

**A CROSS-CULTURAL COUNSELLING
PROGRAMME FOR ADOLESCENTS TRAUMATISED
BY FAMILY VIOLENCE**

by

LÖRE MARIE HARTZENBERG

PHILOSOPHIAE DOCTOR

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EDUCATIONAL PSYCHOLOGY

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DEPARTMENT OF EDUCATIONAL GUIDANCE AND COUNSELLING

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UNIVERSITY OF PRETORIA**

PROMOTER: PROF. L.J. JACOBS

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Löre Hartzenberg

October 2001



**THIS STUDY IS DEDICATED TO ALL CHILDREN AND
ADOLESCENTS WHO SUFFER TRAUMA AT THE HANDS OF
THEIR CAREGIVERS**

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

In my end is my beginning

TS Eliot

SUMMARY

The study was undertaken to address the problem of effective counselling of adolescents exposed to family violence in a multicultural society. There is a growing body of research with regard to family violence, which has intensified since the end of 1998 with the implementation of the Domestic Violence Act no. 116.

An additional complication to the phenomenon of family violence as a traumatic experience is the influence of culture. The characteristics of a multicultural society are explored, in order to determine the needs of the traumatised adolescent within the cross-cultural counselling context. During the literature study the researcher became sensitised to the fact that currently established cross-cultural counselling models do not meet the challenges of a multicultural society like South Africa. Intervention in a cross-cultural setting is highly complicated and this demands that an alternative counselling model be designed prior to the development of an effective cross-cultural counselling programme. Intervention Research design, as suggested by Rothman and Thomas (1994), is implemented by means of the qualitative case study method, and led to the development of the C 4 model and C 4 programme.

The C 4 programme employs a *therapeutic facilitation process* that is based on a unique self-developed model of counselling, which rests on the principles of *awareness, acceptance, availability* and *accommodating*. The model and programme is context-centred, as opposed to person-centred, in order to distinguish the model from the school of person-centred counselling, as developed by Carl Rogers. The term context-centred implies that the individual is the only authority of his trauma experience. Therefore, it can be assumed that he is the one who can fit his trauma experience into the context of his own life and how it translates into his relationships with others.

The intervention is deemed to have had effective results in terms of the adolescents' progress, and the accomplishment of the stated overall and specific aims of the

programme. Adjustments were made to process, content and implementation procedures, thereby achieving the desired and intended outcomes.

KEY WORDS

- Cross-cultural
- Trauma
- Family violence
- Contextual paradigm
- Therapeutic Facilitation process
- Children and adolescents
- Multicultural society
- Contextual cross-cultural counselling programme
- Contextual cross-cultural counselling model
- Educational Psychology

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CHAPTER ONE

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

1.1 INTRODUCTION

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

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

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

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

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

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

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

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

1.2 REFLECTIONS ON RESEARCH PARADIGMS

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

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

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

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

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

1.3 THEORETICAL PERSPECTIVE

1.3.1 EDUCATIONAL PSYCHOLOGICAL MODEL

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

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

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

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

1.3.2 THE ECOSYSTEMIC PERSPECTIVE

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

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

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

1.3.3 A PRAGMATIC CONTEXTUAL PERSPECTIVE

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

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

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

1.4 THE ASSUMPTIONS OF THE RESEARCH

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

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

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

1.5 PROBLEM STATEMENT

1.5.1 IDENTIFICATION OF THE PROBLEM

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

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

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

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

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

1.5.2 ANALYSING THE PROBLEM

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

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

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

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

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

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

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

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

1.5.3 PROBLEM FORMULATION

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

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

1.6 THE AIM OF THE STUDY

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

1.7 THE RESEARCH METHOD

1.7.1 THE RESEARCHER

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

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

1.7.2 GAINING ENTRY AND PERMISSION TO RESEARCH SETTING

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

- **Emotional and / or physical harm**

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

- **Informed consent**

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

- **Deception**

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

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

- **Violation of privacy**

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

- **Action and competence of the researcher**

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

- **Cooperation with collaborators**

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

- **Restoration of subjects**

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

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

1.7.3 LITERATURE REVIEW

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

1.7.4 SITUATION ANALYSIS

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

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

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

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

1.7.5 CREDIBILITY

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

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

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

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

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

1.7.6 IMPLEMENTATION OF INTERVENTION RESEARCH

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

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

1.7.7 THE REFLECTIVE PRACTITIONER

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

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

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

1.8 RESEARCH STATEMENT

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

1.9 TITLE AND CONCEPT ELUCIDATION

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

1.9.1 TITLE ELUCIDATION

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

1.9.2 CONCEPT ELUCIDATION

1.9.2.1 The concept *Programme*

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

1.9.2.2 The concept *Cross-cultural*

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

a. Trans-cultural

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

b. Multicultural

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

c. Cross-cultural

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

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

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

1.9.2.3 The concept *Counselling*

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

1.9.2.4 The concept *Traumatised*

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

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

1.9.2.5 The concept *Family violence*

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

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

1.9.2.6 The concept *Adolescent*

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

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

1.10 PROGRAMME OUTLINE, REVIEW AND CHAPTER PLANNING

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

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

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

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

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

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



CHAPTER TWO

THE PHENOMENON OF TRAUMA WITH SPECIFIC REGARD TO FAMILY VIOLENCE

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

(Translated from Zulu)

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

2.1 A HISTORICAL PERSPECTIVE ON THE PHENOMENON OF TRAUMA

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

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

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

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

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

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

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

2.2 KEY CONCEPTS

2.2.1 THE CONCEPT *STRESS*

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

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

2.2.2 THE CONCEPT *POSTTRAUMATIC STRESS DISORDER (PTSD)*

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

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

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

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

2.2.3 THE CONCEPT THERAPY

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

2.3 TRAUMA AS A UNIVERSAL PHENOMENON

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

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

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

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

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

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

2.3.1 CURRENT DIAGNOSTIC CRITERIA

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

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

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

2.3.2 THEORIES WITH SIGNIFICANCE TO FAMILY VIOLENCE

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

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

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

1. Post-traumatic stress disorder (PTSD)

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

TABLE 2.1 DIMENSIONS



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

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

2. Attachment theory (Emotional insecurity)

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

3. The Ecological approach

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

4. A Pragmatic Contextual approach

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

2.4 FAMILY VIOLENCE AS TRAUMATIC EXPERIENCE

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

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

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

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

2.4.1 THE DOMESTIC VIOLENCE ACT

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

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

The purpose of the Act is:

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

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

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

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

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

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

2.4.2 THE PREVALENCE AND INCIDENCE OF FAMILY VIOLENCE

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

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

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

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

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

2.4.3 THE ADOLESCENT TRAUMATISED BY FAMILY VIOLENCE

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

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

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

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

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

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

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

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

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

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

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

2.4.4 FACTORS LEADING TO FAMILY VIOLENCE

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

1. Family Pathology

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

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

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

2. A patriarchal society

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

3. Economic dependence

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

4. Racism

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

5. Unemployment, affirmative action and work dissatisfaction

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

6. Poverty and socio-economic factors

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

7. Alcohol and drug abuse

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

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

8. A culture of violence

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

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

9. Limitations in the criminal justice system

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

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

10. Cycle of violence

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

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

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

2.5 THE TRAUMATIC PROCESS

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

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

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

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

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

2.6 ADOLESCENT RESPONSE TO FAMILY VIOLENCE

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

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

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

TABLE 2.2 ADOLESCENT RESPONSES TO FAMILY VIOLENCE

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



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

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

2.7 SYNTHESIS

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

CHAPTER THREE

TRAUMA COUNSELLING FROM A CROSS-CULTURAL PERSPECTIVE

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

Kluckholm and Murray (1957:10)

3.1 INTRODUCTION

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

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

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

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

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

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

3.2 HISTORICAL OVERVIEW OF CROSS-CULTURAL COUNSELLING

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

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

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

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

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

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

3.3 DEFINING KEY CONCEPTS

3.3.1 THE CONCEPT *CULTURE*

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

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

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

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

3.4 THE CHALLENGES AND DEMANDS OF A MULTICULTURAL SOCIETY

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

3.4.1 ETHNIC DIVERSITY

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

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

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

3.4.2 CULTURAL DIVERSITY

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

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

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

3.4.3 POLITICAL DIVERSITY

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

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

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

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

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

3.4.4 LINGUISTIC DIVERSITY

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

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

3.4.5 RELIGIOUS DIVERSITY

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

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

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

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

3.4.6 SOCIO-ECONOMIC STATUS

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

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

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

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

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

3.5 PERSPECTIVES ON CROSS-CULTURAL COUNSELLING APPROACHES

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

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

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

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

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

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

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

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

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

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

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

3.5.1 CULTURE-SPECIFIC AND CULTURE-UNIVERSAL FRAMEWORK

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

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

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

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

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

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

3.5.2 SYNERGETIC APPROACH

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

3.6 FAMILY VIOLENCE IN CROSS-CULTURAL CONTEXT

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

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

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

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

3.7 BARRIERS TO EFFECTIVE CROSS-CULTURAL COUNSELLING

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

(Seedat, 1990:14).

