good stuff happening the two litres fills up even though there are stones but the[it] fills up so that's [was] valuable for me [Respondent J].

4.2.2.2 Sub-theme 2: Emotional regulation

The participants identified activities that taught them how to manage intense emotions such as anger and frustration. A common reported observation was related to their positive reception of the exercises that demonstrated techniques to them on how to understand and regulate their emotions in a more enhanced manner. Furthermore, the participants seemed to remember most of these exercises and techniques post the intervention. This was substantiated by the following quotations:

I learnt that, like breathing techniques especially when I am angry, then instead of being aggressive I can count from five backwards or you see, or then it takes my mind to counting and then I forget about being aggressive, so I am applying that [Respondent N].

I also learnt about like when you are maybe scared you can take the breathing exercise and so in the morning when they start they did this[these] breathing exercise[s] before we start the session that we did, it taught me a lot because when I am angry, when I'm sad, I will do that breathing exercise, ja, to think clearly what I'm going to do [Respondent P].

And one thing is the ice-breaking thing [breathing exercises] I like it because it made me clear my mind and feel warm in the morning also and it made me feel good in the morning [Respondent J].

4.2.2.3 Sub-theme 3: Behaviour change

The researcher noted that the participants reported improved awareness and the realisation that they were able to modify unwanted and unhelpful behaviours towards themselves and others. They were also afforded the opportunity to learn how to reflect on various aspects related to their actions and behaviour. This is illustrated in the following excerpts:

In the beginning I was swearing at people and told them to leave me alone. Now I see that the thing I was doing was wrong. So now [I learnt that] you can change your behaviour and do something better [Respondent L].

It was good because they could help us with such a situation that we couldn't handle and like through the past days that you weren't here from September to November [between first and second focus group discussion], it's hard but like when you remember those things they taught you two months ago that when you do this, and this, it became better and better [Respondent L].

So like it was good because you can motivate yourself what you do, to have like, a better situation [Respondent P].

We also learnt that you should calm down before you just jump into something that might increase that whole issue you have with that person or that thing that is challenging you with all these issues [Respondent Z].

4.2.3 Theme 3: Interpersonal Awareness

The participants noted improvements in their interpersonal skills. Previously, they may have struggled with skills such as self-expression, assertive behaviour and in situations where they may have not known how to respond in their interpersonal relations. However, participation in the intervention appeared to have led to improvements in this regard. They also shared a perceived understanding and acceptance from others following their participation in the intervention. Accordingly, the third identified theme was titled

interpersonal awareness and it comprised two sub-themes: self-expression and improved relationships.

4.2.3.1 Sub-theme 1: Self-expression

The process of participating in the intervention encouraged the participants to express themselves gradually. They acknowledged experiencing communication difficulties prior to their participation in the intervention. This is illustrated by the following quotations:

Like when they talk[spoke] to me [kids who were bullying her at school] I used to talk to them in a polite [passive] manner, so they saw that this person doesn't care that we are gossiping about her [Respondent L].

I wouldn't tell anyone what I was going through. I would say I'm fine [Respondent P].

I will [would] even cry maybe by myself, if a person asks me like why am I crying, I would say I am not crying my eyes are painful [Respondent P].

At first I was bottled up [struggled to express himself], not sharing [Respondent K].

However, their participation in the intervention seems to have encouraged them to express their feelings and opinions more, even in difficult situations with their parents. This is supported by the following quotations:

I was scared to tell my mother and father that I don't like the way they are doing things; like the way they do all those things. So when I told my mother firstly, I was able to tell even my father or tell my mother that she must tell my father what he was doing with those things. So it encourage [d] me not to keep things inside me, to just share them [Respondent P].

I thought that they do not care about me anymore. Also the attention they were giving me and the things I need I was never getting them. When I told my parents what's wrong, they fixed, now I'm living a happy life, I couldn't communicate with them before, it was too hard [Respondent K].

I wasn't staying with my mom, so I was afraid that they will do the things they were doing to me. Lastly, I end up telling my mom and my mom took me away, now I'm staying with my mom, so it helped a lot [Respondent L].

I changed because of talking, talking, it helped me a lot, so now I talk about it and then it help[s] me [Respondent K].

4.2.3.2 Sub-theme 2: Improved relationships

Following their participation in the intervention, it was apparent to the researcher that the participants enjoyed an enhanced understanding and treatment from others prior to their participation. This is illustrated by the following excerpts:

I did notice, the way people treated me [then] and now. Like let me say many people didn't treat me like nicely during term one and term two but now some of them they are even my friends they respect me and they also respect my feelings, when I cry they ask me what's wrong, and I tell them. Sometimes if you can like see [look at] a person, you can see that this person you can trust, and this one you can't [Respondent P].

They thought I was a bad guy and [for] not talking to them before, so when time goes on, they saw what kind of person I am so now they are friends with me [Respondent K].

4.2.4 Theme 4: Value of Intervention

The researcher observed that following participation in the intervention, the participants recognised the impact of such an intervention for others who encountered similar challenges in their community. They identified benefits not only for their friendships, but for other school children who could enjoy similar benefits. The researcher noted that the participants supported the introduction of such an intervention and related how participants could benefit from having a perceived safe space to discuss their ongoing issues.

4.2.4.1 Sub-theme 1: Value to friendships

The participants perceived the intervention would benefit their interpersonal relationships, particularly their friendships. They also considered that the participation taught them how to manage their interpersonal relationships in an enhanced manner. This is demonstrated by the following excerpts:

Yes, I would [recommend a friend to participate] because of like, we don't have the same moods so sometimes maybe my friend is in her moods and then she starts changing. So I think it could help because she will always get the help and learn how to take steps [such as] breathe in, stop and things like that [Respondent L].

I agree, like if your friend there are[is] something, like maybe your friend has a problem and also maybe you have the same problem, sometimes you cannot give each other that advice to help so you also need to see a psychologist like both of you to see a psychologist because like maybe you will not understand how I feel and I would not understand [Respondent P].

Yes I would invite my friend to join because it helped me a lot and you [the intervention] cannot help me and not help my friend so we need to be helped both for[of] us [Respondent K].

4.2.4.2 Sub-theme 2: Value to other adolescents

The participants were of the opinion that the intervention had taught them many skills that they thought other peers and adolescents could benefit from if they were afforded the same opportunity. The following excerpts illustrate this:

I think like really they must call all grades and not only like eight and nine cause[because] it's not like it's just grade 8 that need help, so we can call all, call from grade 8 to grade to 12 and then we must extend the dates [of the intervention] [Respondent L].

We should include more people because people need help, some of them end up committing suicide and some of them end up taking wrong decisions such as using drugs. So now I think we must call more people [to participate in intervention] [Respondent K].

There are people some people who need help, if you can hear them you will think that your situation is better than theirs. So I think maybe you should also take some new ones [participants to join the intervention]. A person who is not in the intervention should [be afforded opportunity] should join [Respondent P].

4.2.4.3 Sub-theme 3: Value for ongoing support

Following the participation, the participants appeared to have identified other challenges in which the intervention could be used as a support system for them to present their challenges. These included psychosocial issues or topics that the participants perceived as relevant to their stage of development. They perceived this intervention as a safe platform where they could present and address such issues. The following excerpts illustrate this:

We should talk about things that we never get to talk to our parents about. Like maybe abuse, like L is saying or maybe if you are dating someone like obviously your parents are going to shout at you so at least you can talk about it in the group [Respondent J].

We should talk about like [other] things like abuse, like have you ever been abused and things like that" [Respondent L].

Ja and also I want you to include about this thing of substance abuse. When you use substances how harmful are they to your body. So that when you are in a problem you must not end up using substances [Respondent P].

4.3 Summary of themes

4.3.1 Group processes

The first identified theme was related to the processes that contributed to the participants' meaningful participation in the intervention. These processes appeared to enable the participants to share more intimately in the group intervention.

The first sub-theme described a pattern characterised by a lack of trust in the early stages of the intervention, but which was ameliorated by the group agreeing to respect and protect one another.

The second sub-theme encompassed the perception of an empathically supportive group climate where they could share personal secrets that at times involved trauma. This perception appeared to bring the group together and encouraged the members to trust one another and participate. The third sub-theme was related to the process of acquiring skills and how the participants benefitted from the activities that involved the group and which enabled them to learn from one other. The fourth sub-theme concerned the stigma the participants experienced as a result of their participation and how the way in which they responded to this encouraged them to continue with their participation and not drop out. The fifth sub-theme was related to the participants' sense of loss because of the termination of support and close relationships at the end of the intervention.

4.3.2 Self-management skills

The second theme concerned the self-management skills the participants learned in the intervention. There was a shared sense among them that the intervention had increased their awareness and knowledge about themselves, their behaviour and certain personality traits. The sub-themes concentrated on the activities in the intervention that had taught the participants how to regulate their emotions as well as their awareness of unwanted and unhelpful behaviour, learning assertive behaviour and modifying inappropriate attitudes and thoughts.

4.3.3 Interpersonal awareness

The third theme pertained to interpersonal awareness. The participants enjoyed enhanced self-expression and ability to express their needs following their participation. Prior to the intervention, they perceived themselves as shy, reluctant and hesitant. They also

acknowledged improvements in their interpersonal relationships, in particular, increased acceptance, understanding and healthier friendships.

4.3.4 Value of intervention

The fourth theme related to how participation in the intervention had increased participants' sensitivity and awareness of their interpersonal relationships and environment. The first sub-theme highlighted how the participants' awareness of how the group intervention could benefit other adolescents and how the intervention could lead to increased understanding and support in their interpersonal relationships. The second sub-theme concerned their ability to identify other challenges that they perceived as relevant to their current stage of development. The third sub-theme highlighted the participants' recommendations for ongoing support.

4.4 Conclusion

The themes and sub-themes identified from the data related by the participants in the group intervention were presented in this chapter. The chapter concluded by providing a summary of the themes and sub-themes identified. An in-depth discussion of the findings and the interpretation thereof in relation to the literature and research questions constitutes the next chapter.

Chapter Five: Discussion

5.1 Introduction

In this chapter, the findings that were presented in Chapter 4 are discussed in relation to the literature as well as the aims and objectives of the study.

5.2 Overview of Research Process

The aim of this study was to explore the experiences of a group of adolescents during and following their participation in a group intervention designed for adolescents who may be exposed to various forms of violence. The study also sought to understand how adolescents experienced their interaction with others following the intervention. The researcher adopted a qualitative research approach to explore the participants' experiences. A focus group discussion was selected as the data collection method so as to afford participants the opportunity to discuss and elaborate on issues given the fact that the group comprised young adolescents. The focus group discussions afforded the participants the opportunity to meet again on two more occasions following the end of the intervention to share their experiences with one another while providing the researcher with relevant information for research purposes.

Four main themes were identified during the analysis. The first theme identified processes the participants believed contributed to their meaningful participation in the intervention. The second theme related to improved self-management skills that the participants perceived that they had acquired as a result of their participation in the intervention. The third theme concerned how participation in the group intervention increased the participants' awareness in their interpersonal relationships. The fourth theme concerned the participants' perception of the perceived value of the intervention. In essence, the findings revealed that the participants perceived they had benefitted from their participation in the

intervention and supported the extended implementation of the intervention to involve other adolescents in their school.

5.3 Discussion of Themes

5.3.1 Theme 1: Group processes

It is imperative to understand the therapeutic factors that informed the participants' subjective experiences during the group-based intervention. This sheds light on how the intervention enhanced the therapeutic benefits the targeted participants experienced. The analysis revealed that the participants identified processes that they perceived contributed to their participation in the intervention. These processes contributed to the therapeutic climate within the groups.

5.3.1.1 The Development of trust and safety

Group participation increased and intensified over time as the participants started to perceive the group as a safe space. It appeared as though there was a relationship between the perception of safety and increased trust levels. The more participants perceived the group as safe, the more they felt comfortable trusting the group. The development of trust towards the group was realised as result of a shift in the perception of distrust and uncertainty to feeling safe and open to participate more meaningfully. The participants identified early processes including the confirmation of confidentiality, establishment of group rules and norms, and facilitators' role modelling of empathy that communicated safety in the group to ensure they participated more meaningfully.

Cook et al. (2005) noted that establishing environmental safety and stability is the first requirement for treating traumatised children. During the early stages, the facilitators aimed to create a safe space for the participants because safety was imperative to the process of implementing the intervention. The facilitators also ensured that all the group members

understood what confidentiality entailed and the importance of protecting one another. The participants offered suggestions to ensure they trusted and respected one another. This was reinforced when they signed an agreement to adhere to all the group rules.