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

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



TABLE 3.1 BARRIERS TO EFFECTIVE CROSS-CULTURAL COUNSELLING

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

3.8 SYNTHESIS

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

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

CHAPTER FOUR

DESIGN AND DEVELOPMENT OF THE INTERVENTION PROGRAMME

***"No picture is ever complete, that which is needed is many perspectives,
many voices, before achieving deep understandings of the phenomenon."***

Denzin and Lincoln 1998:417

4.1 INTRODUCTION

The research is designed to develop a cross-cultural counselling programme for traumatised adolescents. The research findings of this study have the potential for adding understanding to a broad range of issues of critical importance to mental health and counselling expertise. The degree to which this potential could be realised depends on the extent to which the study goals are grounded in a relevant theory. Integrating the methods and theories of other fields within the study of cross-cultural and trauma counselling may serve to broaden the study's significance. Baum, Solomon and Ursano (1993) are of the opinion that not only does theory allow one to focus and refine research of the phenomenon, it also guides design decisions about subject sampling and other procedural considerations. Baum *et al* (1993) note, however, that the growing literature on trauma does not provide easily derivable or testable conceptual frameworks.

An advanced search of current as well as completed research projects in South Africa on trauma intervention (Cowley, 1995; Rosin 1994; Hetz, 1994; Porter, 1994; Botha, 1989), confirms that the therapeutic programmes implemented are largely of a cognitive behavioural nature. The researcher wishes to argue the need for a more contextual view and approach to the counselling of traumatised

adolescents. There are a number of issues to consider when focussing on trauma counselling in a multicultural society, such as the nature and effects of continuing violence within society that have potentially severe and traumatic effects, and which demand attention (see 3.4 p 53). Simpson (1993) observes that in the literature there has been an excessive emphasis on seeing psychological trauma as a sequel to sudden, unexpected and intense stress, referring to single events and ignoring stress that is gradual in onset or recurrent, expected, and of varying intensity. The aforementioned observation is of particular importance in a chronically violent society such as South Africa, where the incidence of family violence has reached widespread proportions as confirmed in the personal semi-structured interviews with Louw (director of Inter-Trauma Nexus), Wentzel (media liaison officer of the SAPS), and Commissioner Snyman of the Family Violence Court.

Value-free research is insignificant, but value-explicit research is a more honest research in which researchers express and clarify their value systems. Much of human life is political, dealing with societal governance. Therapy, research, education, and mental health are inescapably value-laden activities (Denzin and Lincoln, 1998; Simpson, 1993). Researchers in family violence deal with difficult family problems, about which parents and children are often reluctant to talk. Special sensitivity to family and cultural differences is therefore required. Understanding the counselling process of traumatised adolescents will always be stunted if the cultural context is ignored. It is thus the aim of the research to design, develop and implement intervention strategies, which will yield results that can be utilised in multicultural trauma support settings. With this aim in mind the study will be conducted from a qualitative approach, specifically using an intervention research design, within a contextual framework.

4.1.2 DEFINITION OF CONCEPTS

In any intervention programme it is important that concepts should be defined clearly, in order to establish and maintain the universal attribution of meanings; that is, to ensure that issues are addressed in a specific way and have the same contextual meaning for the counsellor. The following concepts are briefly defined in order to clarify the meanings, within the context of the research intervention.

➤ **The concept *metaphor***

A metaphor describes one thing in terms of another. The purpose of the metaphor, as applied in the study, is to shed new light on the character of the object, person or idea. In the study the concept of the metaphor will be employed beyond verbal limitations to include visual images, for example "the roadmap or river of life".

➤ **The concept *image***

The concept of an image, as used in the study, refers to the notion of an **inner vision**, namely a mental picture of something not actually present. The image also refers to an **outer vision**, namely a tangible, visible representation. The images allow the adolescent to give form to the external experience of family violence as well as to define the internal meaning.

➤ **The concept *projection***

Projection is the mechanism in which the adolescent ascribes unacceptable, painful feelings to others instead of himself. The result is a reduction in guilt and discomfort (Hough, 1998:267).

➤ **The concept *ab-reaction***

The term *ab-reaction* refers to the process of reliving, either verbally or through active art- or sand therapy, a previously repressed experience. It also involves the release of the emotions associated with the trauma experience.

➤ **The concept *acceptance***

The principle of acceptance, as used in the study, refers to the affirmative approval and support expressed by the counsellor towards the adolescent, receiving the adolescent as an adequate and worthwhile person. Acceptance involves a non-judgemental and non-interpretative approach by the counsellor. In the case of the adolescent, unconditional acceptance is specifically important. This implies an attitude that the client and the art image is believed and valued by the counsellor. However, acceptance does not mean that counsellors are unable to separate their own views from those of the client.

➤ **The concept *availability***

The principle of availability refers to the accessibility of the counsellor as the facilitator of a safe environment. The counsellor achieves this by being open and honest. Availability also refers to the materials for the intervention process that are made available and accessible to the traumatised adolescent.

➤ **The concept *awareness***

The principle of awareness refers to the counsellor having insight into, and being conscious of, and therefore not ignorant of, cultural differences and own limitations in the counselling process. Awareness is sensitivity to, and an empathy with the client by the counsellor. Rogers believed that counsellors should convey unconditional positive regard towards clients if they were to feel understood and accepted (Rogers, 1996). The intervention programme also aims at helping the client become aware of his own possibilities and strengths to attain healing.

➤ **The concept *accommodative***

The principle of accommodative involves that the counsellor be adaptable and in harmony with the counselling process, obliging and open to the adolescent who is from a different culture, accepting without judging or interpreting the adolescent and his art image. This concept would also imply that the counsellor is in possession of self-knowledge.

4.2 CONTEXTUALISED RESEARCH

Globalisation has tied the fate of all the peoples of the world together to the extent that each culture is able to influence the direction of knowledge and development. The call for endogenous development and the indigenisation of knowledge reflects a scepticism regarding the relevance and appropriateness of theories, research methodologies, as well as the transference of knowledge and technology from the West to Africa (Adair, 1999; Hartzenberg, 1998). Contextualisation is an attempt to sensitise practitioners and researchers to the specific local environment and context of behaviour.

The literature review conducted in this study reveals that there is still little comprehensive work being published on how to develop contextual models of research in settings involving different cultures. The objectives of all counsellors and researchers should be universal, namely to develop a science that is culturally appropriate and mature within the society and country they serve. Achieving these goals requires sensitive and devoted attention to patterns of invariance in thought and behaviour within the local culture, as well as interaction with, and feedback from the larger community of counsellors and researchers worldwide. Stanfield (1994:176) declares "the tendency for Western researchers to impose even their most enlightened cultural constructs on other cultures, rather than creating indigenised theories and methods to grasp the ontological essences of people from different cultures, is well-known". In a multicultural nation-state such as South Africa, correlating perceived abilities, behaviour and personality with real or imagined attributes, such as self-concept, concept of others,

organising daily life and making routine and critical life decisions, is of fundamental importance in trauma counselling.

In reaction against the Western positivist model of science, there is a call from researchers and counsellors from other cultures to develop an indigenous research and psychology that comes from within a society and is culturally appropriate. It is then that the ideas for research come from the cultural milieu and represent the culture it aims to serve. Results could then be interpreted and reflect the life of the society from which the research is conducted. Research would be "free-standing" and independent; moved not so much by external than by internal influences. Notably contextual research is not the translations of Western research, but original contributions that reflect the unique elements or perspectives of the culture of South Africa (Adair, 1999; Pelzer, 1998).

Cross-cultural, as well as trauma counselling and research, should be relevant to national development. In this way the challenge to develop and establish a critical mass of mature researchers within the country could be met. This researcher aims to design and develop a relevant cross-cultural counselling programme within the South African context by implementing intervention research strategies as expounded by Rothman and Thomas (1994).

4.3 PHASES IN INTERVENTION RESEARCH

Rothman and Thomas (1994) collaborated to produce a new model of research termed *Design and Development (D & D)*, also named Intervention Research. The research process is systematic, deliberate and immersed in research procedures and techniques. The aim of Intervention Research is to construct a systematic methodology for evolving human service interventions, and for effecting change in problem situations that relate to human services (Rothman & Thomas, 1994).

The D&D model (Rothman and Thomas, 1994:28) will guide the research and consists of six phases:



These phases cannot be viewed as patterns of one phase rigidly following the next, and although performed in a stepwise sequence, many of the activities continue after the introduction of the next phase. As difficulties are encountered or new information becomes available, the researcher may loop back to earlier phases (de Vos, 1998). The last two phases, namely the implementation and evaluation of the programme and the dissemination of the results, will be discussed in chapter five.

4.3.1 PROBLEM ANALYSIS

The first phase in intervention research implies the actions that precede the developmental phase and suggests the existence of a problematic situation or condition (such as family violence in a cross-cultural setting). Designing and developing a contextual intervention programme can address the problem faced by adolescents traumatised by family violence. The analysis of the problem suggests that existing models of intervention be examined. Rothman and Thomas (1994) conceptualise the first phase of the D & D model to be:

- identifying and involving the target population;
- gaining entry and co-operation from settings;
- identifying concerns of the population;
- analysing the identified problems;
- setting goals and objectives.

4.3.1.1 Identifying the target population

A population whose issues are of current or emerging interest to society, researchers, and the population (clients) themselves, is selected (de Vos, 1998). The researcher first identified the population to be investigated (see 1.3, p 4), namely adolescents who have been exposed to family violence and referred for trauma counselling. The target group was identified at the cross-cultural therapeutic centre of the Child and Family Care Society of Pretoria. The adolescents will consist of a culturally heterogeneous group, aged twelve to sixteen years. The adolescents will be from different cultural backgrounds, language and religious groups, histories, and circumstances surrounding the family violence.

In this type of research, the crucial factor is not the number of respondents, but rather the potential of each person to contribute to the development of insight and understanding of the phenomenon. The participants in the research programme will be identified through initial on-site observation and interviews at the therapy

centre. The observation and interviews will involve informal discussions with key personnel, such as supervisors and social workers, who are considered knowledgeable with regard to the identification of participants for the study.

The counselling of adolescents traumatised by family violence inevitably brings attrition, where there is a potential loss to participants owing to the participant's ill-health, disinterest, physical incapacity or relocation. These obstacles could be overcome (but not guaranteed) on the grounds of an agreement in advance to participate in a given number of intervention sessions. Self-selection, however, should be guarded against, as it may introduce a different and undetected kind of bias.

4.3.1.2 Gaining entry and co-operation from settings

For the purpose of this study contact was made with the therapy unit of Child- and Family Care in Pretoria. Semi-structured focus group interviews were held with key persons, namely the head of the unit and social workers, concerning the content and format of the intervention programme and benefits of the research for the therapy unit and the participants in the counselling programme. Involving the social workers in identifying problems, planning the project, acting as cultural bridges, and assisting with selecting potential cases for intervention will ensure that a collaborative relationship is formed. De Vos (1998) confirms that by working together with those who can facilitate access, researchers gain the necessary support to enhance the multidisciplinary co-operation needed to conduct intervention research.

4.3.1.3 Identifying concerns of the population

Intervention researchers must avoid the imposing of external views of the problem and its solution (de Vos, 1998). It is for this reason that the researcher attempted to understand the issues of importance to the population by semi-structured interviews with the director of Inter-Trauma Nexus Counselling Centre, the media officer of the SAPS and the head of the Child- and Family Care Therapy Unit.

4.3.1.4 Analysing identified problems

An essential aspect of the first phase, is to analyse those conditions that people label as problems. Questions and issues regarding family violence and cross-cultural counselling are explored to critically analyse the nature, content and extent of the existing problem. Questions that arise in this regard are:

- what adjustments are needed to the current counselling models for cross-cultural trauma interventions to succeed?
- what conditions should be adjusted to establish and support the necessary change?

These questions are moulded into a protocol for analysis of identified problems that offer valuable guidelines.

4.3.1.5 Setting goals and objectives

The objectives of this study refer to "specific changes in programmes, policies or practices that are believed to contribute to the broader goal" (de Vos 1998:389). The **broader goal of the study** is to establish a format that is congruent to the South African context for the adolescent who has been traumatised by family violence. The **specific objective of the study** is to develop a cross-cultural counselling programme for adolescents who have been traumatised by family violence that is founded on a contextual model of counselling. The model (see Figure 1, p 88) is non-verbal and non-interpretative and based on the principles of both the counsellor's and client's awareness, acceptance, availability and accommodating of one another in the intervention process.

4.3.2 INFORMATION GATHERING

Rothman and Thomas (1994) consider the examination of the attempts by other researchers to address the problem, as being essential. This examination will be executed by using existing information sources and by identifying the functional elements of successful models.

4.3.2.1 Existing information sources

Rothman and Thomas (1994) suggest, that when planning an intervention research project, it is essential to discover what has previously been done in the field of study. Integrating appropriate sources of information achieves this aim. The researcher conducted an extensive literature study of the theory and practice of trauma- and cross-cultural counselling approaches which would be applicable to the study. Various research studies done in South Africa in the field of trauma and cross-cultural counselling programmes (including Burger, 1999; Lewis, 1999; Hartzenberg, 1998; Cowley, 1995; Herz, 1994; Rosin, 1994; van der Want, 1993; Botha, 1989; Raubenheimer, 1987) were consulted to avoid "reinventing the wheel". Information from the field of psychology was integrated with that of social work and education. Semi-structured interviews with people who have experience in the field, such as psychologists, trauma counsellors, educationists, police officers and social workers, provided insight into which intervention might or might not succeed, and the variables that may affect success, as suggested by Rothman and Thomas (1994).

4.3.2.2 Identifying functional elements of successful models

Key questions posed by de Vos (1998:391) guided the identification of the functional elements of successful intervention models. Questions that demand attention in this study are the following:

- *Is there a model programme that has been successful in changing targeted outcomes?*
- *What made a particular programme effective? Is there a model programme that was unsuccessful?*
- *What caused the programme to fail?*
- *Which factors are critical to success or failure?*

By studying cross-cultural models and intervention programmes, the researcher has attempted to identify potentially useful elements, which could direct design

and development activities. This research is guided by a quest for pragmatism, which Schaeffer (1995: 4) defines as "a commitment to be guided by what works in practice". This commitment overrides adherence to a particular personally appealing theoretical orientation. The researcher believes that adolescents traumatised by family violence require both practicality and flexibility that does not necessarily fit exactly into any one theory of therapeutic intervention.

Most short-term trauma counselling models tend to be broadly cognitive-behavioural; while most analytically based methods are long-term (Eagle, 1999). Both these approaches rely on verbal interaction and interpretation of the trauma experience. The counselling model developed in this study suggests an **integrative approach** where a combination of approaches and techniques are used. The researcher believes that such an approach is particularly applicable to cross-cultural trauma intervention. The nature of trauma is both internal and external, manifesting at intrapsychic and behavioural levels of functioning (Eagle, 1999). Family violence, as a traumatic experience, involves the splintering of the social fabric of the community as well as the decimation of interpersonal relationships. It is the opinion of the researcher that an integrative contextual approach would respond to these multiple levels of trauma caused by family violence.

Malchiodi (1997) advocates that researchers focus on the issues of family violence as a whole. She (Malchiodi, 1997: 20-44) notes that there are certain commonalities to be found in children and adolescents traumatised by family violence and stresses the need to be aware of these commonalities in order to develop more effective methodology for assessment, intervention and prevention in short-term programmes. The following common characteristics found in children and adolescents traumatised by family violence guided the design and implementation of the cross-cultural counselling programme implemented in the study:

- ***A need for nurturance and acceptance***; especially where the mother is herself so overwhelmed and preoccupied by her own emotional crisis that she cannot offer emotional support or parental attention to her children.
- ***Generalised anxiety and fear***, regarding separation from other family members, retribution from the abusing parent, and anxiety about keeping family secrets.
- ***Withdrawal / Depression / Lethargy***; often caused by separation from home, friends and the abusive parent or as a result of psychological maltreatment (an aspect of family violence), also feeling unwanted, unloved, inferior and not a part of the family system.
- ***Aggression and anger*** may be suppressed, but aspects are often exhibited behaviourally and in art expression as an attempt to discharge tension and to ascertain how security needs can be met. During counselling the adolescent may become aggressive when he recognises feelings of pain and anger.
- ***Regression***, where the adolescent may fall back on earlier ways of coping when overpowered by distress.
- ***Low self-esteem and loss of self-worth*** may cause the adolescent to be hesitant to engage in activities, fearing possible failure. Low self-esteem is manifested directly in behavioural expression, containing depreciating statements of the self. The development of self-esteem is the central issue to developing the internal locus of control necessary to overcome trauma (Malchiodi, 1997).