The participants' early experiences of the group intervention concurred with Tuckman's first stage of group development, namely, forming. This stage of group development is characterised by anxiety and uncertainty as members try to be discreet about their behaviour so as to gain acceptance in the group (Tuckman, 1965). The findings in relation to the development of the group trust are consistent with Garmy et al. (2015) in which participants described becoming closer through their discussions as they perceived that the space was a safe space and consequently, group cohesion was enhanced. Visser and Du Plessis (2015) revealed similar findings in their study: participants related that they felt more comfortable participating more meaningfully after they had observed other participants doing so in a non-judgemental manner.

In order to protect their children from harm, adults may use approaches that encourage avoidance rather than the development of safety and appropriate skills. However, by teaching children not to trust others, they may deny them the foundation for good future interpersonal relationships (Terrell, Terrell, & Von Drashek, 2000). Mitchell (as cited in Terrell et al., 2000) found that adolescents who do not trust others are more likely to feel insecure, lonely and unloved. On the contrary, developmental theorists such as Erikson have noted the development of trust is an important developmental task that leads to a sense of hope and confidence (Berk, 2013; Terrell l et al., 2000). Therefore, given the negative consequences of trauma on the development of social skills, providing a space where participants had the opportunity to explore their boundaries for intimacy was important.

Enhancing their observation and people skills are important developmental skills. Because perpetrators of violence against children may be individuals in close proximity, the intervention was an important lesson related to trust. In essence, trust is not merely earned through ones' position or relationship, but is also actively negotiated in groups.

5.3.1.2 Empathic problem-solving

The experience of supporting other participants who were sharing their personal struggles and circumstances was another significant theme the participants identified as enhancing their participation. They shared that they could identify with some of the struggles and intense and/or traumatic experiences that group members shared. Consequently, the researcher concluded that the participants demonstrated an ability to empathise with the other participants in order to sense what they were experiencing while also trying to offer appropriate support and feedback. Therefore, as noted by Ratka (2018), empathy is a catalyst in the process of affective skills development.

In understanding other group members, the participants were also able to provide one another with feedback and suggest solutions. This experience was regarded as an important factor that enhanced the perceived benefit of participating in the intervention. Christner et al. (2007) explained the value of observing and hearing others who were similar to themselves in relation to presenting problems and/or circumstances because it provides group members with reference points to impart information and increase motivation to adapt to their challenges and difficulties. This helps them to normalise that which makes members feel different and/or alone. The experience of empathy benefited the group participants.

Facilitators had to be particularly sensitive to the early dynamics and processes in the groups and ensured that a therapeutic atmosphere was established and maintained by being present and attentive as the therapeutic process unfolded. These experiences of empathy may

offer a similar experience to that of a corrective emotional experience. Yalom and Leszcz (2005) defined a corrective emotional experience as exposure of participants, under more favourable circumstances, to emotional situations that they could not deal with in the past so as to rectify the traumatic influence of previous experiences.

Visser and Du Plessis (2015) revealed similar findings when they found a group context provided participants with a platform for corrective emotional and interpersonal experiences. This experience of an empathic space in order to share and find solutions for adolescents' problems is an important therapeutic factor in groups, especially for adolescents exposed to various forms of violence. The experience of a safe space where a group member feels listened to, understood, and treated with respect may be considered a benefit of participating in a group-based intervention.

5.3.1.3 Skills acquisition as a result of interpersonal learning

Peer learning refers to situations where peers support each other in learning processes as well as the acquisition of knowledge and skills through active helping and support among peers who are equals in standing or matched companions (Gogus, 2012). Peer learning is an essential aspect of the therapeutic potential of group-based interventions. The description of the participants' experience of learning from each other is echoed in the experience described by Yalom and Leszcz (2005). They focused on interpersonal learning benefits such as feedback from others, self-reflection, self-observation and awareness of significant aspects of their interpersonal behaviour including strengths, limitations, interpersonal distortions and maladaptive behaviour.

Apart from their positive experiences of the process of peer learning, the participants shared they appreciated the manner in which group exercises that involved demonstration, action-learning and experiential learning facilitated learning. Some of the activities they

singled out included role play, problem-solving activities such as the human knot, assertiveness training and progressive muscle relaxation exercises. The space was also considered safe for learning skills that could be applied in other contexts outside the group.

The opportunity to learn skills they could apply outside the group context concurs with Cook et al.'s (2005) fourth component of creating interventions for traumatised youth: integration of traumatic experience into the life narrative. This component requires the processing and integration of traumatic memories as well as the psychological and somatic consequences of exposure to developmental trauma into the child or adolescent's life narrative in such a way that they gain mastery over their traumatic memories. One of the sessions of the intervention targeted changing how participants perceived their situations and provided them with opportunities to test the *new* realities that resulted from the group feedback. These opportunities allowed the participants to explore alternative behaviours and skills.

It appears that a safe therapeutic climate and interpersonal learning activities helped the participants to master and practise relationship skills that are essential, even outside of the group. Such skills included actively engaging in relationships, listening empathically to others, thinking creatively, learning from experience and problem-solving. These findings are in accordance with Garmy et al. (2015) who found that students talking among themselves during the course facilitated interaction outside the course. Visser and Du Plessis (2015) also revealed that the group context presented the participants with a corrective interpersonal experience in which members were able to model behaviour and learn from and support one another.

5.3.1.4 Ensuring safety of participation against stigma

The intervention was conducted during school hours, which presented ethical considerations in relation to protecting the participants from harm. They related experiences of being teased and being perceived as mentally unstable because they were participating in the intervention. Some added they felt judged and victimised. However, some acknowledged that although they experienced some victimisation, they learned skills to deal with those who were ridiculing them. This is a noteworthy occurrence, particularly because of the importance of appraisal of others during this stage of development.

Yalom and Leszcz (2005) asserted that group therapy may be viewed as a microcosm of society and therefore, the participants' experiences of victimisation for their participation in an intervention is not novel. Rather, stigmas related to receiving mental health services are common. A stigma is understood to be a complex social process of labelling, othering, devaluation and discrimination involving an interconnection of cognitive, emotional and behavioural components (Knaak, Mantler, & Szeto, 2017). Stefanovics et al. (2016) further noted that stigmas are a challenge when providing mental health services in that perceptions of people with psychiatric disorders are shaped negatively and pessimism about their treatment is aroused. Stigmas may also significantly impede treatment initiation, continuation and outcome and may affect the way people with mental illnesses are treated both by mental health professionals who are responsible for their care and by society in general (Corrigan, 2004; Stefanovics et al., 2016).

While it is positive to view participants appreciating the sessions and learning skills to change their behaviour at home, their experiences of stigmatisation need attention so that facilitators of interventions or teachers at schools are aware of stigmas and can approach the situation proactively. Consequently, future interventions need to acquire a deeper

understanding of the subjective factors of participation to ensure that the intervention not only empowers participants with skills to cope with their environment, but upholds the ethical standards of providing mental health services.