Many children who have experienced trauma exhibit PTSD responses such as muteness and numbness (DiNicola, 1996), with the result that direct inquiry appears to be an unproductive intervention technique. It would appear that trauma issues are best dealt with indirectly, and the researcher is of the opinion that non-verbal modalities such as art- and sand therapy are appropriate intervention techniques when dealing with this population. In a cross-cultural setting where culture and language differences are of significant concern, this assumption requires serious consideration and attention by the researcher in the design of the intervention programme.

4.3.3 DESIGN OF THE INTERVENTION PROGRAMME

The design phase in this research will include relevant and practical information for the conception of a contextual cross-cultural counselling programme, named the C 4 programme by the researcher (see Table 4.3. p 103) and based on the C 4 model (see Figure1, p 88). This will be preceded by designing an observational system and by specifying the procedural elements of the intervention.

4.3.3.1 Designing an observational system

The researcher has adapted a protocol with scoring instructions by Malchiodi (1997) for recording the observed events related to the phenomenon and for detecting effects following intervention (see Appendix 4).

The programme will be implemented at the therapy unit of Child and Family Care Society in Pretoria. The therapy will be done in the playroom which is equipped with a one-way mirror for observation purposes. The therapy room will provide a protective space and climate to allow psychological safety and autonomy; thereby maximising the opportunity for the adolescent to experiment, to facilitate change and for constructive creativity and growth to emerge (Nowell-Hall, 1987). This may be the first opportunity for the adolescent from a violent home to experience an environment where acceptance and choice is experienced within structures and boundaries. Moon (1998:184) observes that many times the adolescent experiences a feeling of being powerless over the course that his life has taken and "so the doing of art becomes the introduction into free will and the power of choice and creation".

A co-therapist, who is an intern psychologist, will be used as an assistant and collaborator in the study. The researcher is of the opinion that making use of a co-therapist can be effective in providing a collateral support system as well as a "reality check". This enhances the reliability and validity of the research findings. The presence of a witness can be useful to corroborate information. Peer professionals can give positive feedback and suggestions for alternative treatment

approaches, as well as emotional support (Malchiodi, 1997). These observations are recorded on a checklist (Appendix 4) and become the point of reference in identifying the adolescent's needs as well as progress during the intervention stages of the programme, which will be specified in the procedural elements of the intervention.

4.3.3.2 Procedural elements of the intervention

De Vos (1998:394) notes, "the procedural elements of an intervention often become part of an eventual practice model which is the final product of the research". Eagle (1999) refers to a trauma clinic based in Camden, London, that distinguishes between simple and complex trauma. The latter is generally marked by deliberate degradation of the victim, (as is often the case with family violence) and complex cases are allocated a minimum of 20 sessions. Brief or short-term therapy approaches tend to utilise between two to twelve sessions, with an understanding that an extension of sessions can be made.

With economic cutbacks in the South African mental health services a reality, short-term focus is becoming more prevalent in all areas, particularly in the area of social and community services. Brief / short-term programmes are financially more viable, especially where the use of the provided service may be limited to only days or weeks. The intervention programme implemented in this study will schedule 6 sessions, lasting for a period of one hour each. The decision to plan for 6 sessions is motivated by the fact that the family members who are the victims of family violence, usually have to move out of the home and away from the perpetrator for the sake of their safety. The place of safety is often temporary. The ever-changing complexity of the population under study demands that the intervention programme should be designed to address the circumstances where the counsellor lacks control over whether the adolescent will be able to sustain attendance of the therapy sessions.

The counsellor should be flexible and adaptable regarding the course and the content of the programme, especially when certain participants give short notice

of termination of the counselling sessions. The programme consists of intensive work over a short period of time, with an emphasis on the capacity of the adolescent to help himself, with the counsellor facilitating a safe environment for the adolescent to do so.

□ **Intervention stages**

The contextual cross-cultural counselling programme (see Table 4.3. p 103), implemented in this study, is divided into three phases (Malchiodi, 1997; Peled, Jaffe and Edelson, 1995) to facilitate the structure and planning of the programme. It should be noted that the suggested stages are only guidelines and the counsellor should be flexible in adapting the stages during the counselling process if required by a specific circumstance.

1. The initial / evaluative stage (first 2 sessions)

The opening stage of intervention has as its goal obtaining the adolescent's trust and interest in further intervention. There should be an emphasis on defining the counsellor's helping role and indicating to the adolescent the process of self-exploration and self-expression through the medium of art.

During this phase of the programme the short- and long-term goals are planned. In the initial stages of the programme, art expression is particularly important as a modality with which the adolescent can communicate the experiences that cannot be verbalised. The first phase of the programme has, as its goal, the creation of trust and support where a non-threatening approach conveys concern and respect for the adolescent, as proposed by the contextual cross-cultural counselling model.

The adolescent is invited to familiarise himself with the surroundings, as well as the art materials available. It is also advisable that the counsellor discusses with the adolescent, in a natural and low-key manner, why he is there and what the intervention is all about (Oaklander, 2000). It may also be important to correct any

misinterpretations and alleviate fears or anxiety about the role of the counsellor, as the adolescent may see the counsellor as part of the organisation that is responsible for his possible removal from the home (see Case study 1). It is therefore of the utmost importance, in a short-term intervention programme, to establish aims early in the programme.

2. The middle stage (3 sessions)

The intrusive nature of family violence is usually reflected somewhere in the drawings or sand work or in the narratives or explanations of the drawings and sand tray. The focus of the middle phase is on continued intervention, with the aim of identifying the traumatic references, and this is linked to the adolescent's own art product. The role of the counsellor is supporting the adolescent to mobilise adaptive coping skills and to reduce guilt and anxiety, which is achieved by facilitating a safe environment. In situations of family violence, the adolescent may struggle with issues of loyalty or responsibility (see Case study 3).

Art directives should address the changes that have occurred in the life of the adolescent, as a result of the family violence, and to provide the opportunity to express emotions and perceptions about possible impending life changes. Session length and frequency could be increased during this stage to promote continuity and address possible problems that may arise from life changes (see Case study 3). The adolescent should be encouraged to give input into the format of the sessions, thereby promoting a deeper level of personal involvement and trust.

During this stage of the programme, it is also the aim of the intervention to increase self-esteem and self-confidence in the adolescent, by empowering him to become an active participant of the programme. For the adolescent traumatised by family violence, where choices and trust within the family unit may not have developed, this is a significant concept to cultivate. The counsellor takes a more directive stance during this phase. The adolescent's level of cognitive skill

development enables him to cope with the more directive approach, than would a younger child.

3. The termination / closure / referral stage (1-2 sessions)

In most therapeutic settings termination needs to be accomplished gradually and carefully. However, because of the nature of the short-term intervention programme, a different approach should be followed. It may become a problematic aspect that, just as intervention has started to bear results, termination has to take place (see Case study 1). It is not always possible in short-term intervention programmes to establish whether the aims of the programme, such as the emergence of self-worth, empowerment, positive feelings and resolution of trauma, have occurred. This is especially true if the future of the adolescent's family is unclear and unsettled as a result of the family violence. The counsellor should be aware and sensitive to the adolescent's disequilibria at this time.

It is important that the counsellor be explicit and honest with the adolescent about his situation. Interventions should focus on fears and questions about the future in order to help the adolescent to cope with the **re-integration into family and society** (see Figure 1, p 88). The termination phase can be dealt with by reviewing the art expressions created during the programme, thereby emphasising progress, abilities and contributions. The counsellor could also be accommodating and supportive by giving the adolescent a copy of an artwork, a photograph of sand tray work and a telephone number where he may seek help if needed. These can also serve as visual reminders and resources during future times of stress. The aforementioned strategies can serve to reinforce adaptive patterns such as seeking and using self-help to cope with future stress.

4.3.4 DEVELOPMENT OF THE INTERVENTION PROGRAMME

Preceding the development of a cross-cultural intervention programme is the process by which an innovative intervention model is designed and applied on a

trial basis, developmentally tested for its adequacy, refined and redesigned as necessary (see de Vos, 1998).

4.3.4.1 Developing a contextual cross-cultural counselling model

The current cross-cultural counselling model that is largely in use worldwide, and which rests on the competencies of *awareness*, *knowledge* and *skills* (see 3.5, p 58), should not be implemented indisputably. With the challenges of a multicultural society in mind, the intervention programme implemented in this study, will be based on the **CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL** named the **C 4 MODEL** (Figure 1)*¹, developed and designed by the researcher.

- The model is founded on the integration of the principles of **Awareness, Acceptance, Availability, and Accommodating**.
- The C 4 model assumes that both the counsellor and the client view the process as unconditional and honest, congruent to **collaborative participation**.
- The model is **context-centred** as opposed to person-centred, in order to distinguish the C 4 model from the school of person-centred counselling as developed by Carl Rogers (see Table 4.1, p 89). The term context-centred implies that **the individual is the only authority of his trauma experience**. Therefore, it can be assumed that he is the one who can fit his trauma experience into the context of his own life and determine how it translates into his relationship with others. The client, in exploring his world, guides the counsellor.
- The model uses **an integrative trans-theoretical approach**, as referred to by Palmer and Laugani (1999), where the counsellor does not rigidly adhere to any one therapeutic orientation, rather selecting a technique that

¹ The content of the **CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL**, as proposed in the study, is privileged and is subjected to copyright. Any unlawful duplication, adaptation or alteration of the model without the permission of the Copyright holder is liable to prosecution. Attention is drawn to the Copyright Act, no. 96 of 1978.

would help the client deal with the problem (also see Denzin and Lincoln, 1998).

- The model is **functional**, regardless of the client's cultural identity.
- The model is **dynamic**, acknowledging scientific development, which results in improved techniques while still adhering to the underlying principles of awareness, acceptance, accommodating and availability.

The development of the model rests on the twofold dynamics of process and content. The model represents a dynamic integration of **process and content** as opposed to static prescriptive therapies.

- I. The process is represented in the model by the unfolding cylinder seen in the centre of Figure 1. The client's personal experience and perception of the trauma guides the process. The model is based on the unique **therapeutic facilitation process of self-exploration and self-expression**, and makes use of art- and sand therapy as the principal means of doing so. The client comes from a unique frame of reference and has multiple roles and identities within the community that he functions. The role of the counsellor consists of "being there" for the client, without protecting him against pain, but by being the **facilitator** of a "safe place", and not that of an advisor.
- II. Table 4.2, p 90 provides the rationale for the selection of the content of the contextual cross-cultural counselling model.

FIGURE 1

C4 MODEL

CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL





TABLE 4.1 COMPARISONS REGARDING SIMILARITIES AND DIFFERENCES BETWEEN CLIENT-CENTRED AND CONTEXT-CENTRED APPROACHES

| | CLIENT-CENTRED (Rogers) | CONTEXT-CENTRED (Hartzenberg) |
|---------------------------------|---|---|
| APPROACH | Uniqueness of the individual. | Uniqueness of the context. |
| AIM | Client achieves independence and autonomy. | Client discovers new possibilities to adapt successfully within his unique context. |
| CONCEPT OF "SELF" | Person's self-concept is as a result of ongoing interaction with others. | Person's self-concept and identity is as a result of the significant impact of the cultural context. |
| ACTUALISATION | "Actualising tendency" (Rogers, 1996) refers to the human urge to grow and develop towards maximum potential. The individual has the potential for dealing effectively with his own problem. | The context-centred approach establishes a format for expression and exploration of experiences, thereby moving the individual into a position of stability, empowerment and actualisation of self and new possibilities within his unique context. |
| COUNSELLING PRINCIPLES | Understanding and empathy. Unconditional acceptance. Sincerity and genuineness. | Awareness. Acceptance. Availability. Accommodating. |
| COUNSELLING RELATIONSHIP | Non-judgemental. Active listening. Reflection of feeling and content. Paraphrasing and summarising. Open questions. Counsellor facilitates identification of the "real self" (Rogers, 1996). | Non-interpretative. Non-verbal and verbal interaction. Unconditional accommodation of unique cultural context of the client. Honest reflection of acceptance of the client's context. The client, as the only authority of his experiences, guides the counsellor in translating the context. |
| COUNSELLING PROCESS | Non-directive involvement. Honest and open. Clarification of meaning and feelings. | Line of involvement moves from in-directive to directive. Self-exploration and self-expression. Discovery of new possibilities. Unconditional and honest, congruent to collaborative participation. Unique therapeutic facilitation process. |



TABLE 4.2 CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL

| PRINCIPALS | RATIONALE |
|------------------------------|---|
| <i>AWARENESS:</i> | <ul style="list-style-type: none"> ••• of the cultural factors that influence perception of the trauma experience; ••• by the counsellor of own bias, own values and worldviews and how it may influence the process; ••• by the client of new possibilities. |
| <i>ACCEPTANCE:</i> | <ul style="list-style-type: none"> ••• which implies respect for cultural differences; ••• of the needs of the client; ••• of other cultural customs and beliefs; ••• of own ignorance concerning other cultures; ••• by the client of an own responsibility in the counselling process. |
| <i>AVAILABILITY:</i> | <ul style="list-style-type: none"> ••• which refers to the counsellor as the facilitator of the process, to help the adolescent clarify and find own solutions to problems; ••• the emotional availability of the counsellor to create a safe place for the adolescent to express and explore the trauma experience; ••• to make available the materials that are needed for the intervention. |
| <i>ACCOMMODATING:</i> | <ul style="list-style-type: none"> ••• of diversity which would imply flexibility in selection of intervention techniques; ••• of differences in world-views, values, norms and belief systems; ••• of differences in perception of what constitutes a traumatic experience; ••• which implies that there be no stereotyping of other cultures or individuals. |

The C 4 model is ***non-interpretative*** and to a large degree ***non-verbal***. Moon (1998:8) uses the term *metaverbal*, denoting experiences that are beyond words and which refer to the interaction that takes place between the client, the media, the image and the process. The counsellor should take care never to criticise, nor to praise the image, but always to welcome it without any attempt to interpret it (Moon, 1998; Adamson, 1990; Dalley, 1987). Regarding the interpretation of images made by the adolescent, Moon (1998) coined the phrase *imagicide*, which refers to "the killing off of the image through destructive psychological labels and interpretations" (Moon, 1998: 54).

The C 4 model views the original creation of an image as a projective interpretation of experiences on the part of the client, with the result that any subsequent attempt to interpret the image is a similar projection on the part of the counsellor. Interpretation is especially problematic in relation to adolescents traumatised by family violence within a multicultural society, who may not be able or willing to verbally validate or refute the accuracy of the interpretation. Moon (1998) is of the opinion that therapists who attempt to establish themselves as authorities who can detect the hidden or unspoken meaning of the adolescent's art product, with or without the adolescent's co-operation, participation or permission, are disrespectful and potentially harmful. The use of the non-interpretative approach in the C 4 model addresses the issues of transference and counter-transference. The pragmatic contextual approach as proposed by the researcher in Chapter 1 restrains inaccurate exchange of information; avoids misinterpretation; avoids evaluation; avoids the imposing of own value systems and beliefs regarding the process. It is not the role of the counsellor to analyse and interpret the client's trauma experience.

In a non-verbal approach, issues of language differences are addressed. Words and phrases are loaded with ideological and cultural meanings. Communication by the counsellor involves the ability to demonstrate understanding of the adolescent and his experience. Clients in a multi-lingual society such as South Africa are often forced to use a second or even third language to express their emotions, which can result in miscommunication. The C 4 model strives to

overcome these barriers. Art expression provides the safe medium of communicating traumatic images when verbal therapy is difficult.

The researcher shares Oaklander's (2000) opinion that the troubled adolescent can do much for himself, but the adolescent needs assistance in expressing feelings of guilt, anxiety, loneliness, frustration and fear. Verbal methods of interviewing and treatment can be unproductive and frustrating to clients experiencing trauma, and who come from diverse cultural and language groups. In a cross-cultural counselling programme, observations should always be seen in the light (**context**) of the individual's cultural and social background, as cultural norms and world-views play an extremely important part in the intervention process. The model needs to be understood within the context of cultural and social factors and accepts each client as being unique. The contextual cross-cultural counselling model can be applied equally to *individual, group and community service settings*.