5.3.1.5 Loss of support

The participants expressed a need for ongoing support to help them with their current stressors post termination of the intervention. They also related a desire for follow-up interventions that can employ monitoring and evaluation mechanisms to monitor progress and review current stressors and functioning. For example, one of the participants shared that some of the problems that she was experiencing were resurfacing and thus, she needed assistance with the developing crisis. Some participants also related a desire to maintain access and communication with the facilitators so the latter could support them with their ongoing difficulties.

These responses raise questions about the effectiveness of group interventions to prepare members for the conclusion thereof and empower them for life after the intervention. Similarly, Ndala-Magoro (2012) revealed that participants expressed a desire for the intervention to carry on indefinitely to help them deal with other challenges. This was despite the fact that the facilitators reminded members at the beginning of each session how many sessions remained.

Yalom and Leszcz (2005) noted that groups hate to die and group members will generally try to avoid the end. They may, for example, pretend that the group will continue in some other setting such as reunions or regularly scheduled social meetings. The participants communicated clearly during the focus group discussions that they anticipated a continuation of the intervention and requested that they keep in contact with the facilitators. This revealed

that the participants experienced the group as meaningful and thus, they wanted to hold on to this group.

The researcher reflected on his observations during the data collection. He pondered whether it was a genuine request for future support or a reaction to the conclusion of the group. The researcher concluded that the calls for support may have been genuine due to the lack of professional mental health services in this community. It is recommended that this request for the availability of support services be explored in future research.

5.3.2 Theme 2: Self-management

Although self-management and coping are interrelated in that they relate to the individual's *management*, self-management comprises a broad array of behavioural, cognitive and self-rewarding strategies that an individual employs to manage goal performance-processes, regulate personal behaviour and increase individual performance (Ebner, Schulte, Soucek, & Kauffeld, 2018). Research has demonstrated that self-management is related to well-being, contributes to positive affect and lowers stress among individuals (Ebner et at., 2018).

5.3.2.1 Improved self-awareness

The participants related improved self-awareness following their participation in the intervention. In addition, they shared that they appreciated their enhanced self-awareness and self-understanding. The participants identified behaviours and situations, which they had previously explored. For example, one of the participants who had been bullied at school and did not understand why bullies kept picking on her, realised how her verbal and non-verbal communication had perpetuated the bullying.

The respondent acknowledged that once she had changed her behaviour towards her bullies, their behaviour towards her also changed. She attributed this to her enhanced

awareness of herself. Another participant expressed an appreciation for an activity in which they had expressed their positive and negative experiences in writing. Through this activity, she became aware that her positive experiences outweighed the negative ones and consequently, she started to appreciate herself. The other participants also stated that the intervention had helped them to discover things about themselves that they had not known or understood previously.

5.3.2.2 Emotional regulation

Children who have experienced traumatic events may struggle regulating various emotional, behavioural and physiological states (DeRosa et al., 2006; Van der Kolk, 2005). Therefore, interventions for traumatised children should focus on their ability to modulate arousal levels and regain homeostasis following dysregulation to improve their daily functioning (Cook et al., 2005; Ford & Cloitre, 2009).

As a result of their participation in the intervention, the participants perceived an improved ability to regulate their emotions, particularly in situations of conflict. They identified activities during which they learned skills that enabled them to stay calm in conflict situations. One participant shared that she now performed the meditation and breathing exercises that they performed at the beginning of every session because doing so helped her to clear her mind and felt good.

The participants appeared to have reached an understanding that one could adopt various coping and relaxation techniques such as breathing exercises to help them calm down if they felt overwhelmed. One of the participants related that her communication style with her siblings had been characterised by constant conflict and threats towards each other. However, one of the exercises she learned during the intervention known as *Stop, Observe, Process, Proceed* taught her how to reflect and recognise her emotions. Consequently, she

learned how to select more appropriate ways to respond. She perceived she had an improved ability to express her feelings in an assertive manner. This theme is consistent with a sub-theme that emerged in Shochet et al. (2014), namely, *staying calm in a conflict*, where numerous examples were provided of a respondent managing to stay calm rather than behaving aggressively.

Improved self-regulation contributes to enhanced interpersonal relations by assisting adolescents to remain calm during potential conflict and have a superior well-developed capacity to communicate effectively and think clearly about difficult situations (Shochet et al., 2014).

5.3.2.3 Behaviour change

As part of the intervention, the participants learned about the CBT model, which emphasises the relation between emotions, cognitions and behaviour. The aims of this psycho-education was to improve participants' understanding of this relationship. Behaviour change, a sub-theme, demonstrated how participants were able to change unwanted behaviours. One participant explained that previously she had sworn at people and told them to leave her alone; however, during the intervention she realised that her behaviour was wrong and had since modified it.

Other participants also related an increased ability to reflect on their behaviour and those of others. Through the intervention, they were not only able to challenge unwanted behaviour, but they had also learned to respond more appropriately to situations. Assertive behaviour training was identified as an activity that led to behaviour change. Through activities such as role play and trust building, the participants were afforded opportunities to enhance social and behavioural skills they perceived as inadequate or as overly stimulated.

Through gaining a more enhanced understanding of the factors that influence attitudes and behaviour, the participants were able to practise skills related to assertive behaviours. Because the group provided this *practice space,* the participants appeared to appreciate how the learning opportunities in the intervention informed their awareness of how individuals can alter attitudes and behaviour that were inconsistent with their desired experiences.

While the participants stated they enjoyed an awareness of their ability to select their behaviour, the researcher noted that they did not share any strategies that would disrupt their negative thought patterns and underlying feelings. Changing their negative thought patterns to regulate their emotions and behaviour was an important aspect of the intervention and although they did report an awareness of their emotions and behaviours as well as an ability to select more appropriate responses, the researcher is unable to discern whether the participants fully understood the CBT approach of recognising and monitoring patterns of irrational thinking, clarifying and challenging the belief systems that support maladaptive thoughts and behaviours, and working to replace them with more adaptive alternatives.

5.3.3 Theme 3: Interpersonal awareness

The third theme concerns increases in interpersonal awareness that the participants reported after their participation in the intervention. Interpersonal awareness may be understood to be the ability to reveal an authentic understanding of yourself and others as well as possessing a deep knowledge of your own thoughts and feelings (Habeeb & Fatema, 2016). Interpersonal awareness is regarded as critical for social-emotional learning and is a skill that assists one to get along with others.