4.3.4.2 Applying the counselling model to the intervention

The C 4 model is designed to guide and optimise the development and implementation of the cross-cultural intervention programme. Art- and sand therapy techniques are known to be valuable and effective resources (Oaklander, 2000; Carrey, 1999; Maliciodi, 1997; Moon, 1998; Adamson, 1990). The researcher is convinced that art- and sand therapies are the appropriate mediums to employ in the process of stabilising and strengthening the adolescent in dealing with the expression of emotions and the exploration of new possibilities (see Figure 1, p 88). However, the C 4 model also lends itself to an extended range of non-verbal and non-interpretative therapies, such as music- and drama therapy.

If the assertion by May (1985: 215) "Art and violence are directly opposite each other in their effects", is accepted as being true, then art expression may have immense implications in the restructuring of violence and aggression in South African society and families. Since the beginning of time, man has made use of images to express emotions and record events. Creativity can become a positive

replacement for feelings of anger, violence and helplessness. Carey (1999: x) stresses that "to require a person of any age to verbalise when in an emotional crisis is not fair and may in fact be re-traumatising." Through art expressions, a feeling of internal locus of control can be created (Malchiodi, 1997). This measure of control can be extremely important to the adolescent traumatised by family violence, to support the stabilisation of emotions and to gain mastery of the feelings of disempowerment. In the words of Moon (1998: 8), "The real substance of the art therapy session is beyond the spoken word. This is not a devaluation of verbalization; it is rather a honing of action and image".

Sand is a product of its history, produced by forces that eroded rock into sand. Traumatized adolescents are also a product of their history, and the researcher proposes to use sand therapy with art therapy as the pathway for processing and expressing emotional trauma. Sweeney in the foreword to Carey (1999: xvi-xxv), lists the **rationale** for sand therapy. The researcher has applied the rationale to all the therapeutic techniques used in the intervention programme. The following factors validate the use of sand and art therapy in the intervention programme:

- ❖ Art- and sand therapy facilitates expression to non-verbalised emotional issues.
- ❖ Art- and sand therapies have a unique kinaesthetic quality. The very tactile experience of touching and manipulating sand, water, clay and paints is a therapeutic experience in and of itself.
- ❖ Art- and sand therapy serve to create a therapeutic distance for the adolescent who is often unable to express pain verbally, but may find expression through the projective media of art and sand therapy.
- ❖ The therapeutic distance that art- and sand therapy can provide, creates a safe environment for abreaction to occur, a place where repressed issues can emerge and be relived.
- ❖ Art- and sand therapy naturally provide boundaries and limits, by the size of the sand tray and paper, the selection of art materials and miniatures, the therapy room, and the guidance and directives by the counsellor, which all promote a feeling of safety for the adolescent.

- ❖ Art- and sand therapies provide a setting for the emergence of therapeutic metaphors, of which the adolescent's interpretation is the most important.
- ❖ Art- and sand therapy techniques are effective in identifying and overcoming the adolescent's resistance, because of its non-threatening and engaging qualities.
- ❖ Art- and sand therapy cut through verbalisation. The adolescent may use intellectualisation and rationalisation as a defence mechanism.
- ❖ Art- and sand therapies create a place for the adolescent to experience control and empowerment. The responsibility for and control of the process is also placed on the adolescent, thereby achieving a greater internal locus of control.
- ❖ The challenge of transference and counter-transference, which are critical issues in cross-cultural intervention, is effectively addressed through art- and sand therapy.

Trauma also impacts at a very fundamental and sensory level and does not lend itself to categorisation or reason. The unstructured nature of sand facilitates the opportunity to apply unique and individual meaning within the contextual framework of the cross-cultural setting. It could, therefore be concluded, that a treatment programme for traumatised adolescents should also be sensory based. Lowenfeld (1970:4) points out: " painting, drawing, or construction is a constant process of assimilation and projection: taking in through the senses a vast amount of information, mixing it up with the psychological self and putting it into a new form that seem to suit the needs at the time." The counsellor should, however, always be aware that adolescents traumatised by family violence are not healed through techniques, but rather through relationships and encounters with a counsellor who is essentially aware, accepting, available and accommodating of his needs.

The inherent advantages of art- and sand therapies account for them being the preferred intervention techniques used in the C 4 programme.

□ **Advantages and disadvantages of art and sand therapy**

The **advantages** of art- and sand therapy are as follows:

- ✓ Art- and sand therapy may yield information not readily available through verbal means.
- ✓ Art- and sand therapies have the therapeutic benefit of non-verbal communication of thoughts and feelings.
- ✓ Through non-verbal expression art- and sand therapy can be used to understand and make sense of the trauma of loss (of home and family) when words may not adequately express or contain meaning.
- ✓ As a projective medium, art- and sand therapy are a powerful means of eliciting and disassociating painful and frightening images from the self.
- ✓ The diagnostic criteria for PTSD in the DSM-IV (see Appendix 5) are mainly sensory based. Art and sand therapy engage the adolescent on a sensory level: visually, tacitly and kinaesthetically.
- ✓ Art and sand therapy can be a way of expressing tangibly, that which is secret or confusing.
- ✓ Art can be anything the adolescent wants it to be, because in art expression there are no restrictions and all imagery is acceptable.
- ✓ Through the art product and sand therapy, the adolescent does not only focus on family violence, but rather on a whole spectrum of accumulated emotions and experiences.
- ✓ Art- and sand therapy can unlock emotional responses to trauma experiences, thereby helping to relieve tension and anxiety.
- ✓ Art- and sand therapy can help to diffuse feelings of anger and ambivalence about an abusive family member through the process of ab-reaction.
- ✓ Art- and sand therapy can assist the adolescent in making sense out of the chaos associated with aggressive feelings, and channelling these feelings into more constructive, acceptable actions.
- ✓ Art- and sand therapy is a forum for experimentation with changes and methods of coping.

- ✓ Art can be helpful in determining the adolescent's developmental level through the age appropriate quality and content of the art product. Development can be enhanced or inhibited by trauma experiences.
- ✓ Creative activity can alleviate anxiety, specifically with the use of sensory materials such as water, clay and sand.
- ✓ Art and sand tray photographs can supply data on the adolescent's coping abilities, adjustment to new circumstances, conceptions or misconceptions about the current situation and the possible existence of further violence.
- ✓ Artwork serves as summative evaluation, a visual record of progress or of regression during the programme, and can be utilised for referrals for further treatment outside the intervention programme.

The **disadvantages** of art- and sand therapy are as follows:

- A seemingly benign task can elicit powerful feelings and sensations in the adolescent that can be harmful, especially if the adolescent wishes to keep a particularly sensitive area secret.
- Certain directives may trigger anxiety because of suspicion, previously ignored or misinterpreted experiences, and preceding trauma.
- Interpretation of art expression without the understanding of cultural influences can be offensive and detrimental to the counselling process.
- Interpretation, without understanding developmental levels inherent to art expression and cognitive factors, can be dangerous (Adamson, 1990; Malchiodi, 1997; Moon 1998).

These advantages and disadvantages of art- and sand therapy necessitate meticulous consideration of what types of materials, activities and themes would be best suited to attain such objectives.

□ **Materials**

The intervention programme engages the adolescent in using a variety of materials, namely drawing, painting, clay and sand tray work through mostly directive methods. It is advisable to choose specific tasks rather than to rely solely on spontaneous expression. A non-directive, unstructured approach is not in line with the trauma-oriented focus (Malchiodi, 1997). Kinaesthetic activities using paint, water, clay and sand, by their very nature, can elicit affective images. Items such as self-portraits, free drawings, family drawings and sand scenes are requested for their potential of gaining important information and understanding. Ongoing assessment, in the form of a checklist (see Appendix 4), is used to ascertain which type of task is most appropriate for which individual. Thought should be given to what types of materials and media are provided. Each visual art modality has its own inherent limitations and potentialities, and each can have a different effect on the psyche (Malchiodi, 1997).

The following art materials should be made available for use during the counselling sessions:

- Paper
- Clay
- Sand tray with miniatures
- Watercolour paints
- Felt-tip colour pens and pencils
- Collage pictures and glue
- Cardboard
- Old wire clothes hangers
- Feathers
- Stones and bones

In art- and sand therapy it is important to observe how the art materials are used, which materials are chosen, how the individual goes about creating an image and how interaction with the counsellor transpires.

□ Activities

The specific needs of the adolescent should be addressed through the art processes and tasks given, thus enabling him to express his feelings. Furthermore, care should be taken to design experiences that do not produce stress and anxiety additional to that which the adolescent is already experiencing. To avoid making the adolescent who has a low self-esteem anxious, the words "drawing or painting" should be avoided when giving directives for the art tasks, rather using words such as "show me or make me" that may be perceived to be less threatening. The art product is seen as a representative of the self. Therefore, writing on the drawing makes a negative statement that the counsellor does not value the work and does not really respect the person and should thus be avoided at all costs.