5.3.3.1 Improved self-expression and improved relationships

The participants' self-expression appeared to improve during the intervention. This is exemplified in the following extract: "*I experienced that it is okay to experience different*

emotions." [Respondent N]. It was apparent that the more the participants perceived the space to be a safe space, the more open they felt about participating and expressing their feelings.

The processes described in the first theme on group dynamics appear to have increased the participants' self-esteem and confidence to participate, which led to enhanced self-expression. The participants perceived the group as a safe space and the more they witnessed other members extending their boundaries in relation to their participation, the more they were motivated to express themselves. This is consistent with findings that have revealed that as children negotiate new skills and areas of expertise, they build an increased sense of efficacy and achievement that allows them to continue to approach new challenges (Arvidson et al., 2011).

The improved self-expression in the group led to improved communication outside the group. The participants related enhanced self-expression and confidence to express their desires and communicate their needs in spaces they were unable to do so previously such as in relationships with their parents and peers. One of the participants shared that he appropriated the courage to express himself to his parents and since doing so, his relationships had been improving. Another participant acknowledged that even though she had previously been scared to express herself to her father, even when she was afraid to say something directly to him presently, she asked her mother to convey the message to her father. The participants' responses revealed that the more participants were able to express themselves, the more meaningful their interactions became.

The participants displayed an awareness of how their behaviour affected the quality of some of their relationships. One participant noted that previously his friends thought that he was aggressive and antisocial because of his lack of communication. However, once he started trusting them, he was able to express himself more, which led to a change in his

friends' perceptions of him. His change in self-perception effected a change in others' behaviour towards him. In comparison to before the intervention, the other participants also perceived changes characterized by acceptance, improved self-expression and compassion in their relationships after the intervention.

These findings are significant especially when one considers that exposure to trauma has a severe impact on children's ability to express their needs and explore their environment (Fazio-Griffith & Ballard, 2014). Other studies have also revealed enhanced self-confidence and self-expression after similar interventions (Garmy et al., 2014; Shochet et al., 2014; Visser & Du Plessis, 2015).

5.3.4 Theme 4: Value of intervention

5.3.4.1 Value of intervention to adolescents

Following their participation in the intervention, the participants acknowledged the benefit that participation in the intervention would afford other adolescents in their school. They suggested that this intervention should be extended to other grades and other adolescents, citing that they too could benefit from the intervention. They believed that interventions such as this one would benefit others' interpersonal relationships, particularly in those moments when they felt they could not provide the required skills or support to their friends. They also acknowledged how participation in the intervention would help them and their friends to have an enhanced understanding of their moods and thus, empower them to navigate their relationships much better. These findings are consistent with those of Ndala-Magoro (2012) in which participants reported a desire to share the knowledge gained from the support with others who were not part of the support group.

5.3.4.2 Value in relation to ongoing support

The participants recommended other topics and issues for which they thought the intervention could provide a space that would allow them to present and discuss such issues safely. The suggestions related to this sub-theme included the notion that the participants were attuned to the immediate needs of their environment that they had identified to be significant to their stage of development. They saw the group intervention as a space where they could meet to share, discuss and explore some of these experiences and challenges. There was a shared sense that adolescents may not always get answers from elders such as parents and teachers, but that the group could be a platform to discuss those topics.

The researcher concluded that the participants perceived the intervention as beneficial and that the use of such group settings for ongoing support should be given due consideration. Consultation and collaboration with participants, the school and parents may yield positive discussions and recommendations on ways to support adolescents at school who may have been exposed to various forms of psychological distress in a more enhanced way.

5.4.5 Other factors for consideration for working with adolescents in the South African context

5.4.5.1 The role of facilitators

The participants perceived the role played by the facilitators as important for the outcome of the intervention. They perceived feeling safe and comfortable because of the presence of their facilitators. The latter were responsible for creating and facilitating a safe and therapeutic climate for the group by taking leadership of their groups and instilling group values that encouraged a non-judgemental space and an atmosphere of positive regard as well as assuring all in their groups safety and protection. The arrival and presence of the facilitators at the school also heightened anticipation for the session about to unfold.

The facilitators relied on facilitation skills such as modelling how to listen empathically and how to share experiences and emotions. They provided leadership by including the participants in the intervention's activities such as the breathing exercises. Once the participants started to see others modelling these values and attitudes, they started to perceive the group as a safe space thus motivating them to participate more.

Facilitator skills play a crucial role in facilitating the therapeutic climate that allows for effective group participation. Cook et al. (2005) confirmed that facilitators and therapists should model and teach relational skills such as assertiveness, cooperation, perspective-taking, boundaries and limit setting, reciprocity, social empathy and the capacity for physical and emotional intimacy for traumatised children. Facilitators working in the South African setting will benefit from enhancing their awareness of the contextual circumstances such culture, inequality, and diversity.

5.4.5.2 Current support resources for adolescents

The participants in this study resided in townships that had little to no access to psychological services. This had an impact on the type of social support services that they were able to access during times of distress. The participants indicated that there might be topics and developmental issues they were not comfortable discussing with their parents as a result of the fear that their curiosity may be misconstrued or perceived as encouraging or engaging in behaviour deemed as inappropriate for them. This is highlighted in the following quotation:

We should talk about things that we never get to talk to our parents about. Like maybe abuse, like L is saying or maybe if you are dating someone like obviously your parents are going to shout at you so at least you can talk about it in the group [Respondent J].

Mncwabe (2014) revealed that parenting styles may discourage the youth from asking their parents for support. Most of the participants stated that they had never received counselling and other psychological services. They acknowledged that there is only so much support and advice that a friend can provide them and sometimes, the situation demanded that one sought or accessed psychological services. At the time of the intervention, there was no psychologist employed at the school or any accessible psychological services in the environment close to the school thus making it difficult for the participants to access such services.

However, given the therapeutic benefits they perceived from their participation, they expressed a desire to have spaces created for them where they could be involved in conversations and activities such as that of the group-based intervention. It is recommended that ways to create their own supportive resources and empower existing avenues should be explored in future research. Furthermore, it is in this context where advocacy for group-based interventions should be conducted because there is a need as well as a demand to create such platforms for vulnerable adolescents who live in extremely violent communities. It is hoped that the findings will support the benefit of creating such spaces for adolescents to come and discuss their issues in a safe and informed environment.

5.5 Conclusion

Following the analysis, the themes reported in the findings detailed the processes that lead to increased meaningful participation in the intervention. Their participation in the intervention enhanced the participants' self-management skills. Furthermore, they perceived improved interpersonal awareness and relationships following the intervention. They also identified benefits that the intervention could provide for them and other adolescents in their school. The findings of the study revealed that the participants supported the implementation

of the intervention at schools and advocated for ongoing support. In Chapter Six, a summary of the study is provided. Furthermore, the strengths and limitations of the study as well as recommendations for future research are outlined.

Chapter Six: Conclusions

6.1 Introduction

The purpose of this study was to shed light on the participants' experiences following their participation in a group-based intervention designed for adolescents exposed to violence. The study had two objectives: first, to explore the participants' experiences of the intervention and second, to explore their interactions with their social environment following their participation in the intervention. In this chapter, the findings are summarised briefly, strengths and weakness provided and recommendations for future research outlined.

6.2 Summary and Conclusions

A group of adolescents previously exposed to violence participated in an eight-week intervention. Following their participation, the researcher was interested in understanding how this group of adolescents described their participation in the intervention. The analysis identified four primary themes. The first theme identified group processes that were perceived as significant to enhance participation in the intervention. The participants developed trust and safety in the group because group cohesion and belonging were promoted. The participants also benefitted from the process of learning from one another, which is also referred to as interpersonal learning. Although the participants encountered experiences of stigmatisation in relation to receiving mental health services, they appreciated the experiences of supporting and giving feedback to one another as part of their learning. The participants valued the group and accordingly, expressed a sense of sadness and loss at the end of the intervention.

The second theme related to the self-management skills that the participants perceived following their participation in the intervention. Improvements in self-management skills such as self-awareness and emotional and behavioural regulation were noted. The third theme

related to the participants' enhanced interpersonal awareness. They related improved self-expression and interpersonal relationships where they experienced recognition and understanding. The participants wanted the intervention to continue and everyone in their school to be involved because they perceived that their participation would benefit others in their interpersonal relationships, especially in moments where current support systems were perceived as inadequate. They believed that others would benefit from the intervention when they endeavoured to deal with challenges associated with their stage of development.

Other key findings included the roles the facilitators played in creating and facilitating a safe and therapeutic atmosphere for the intervention. The active facilitation of this process was identified to have played a primary role in encouraging participation in the intervention. Identifying other challenges as well as the need for ongoing group interventions were identified. It is recommended that innovative ways to continue supporting and empowering adolescents should be explored in further research.

In essence, the group intervention was perceived to have contributed positively to the well-being of the adolescents who participated in the intervention. The findings from this study are part of a more extensive study involving the evaluation of the intervention in relation to changes in their psychological well-being. The results from this study contribute to insight into the impact of the intervention and could be employed to inform future interventions targeted at adolescents in similar contexts.

6.3 Strengths of the study

The researcher employed a qualitative approach so as to capture the participants' experiences and insights. The findings of this study will advance the findings of the more extensive study so as to provide a richer description and understanding of the experiences of adolescents who are exposed to various forms of violence in the South African context.

The researcher had facilitated the intervention in the same school during the previous year. This enhanced his familiarity with the content of the programme, school, school coordinator who assisted with the programme and the participants' physical environment. Familiarity with the environment enhanced the researcher's insight into the participants' experiences.

The researcher did not know the participants in the focus group discussions. This reduced familiarity bias or any attempts to appease the researcher by saying what they thought the researcher wanted to hear. The researcher was fluent in the languages the participants spoke. This not only enhanced comfortability, but it allowed for better self-expression in instances where the participants were unable to respond in English adequately.

6.4 Limitations of the study

The researcher's familiarity with the programme and the environment may have had negative implications. It could have affected his objectivity during the research process negatively. Being unknown to the participants of the group discussion could have led to the participants not been comfortable with self-disclosure and answering openly.

The co-facilitator of the focus group discussions was a facilitator in one of the current groups. Therefore, the co-facilitator had an established relationship with the participants. This may have enhanced the discussions in the focus group, but may also have resulted in bias in participant responses. They may not have wanted to disclose negative remarks or may have answered so as to impress the co-facilitator, given their relationship.

The school coordinator who selected participants for the study relied on her subjective knowledge of the participants. Therefore, her selection criteria may have prejudiced others from participating in the study.

The small sample of six participants may have limited the data. Therefore, all the original participants' opinions and experiences were not accounted for. A larger sample size would have provided richer and more experiences so as to acquire a more in-depth understanding of the participants' experiences. Furthermore, while the first focus group comprised six participants, only three participants were available for the second focus group discussion, which may have affected transferability negatively.

Upon reflection, the researcher felt that his skill of asking probing questions could be improved following both data collection processes. More experience in conducting focus group discussions and other forms of data collection will significantly improve this skill.

A further limitation involved the lack of data triangulation. Although it would have been beneficial to obtain other convergent information, the study was part of a more extensive study in which this data may be employed to triangulate the findings.

6.5 Recommendations

The findings of this study support the use of group-based intervention as a cost effective way of providing psychological services to at risk youth. Group-based interventions provide benefits to participants in a country characterised by high levels of crime and violence and poor availability and provision of mental health services. It is hoped that this study will contribute to the debate of providing mental health services such as this intervention in school settings.

The role of facilitators when working with at risk adolescents should be emphasised when creating a space and atmosphere of safety and support for such vulnerable groups. One of the implications of this study is for facilitators and implementers to review certain aspects of the interventions such as the ethical considerations when presenting this intervention during school hours, reviewing termination of services with adolescent groups so as to ensure

the effective transfer of knowledge and empowerment to continue with the skills that they have learned post the intervention. Facilitators should be encouraged to improve their knowledge and understanding of people as well as the cultural and contextual factors in a diverse society such as South Africa.

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Department of Psychology

Appendix B: Participant Assent form

Dear Participant

Post-intervention Focus Group Discussions on Adolescents experiences following their participation in a group-based intervention

A team of student psychologists at the University of Pretoria facilitated an 8-week, group-based intervention with selected learners from Daspoort Secondary School. As part of his research study, a student from the University of Pretoria would like to invite you to participate in two focus group discussions. The aim of the discussions is to better understand your experiences following your participation in the intervention. The post intervention discussions will be conducted in the form of a focus group discussion, which will consist of six members from the two groups who participated in the intervention. If you are willing to participate, please sign the form attached.

Procedures: Two psychology masters' students will facilitate a focus group discussion whereby they will ask you questions about your experiences following your participation in the intervention. The two focus group discussions will take between 1 to 2 hours. This will all take place at the school.