The work done by the adolescent is kept in individual folders and will be referred back to in each following session, either individually or in series, thereby providing continuity between sessions. The adolescent is encouraged to look at the image created, to contemplate it and allow the image to "speak back", thereby creating a dialogue between adolescent and image. It is important to note that with this approach, the process of art creation may or may not involve verbalisation and conscious articulation of the insight achieved by the adolescent.

□ Themes

General themes to be used during the counselling sessions are as follows, but not necessarily in the same order:

1. Make a Person (DAP)
2. Show me your family when you are together (KFD)
3. Make each member of your family as an animal
4. Make a house
5. Show me what your monster / dragon looks like
6. If you were a tree show me what you would look like
7. Show me a favourite kind of a day

8. Make someone from your family
9. Show me what the worst day in your life looks like
10. Show me the best day in your life
11. Show me what war looks like
12. Show me what peace looks like
13. A "I wish....." Picture
14. Show me what your "road map-of-life" looks like
15. Show me what your worst nightmare looks like
16. Show me what paradise looks like
17. Show me what hell looks like
18. Show me what a day at home is like
19. Show me what a day at school is like
20. Make me a picture of you

□ **Checklist**

A checklist is extremely helpful for this task. Such a checklist (Appendix 4) was compiled for the C 4 programme and adapted from a checklist suggested by Malchiodi (1997: 76-79). By using this checklist, the strengths and deficits of the adolescent in the areas of task orientation, product content, interpersonal functioning, developmental level, progress, and possible cross-cultural issues, are identified. These categories incorporate observations of emotions, attention span, thought process, self-esteem and psychosocial responses. How the adolescent responds to the limits presented in the process, and his interaction with the counsellor, reveals information regarding interpersonal functioning. The areas of observation, as set out in the checklist, include how and what the adolescent communicates, either verbally or non-verbally, as well as his creative and adaptive skills. With the art materials and themes established, the counsellor can begin to develop intervention goals and strategies for the short-term counselling programme.

□ **Goals of the programme**

The **long-term aims** of the programme are to:

- support empowerment and coping-skills;
- enhance the internal locus of control salient to self-esteem and assertiveness;
- relieve anxiety, fear, depression and any other emotions that may immobilise the adolescent's resilience and resources for recovery from the trauma experienced, by providing a safe environment for expressing feelings.

The **treatment goals** of the programme are to allow the adolescent to:

- explore and express thoughts and feelings in a safe and protected environment;
- support the adolescent in understanding and mastering these emotions;
- reduce or eliminate symptoms of PTSD;
- gain a sense of his own uniqueness and self-worth, regardless of the problems that are experienced in the family;
- gain control of his life, thereby empowering the adolescent, (empowerment in trauma counselling is seen as a process of transformation from the position of being the victim to that of being the survivor, and from a passive to an active engagement with the world);
- relieve self-blame and to re-establish trust in other people and relationships;
- minimise the possible long-term effects of family violence as a traumatic experience and in so doing assist the adolescent to adapt to his situation at home (see Lewis, 1999).

An intellectual (cognitive) understanding or insight on the part of the adolescent is insufficient to bring about lasting change. There should, however, also be an emotional, normative and behavioural component to the therapeutic experience, in order for the adolescent to effect a lasting change.

The counsellor should aim at keeping the focus of the adolescent on the here-and-now, thereby empowering the adolescent to own what he has created in the present, and not to distance himself, by describing the images as representing historic events that no longer have an effect. Moon (1998:90) states, "The power of the art image is that it is a present-tense object that represents how a person feels right now." The stated aims and goals of the intervention programme will guide and determine the content of the intervention sessions.

□ **Content of the programme sessions**

- It is important to note that the suggested course and proceedings of the **Contextual cross-cultural counselling programme, (C 4 programme³)** are not static, but should be seen as dynamic and adaptable to the adolescent's needs. The dynamic nature of the C 4 programme acknowledges scientific development that can result in improved techniques, while still adhering to the underlying principles as set out in the C 4 model.
- The design of the programme rests on the principles of the C 4 model, as discussed in 4.3.4.1, p 86. The format of the C 4 programme sessions, namely the aims and the action steps are indicated in Table 4.3 p 103.
- The C 4 programme follows a specific line of involvement between the counsellor and client, which moves **from** the counsellor being **in-directive** and allowing the client free choice in the extent of material use and art and verbal expression; **to** being more **directive**, and encouraging self-exploration. This line of involvement enhances the discovery of new possibilities and self-actualisation by the adolescent.

³ The content of the **CONTEXTUAL CROSS-CULTURAL COUNSELING PROGRAMME**, as proposed in the study, is privileged and is subjected to copyright. Any unlawful duplication, adaptation or alteration of the model without the permission of the Copyright holder is liable to prosecution. Attention is drawn to the Copyright Act, no. 96 of 1978.

- Where short-term programmes usually utilise functional assignments between the sessions, the C 4 programme does not make use of such assignments. This should be seen in the light of the specific nature of family violence and the circumstances of the adolescent, with regard to being removed from the home, which impacts negatively on available resources and materials to carry out the assignments. However, functionality by the counsellor does take place in the form of a monthly multi-disciplinary panel discussion with the parties involved with the adolescent, such the social worker and teacher.
- The programme is cost-effective and uncomplicated to implement and can be equally successful in a rural, urban or township setting.

4.4 SYNTHESIS

Cultural differences among people are tied to variations in the social construction of reality and the perception of what constitutes a traumatic experience. Therefore, the counselling of traumatised adolescents in South Africa demands a contextual approach, unique to the South African context. Since each individual comes from a different cultural background, with a different set of dynamics, socio-economic factors and coping mechanisms, each perceives family violence in a different way, even though the circumstances of trauma may be similar. The contextual cross-cultural counselling programme aims to structure and facilitate an opportunity for healing, through the images of art.

The process provides a forum for self-expression and self-exploration of new possibilities before the client's reintegration into society and family-life. The C 4 programme values:

- the creating of a "safe place" for the adolescent to tell the story in a non-threatening, largely non-verbal way;
 - normalising trauma symptoms;
 - addressing issues of guilt and self-blame;
-

- facilitating the opportunity for the adolescent to gain mastery and meaning-making without interpreting or advising and finally by balancing non-directive and directive phases of interaction (Eagle, 1999; Oaklander, 2000).

Children and adolescents exposed to family violence come from diverse cultural backgrounds and bring complex experiences to the intervention. The adolescent may be physically abused, neglected, sexually abused or a witness of violence toward other family members. It can also include psychological and emotional abuse. Complicating the issue of family violence is the fact that it may have occurred over many years or may have been triggered by a recent stress to the family system. From a cultural perspective, family violence may be a result of societal violence where conditions limit development and obstruct human potential. Poverty, discrimination and unemployment may cause an eruption of violence in the home in reaction to the stress and frustration that is experienced in society.

Trauma, as a universal phenomenon, has specific cultural factors that demand attention in the counselling approach to traumatised adolescents. In order to identify a meaningful and accountable approach to the counselling of traumatised adolescents in a multicultural context, both the universals in human experience, as well as the cultural context of the individual should be considered. To fulfil the needs of traumatised adolescents and have meaning across the cultural variance of South African society, a cross-cultural framework to counselling should therefore be both contextual and universal. With the aforementioned aspects in mind, the researcher has designed and developed a contextual cross-cultural counselling programme, based on the C 4 model, which will be implemented and evaluated in Chapter five.