Rights: It is your choice if you want to participate or not. You can stop participation at any time without any negative consequences. You can also decide what information about yourself you want to share with others and what not.

Benefits: If you answer the questions, you will be providing important information that will be used to better understand your experiences, as well as the areas for refinement. Your answers will be used to make sure that the intervention will address issues you experienced.

Risks: It may be scary for you to share some information about yourself in front of your peers in the groups. You can share as much as you feel comfortable with. We will agree in the group that information may not be shared with others outside the group and that we respect and value one another. If you feel uncomfortable in the group for any reason, you can alert any of the facilitators at any time during the discussions. If you will require individual counselling as a result of your participation in the focus group discussions, you will be referred to Dr Annelize Bonthuys, who is a counselling psychologist at Generaal Smit primary school, which is nearby your school. Ms Mashishi at your school will facilitate this referral process.

Confidentiality: Information collected during the focus group discussion will not be shared with anyone you know outside the group. It will not be used in any way that will hurt you. In the groups we will discuss confidentiality extensively so as to reach an agreement that no one will share information of group members outside the group.

Storage of data: The information collected from the focus group discussion will be stored at the University of Pretoria, in the psychology department's storage room (Humanities Building, floor 11, room 24) for a period of 15 years. The information may be used for further research in the future and participants reserve the right to access the data.

If you need clarity or more details of the study, you can contact: the researcher Mr Bathandwa Mazeka at the Centre for Student Support Services (021 959 2299), Prof Maretha Visser at the Department of Psychology (012 420 2549) or Ms Mashishi at your school.

BMazeka

Mr Bathandwa Mazeka

Research consent

I .....(name and surname) have received information about the project. It was explained to me. I want to participate in the focus group discussions. The information may be used for further studies.

Signature: .....

Date: .....

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Department of Psychology

Appendix B: Parental Consent

Dear Parent/ Guardian

Post-intervention Focus Group Discussions on Adolescents experiences following their participation in a group-based intervention

Your child in your care participated in group sessions at the school to learn skills to deal with difficult situations. As part of his research study, a student from the University of Pretoria would like to invite your child to participate in two focus group discussions. The student would like to know about your child's experiences following their participation in the group sessions, but your consent is needed to involve him/her in the focus group discussions. Please read the information about the study. If you agree that your child can participate, please sign the form attached.

Procedures: Two psychology masters' students will facilitate a focus group discussion whereby they will ask the participants questions relating to their experiences following their participation in the intervention. The two focus group discussions will take between 1 to 2 hours. This will all take place at school.

Rights: Your child can choose if they want to participate or not. They can stop participation at any time without any negative consequences. They can also decide what information about themselves they want to share with others and what not.

Benefits: Your child will not benefit directly, but he/she will provide important information that can be used to improve the programme for other children.

Risks: There are no expected risks in participating in the group discussion. Participants can share as much as they feel comfortable with. If they feel uncomfortable because of the questions or the interaction they can indicate to one of the facilitator immediately. In the event that a request is made, or is required for individual counselling, the participant will be referred to Dr Annelize Bonthuys, who is a counselling psychologist located at Generaal Smit primary school, which is nearby your school. Ms Mashishi at your school will facilitate this referral process.

Fakulteit Geesteswetenskappe
Departement Sielkunde
Lefapha la Bomotho
Kgoro ya Saekolotši

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Faculty of Humanities

Department of Psychology

Confidentiality: Information collected during the focus group discussion will not be shared with anyone you know. It will not be used in any way that will hurt the participants. In the groups we will discuss confidentiality extensively so as to reach an agreement that no one will share information of group members outside the group.

Storage of data: The information collected from the focus group discussion will be stored at the University of Pretoria, in the psychology department's storage room (Humanities Building, floor 11, room 24) for a period of 15 years. The information may be used for further research in the future and participants reserve the right to access the data.

If you need clarity or more details of the study, you can contact: the researcher Mr Bathandwa Mazeka at the Centre for Student Support Services (021 959 2299), Prof Maretha Visser at the Department of Psychology (012 420 2549), or Ms Mashishi at your school.

B Mazeka

Mr Bathandwa Mazeka

Research consent

I .....(name and surname) have received information about the project. It was explained to me. I agree that my child .....(name of the child) may participate in the group discussion about the group sessions.

Signature: .....

Date: .....

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Humanities 100.
1919 - 2019
Research Ethics Committee

3 July 2019

Dear Mr B Mazeka

Project Title:	Adolescents' experiences following a group-based intervention for at risk youth exposed to violence.
Researcher:	Mr B Mazeka
Supervisor:	Prof MJ Visser
Department:	Psychology
Reference number:	29629536 (HUM031/0319)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 27 June 2019. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely

Prof Maxi Schoeman
Deputy Dean: Postgraduate and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Reflexivity Journals:

1st focus group discussion:

6 September 2019

Arriving at the school for the first time since my days a s a facilitator:

I felt good arriving back at the School for the first time since I had facilitated a group intervention with my previous classmates last year. Upon arrival, some of the participants from my group saw me and came to say hi excitedly. The community and surrounding area of the school is characterised by crime and poverty so a stranger coming into the environment may feel intimidated and nervous. Being familiar with the environment made me feel more relaxed being at the school as compared to if I arrived there for the first time as a stranger. Arriving late in Pretoria from Cape Town did not afford me enough time to mentally prepare and visualise the first focus group and this made me anxious as it was my first data collection experience. The local strike in the city also added to my anxiety because the roads leading into and exiting town were blocked so I was hoping that an alternative route I used last year would be accessible. Still, safety was still a consideration for myself and co-facilitator. However, apart from arriving two hours later than scheduled due to the heavy traffic volume, we did not experience too many difficulties arriving at the venue.

Meeting participants from last year's group:

Upon arrival at the school, Ms Mashishi and Yonela went to find the participants for the intervention whilst I was catching up with my group from last year. The plan was to identify those 6 participants who had been recommended by the facilitators for the focus group discussion. However, due to the protest action, school attendance on that Friday was

affected in comparison to a normal school day. As a result, only two participants from the recommended 6 participants were present at school on the day. As a result, Ms Mashishi had to recommend four other participants who met the criteria from the list of total volunteers who had volunteered to participate in the study. After about 30 minutes trying to gather the participants, we finally made it to the venue where we would conduct the focus group discussion. The participants appeared to be excited at being together again and I could observe close friendships amongst some of the participants as they walked in. I was glad to see at least diversity in relation to gender with the presence of 2 males. I noticed immediately the dynamics in the terms of the group. Due to the fact Yonela facilitated one of the groups during the intervention, the participants who were in her group were visibly affectionate towards her and expressed their happiness to see her again. We arranged the seating to separate participants in order to ensure as neutral a climate for the discussion.

Getting Started:

The interview took place at Ms Mashishi's backroom office. This is the same venue I had done a post intervention evaluation with the previous group so being in the venue felt familiar to me as well. We arrived during break time, however it was clear that our discussion would go beyond break time. I agreed with the co-facilitator that she would observe and take notes of the participants and I would ask the questions and pass around the recording device during the focus group interview. Arriving later than scheduled resulted in myself and the co-facilitator being anxious to complete quickly because we did not want to cause too many inconveniences for the participants such as them missing their transport, especially given there was a strike in the city. This could have affected the quality of the discussion because I was disappointed at how quickly it seemed to have gone. Upon reflection, I felt that if we had arrived under more normal conditions, it would have improved the duration of the quality of the discussions.

Being unknown to the kids proved challenging:

I presented myself in a friendly manner to the participants, sometimes speaking their language and inviting them to speak in their language if they felt comfortable. However, upon reflection, I think the fact that I was a stranger to them may have made them uneasy to speak more openly. This was also the first time where members sat with others from another group, this may also have made participants to be nervous in the beginning. As a result, it was not easy getting them to discuss and elaborate from one another's point to the extent I may have desired. Instead of discussing and continuing from where one member left off, participants expressed agreement and added to their input as well. Yonela's presence helped, especially with regards to P, who often used Yonela to refer to examples and experiences that happened during their intervention. This enabled the facilitator to probe which enabled P to provide richer details and examples.

The focus group discussion itself:

As already mentioned, I felt guilty for being late and this impacted the way I presented questions to the participants. For example, I kept reminding of the number of questions that were left each time I was asking a new question. Upon reflection I think this was a result of being anxious and not wanting the participants to feel inconvenienced. As a result, I feel I missed the opportunity to get the participants to be engaging much more on each other's replies. I felt participants often provided their own subjective experiences in most cases rather than extending and elaborating on each other's replies. There were instances where everyone expressed agreement through body language (for example the whole group nodding in approval to a reply by a L on how sad she was that they are no longer meeting), and other instances where participants elaborated on a reply as if they are

continuing from where the previous responder left off, without engaging the question itself first.

However, the above mentioned are not to blame or fault participants and upon reflection these are facilitation skills that can be improved with more experience. I was disappointed with the discussion taking 35 minutes as a pose to the hour initially scheduled. This was mostly due to my inexperience on my part as the interviewer. To mitigate this, I will return later in order to provide participants a chance to elaborate on some of the discussions.

Another challenge around data collection is the need to be aware of those whose voices may be marginalised or excluded. P and L appeared to be the dominant participants in the discussion, often getting the group to agree with them and appearing to being afforded respect. J and Z were the visibly more reserved and mostly afforded direct answers that did not leave much room for probing and elaboration. K also appeared to be more reserved but his input to be honest and authentic, often disclosing intimate feelings and replies which I though was impressive. N was the joker in the group, appearing as playful and wanting to make the others laugh.

The question of Victimization:

The last question on any experiences of victimization and/or bullying for their participation in the intervention was based on experiences described by the previous year's experiences as a facilitator. The previous group had also described being uncomfortable at the exposure they felt for their participation in the intervention during their participation. Upon arrival, some of the older learners would make inappropriate remarks and 'cat-call' the female facilitators, or whistle at me. These experiences made all of us, facilitators and participants visibly uncomfortable. The intervention venue was highly visible, and the arrival of the facilitators was noticeable in the morning due to the fact that they arrived during

assembly. This resulted in last years' participants reporting being teased as being 'crazy' because they were 'seeing' psychologists. Although the question was not part of the interview guide. Upon reflection I realise that it came up almost unconsciously. Asking this question was also to investigate if these experiences were consistent in the current group's experiences.

2nd Focus group discussion:

15 November 2019

Today was the last day of school at the school which meant this was my last opportunity to see the kids at school, at least for the year. I arrived on time this time around, however, the participants were still busy with their last exam so I waited for them in the venue. I was anxious on arrival to the school knowing that if something goes wrong it may have consequences because it is the last day of school. There was a period of chaos following their completion of the examinations. Learners were understandably excited to go home and begin their December holiday and this proved to be case as we struggled to identify participants after the exam. Some participants said they had made alternative transport arrangements since it was the last day of school and therefore could not stay to participate in the group discussion. We made a decision to try and get at least four of the participants in order to have a majority of members from the first interview.

Proceeding with the 2nd focus group discussion.

Due to transport difficulties, only 3 members could make the second focus group discussion. After spending time contemplating if we should or proceed or hope to arrange a date in the new year, we decided to proceed with the members we had because we were not sure if all the participants would be returning to the school in the following year. The venue was the same and we followed the same procedure. I thanked the participants for choosing to remain and proceed with the discussion even thought it was the last day of school. I also made arrangements with participants to assist with transport in the case a participant needed to make alternative arrangements in order to get home.

Seeing that we only had half of the participants, as compared to the first round, I considered the option of doing interviews with each participant. The reasoning behind this

was to provide a much more private space for each participant so as to illicit much richer data. I tried to contact my supervisor quickly to ask her if I could make this arrangement, however, because I could not get hold of her, I decided not change things just in case it might jeopardise the reliability of the research process.

The group process:

Surprisingly, I think due to the low numbers, the group seemed to be more comfortable with this interview. All of them expressed themselves much more as compared to the first focus group. I was particularly impressed by P who was more elaborative this time around as compared to the first focus group discussion. K as well was more expressive, often showing more non-verbal communication such as smiling, using his hands as part of self-expression, and also expressing some personal details in a richer detail as compared to the first focus group. All participants generally improved today as compared to the first focus group discussion. The second focus group discussion lasted longer and provided much rich data than the first focus group discussion even though it had only half of the participants and was on the last day of school.

I felt sorry for participants at the end of the focus group discussion because they expressed a desire to have sessions like this in the future. Knowing that we will not be providing any follow up interventions (at least for now) I sympathised with their call for support services available. I also felt sorry for the loss of this space that the intervention provided for them. They expressed how much they miss the space and their facilitators. I did inform them that we may have to do at least one more follow up focus group discussion in the new year so that we can try and get those participants who could not participate in the second focus group discussion. I also informed them that I will be coming to member checking with

them whereby I will show them the transcript of the discussions so that they can confirm if I captured their experiences and descriptions accurately. accurately.