TABLE 4.3: C 4 PROGRAMME - A THERAPEUTIC FACILITATION PROCESS

| SESSION 1 | COUNSELLING PROCESS |
|---------------------|---|
| AIMS OF THE SESSION | <p>This may prove to be the most important of all the sessions and will form the foundation for the rest of the sessions. This first session will determine the success (or failure) of the sessions following. The adolescent should be assured of confidentiality, thus developing a sense of trust and control. This is especially important where the adolescent is under threat of being removed from the abusing parent and the home. Confrontational and probing types of processes should be used with care and sensitivity. It is for this reason that the common assessment technique of the <i>Kinetic Family Drawing</i> (KFD) is not implemented in this first session, as it may induce agitation and anxiety.</p> <p>LONG-TERM AIMS:</p> <ul style="list-style-type: none"> • To support empowerment and coping skills; • To enhance internal locus of control salient to self-esteem; • To relieve anxiety, fear, depression, and any other emotions that may immobilise the adolescent's resilience and resources for recovery from trauma experienced, by providing a safe environment for expressing feelings. <p>SPECIFIC AIMS:</p> <p>It is extremely important that in this short-term environment the programme goals be established early. The first goal of intervention is:</p> <ul style="list-style-type: none"> • to establish a positive rapport with the adolescent and secure his trust by creating a place of safety; • to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing. |
| ACTION STEPS | <ul style="list-style-type: none"> •••➔ Step one: Any person who comes into a new therapeutic situation is likely to experience feelings of anxiousness and uncertainty. The session is introduced by explaining to the adolescent the format of the programme. •••➔ Step two: A directive is given to the adolescent to select any art material he cares to work with (thus placing the adolescent in control) and then to "make a person". •••➔ Step three: The person made is discussed as with a <i>Draw-a-Person</i> (DAP) directive, but care should be taken to keep the first session low key and not to make the adolescent suspicious by directing a lot of probing, "strong" questions. •••➔ Step four: The following appointment is made and confirmed with the adolescent. •••➔ Step five: Self-analysis and initial reflection by the counsellor regarding the session. |



| SESSION 2 | COUNSELLING PROCESS |
|---------------------------|---|
| AIMS OF THE SESSION | <p>LONG TERM AIMS: see Session 1 SPECIFIC AIMS:</p> <p>In this session the aims of the first session are reconfirmed. The counsellor's goal is:</p> <ul style="list-style-type: none">• to assess the adolescent's readiness and responsiveness for specific intended themes in intervention;• to explore and express emotions and alternative possibilities mainly, but not exclusively, in a non-verbal process. |
| ACTION STEPS | <p>•••→ Step one: A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally.</p> <p>•••→ Step two: The adolescent is invited to select materials to create an image showing his family doing something together. This directive can serve as a valuable projective technique for exploring family relationships.</p> <p>•••→ Step three: The family made is discussed with care and sensitivity as with a <i>Kinetic Family Drawing (KFD)</i>. The counsellor must note (but not comment on) any emerging issues. The adolescent is asked if there are any questions or comments he would like to make. This places the adolescent in control and ensures that the counsellor does not inadvertently misinterpret the adolescent's intended meaning. The adolescent is invited to create the family as animals. The characteristics of the created images are discussed, with the adolescent leading the discussion.</p> <p>•••→ Step four: The following appointment is made and confirmed with the adolescent.</p> <p>•••→ Step five: Self-analysis and initial reflection by the counsellor regarding the session.</p> |



| SESSION 3 | COUNSELLING PROCESS |
|---------------------------|---|
| AIMS OF THE SESSION | <p>LONG TERM AIMS: see Session 1 SPECIFIC AIMS:</p> <ul style="list-style-type: none">• Coping with those issues which may have emerged during the previous session, for example painful memories, anger, guilt, fears and confusion.• Helping the adolescent identify and clarify problematic issues. |
| ACTION STEPS | <p>••➔ Step one: The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarized and recapped.</p> <p>••➔ Step two: The adolescent is allowed to choose from two themes, using whatever medium with which he feels comfortable. Offering a choice, even such a limited choice, affords the adolescent a certain degree of feeling in control.</p> <p>••➔ Step three: Opportunity for projection is offered by inviting the adolescent to create a narrative about the image made. If the adolescent declines this, the counsellor should accept this without comment or interpretation. However, the counsellor may reflect any emerging feelings or themes observed and ask for clarification. If time allows, a second directive may be given, which the therapist believes could assist with the aim of the session.</p> <p>••➔ Step four: The following appointment is made and confirmed with the adolescent.</p> <p>••➔ Step five: Self-analysis and initial reflection by the counsellor regarding the session.</p> |



| SESSION 4 | COUNSELLING PROCESS |
|---------------------------|---|
| AIMS OF THE SESSION | <p>LONG TERM AIMS: see Session 1</p> <p>SPECIFIC AIMS:</p> <ul style="list-style-type: none">• Offering internal locus of control, so that the adolescent can cope with additional stressful experiences, such as uncertainty and guilt that may be linked to the current situation. |
| ACTION STEPS | <ul style="list-style-type: none">•••→ Step one: Events of the week are discussed. The purpose of the intervention is reconfirmed.•••→ Step two: Initially the adolescent is given a non-threatening directive, such as a tree drawing or a happy day. He is then asked to make an image of someone in the family. Close observation by the counsellor may assist in detecting any emotional reactions this directive may elicit.•••→ Step three: The person is discussed, the position of the person in the family, feelings towards this person, this person's influence on the adolescent and the rest of the family. The counsellor should strive to identify any themes and emotions and offer the adolescent the opportunity to discuss this. The adolescent is encouraged to supply solutions to any problems this person may be causing within the family. The role of the counsellor remains that of a facilitator of safety and opportunity to explore and express emotions, with the aim of discovering new possibilities.•••→ Step four: The following appointment is made and confirmed with the adolescent.•••→ Step five: Self-analysis and initial reflection by the counsellor regarding the session. |



| SESSION 5 | COUNSELLING PROCESS |
|---------------------------|---|
| AIMS OF THE SESSION | <p>LONG TERM AIMS: see Session 1</p> <p>SPECIFIC AIMS:</p> <ul style="list-style-type: none">• Preparing the adolescent for the final phase and end of the intervention programme and confirming his adaptive coping skills. |
| ACTION STEPS | <ul style="list-style-type: none">••• Step one: Events of the past week are discussed as well as any emerging issues that the adolescent cares to discuss.••• Step two: The adolescent is asked to create a world in the sand tray, thus offering him the opportunity for free expression. After completion, the directive is given to make an image depicting a positive and negative, for example war and peace, or paradise and hell.••• Step three: The adolescent is invited to offer strategies for coping in a war or hell situation. A discussion about peace or paradise is then initiated and what the adolescent's understanding and meaning of these concepts are.••• Step four: The adolescent is prepared for the conclusion of the intervention programme and informed what will happen in the last session. Any feelings such as fear, anxiety or uncertainty regarding the termination needs to be addressed at this stage. The following appointment is made and confirmed with the adolescent.••• Step five: Self-analysis and initial reflection by the counsellor regarding the session. |



SESSION

6

COUNSELLING PROCESS

Termination needs to be accomplished gradually, with care and sensitivity. However, because of the nature of short-term therapy, this is not always possible, and in this counselling programme, termination should be executed in a different way. The termination phase of the programme often happens just as intervention has started to flow. Termination may prove to be merely an interruption in treatment rather than a permanent ending of the relationship between counsellor and adolescent (Malchiodi, 1997). This session takes a more direct approach than any of the previous sessions. The issue at hand, namely violence within the family, is directly addressed.

AIMS
OF THE
SESSION

LONG TERM AIMS: see Session 1

SPECIFIC AIMS:

- Identifying any problems that may require further intervention.
- Developing a positive sense of self by enhancing self-esteem and self-respect, which will allow the adolescent to return to normal functioning and be re-integrated into the family and community.

ACTION
STEPS

•••

Step one:

Confirmation that this is the last session is discussed with the adolescent. A review of all the previous sessions and art products are given, pointing out the areas where solutions to problems have been achieved (or not achieved); emphasising progress, abilities and contributions. It is important to be clear and honest with the adolescent and to discuss the future.

•••

Step two:

Directives for constructing images about the adolescent's feelings and self-image with regard to the family violence are given, for example in the form of the "river-of-life or roadmap-of-life" theme.

•••

Step three:

Emerging emotions are addressed and obviated by the counsellor.

•••

Step four:

The session is terminated by extending an invitation to make an own choice of an image ("make any image you like") and then to write or tell a story about the image with the adolescent as the main actor / person in the story. The adolescent is encouraged to envisage and plan for the future in the story.

•••

Step five:

The adolescent is reassured that he may contact the counsellor at any time. The counsellor's contact details are given to the adolescent as well as an awareness of how to find help when needed. Giving the adolescent the counsellor's professional card serves as a visual reminder and resource during times of stress.

•••

Step six:

Self-analysis and initial reflection by the counsellor regarding the session.

CHAPTER FIVE

IMPLEMENTATION AND ADVANCED DEVELOPMENT OF THE INTERVENTION PROGRAMME

***"Art celebrates diversity rather than uniformity and is a demonstration of
the unique quality of each human being"***

(John Timmlin, 1990)

5.1 INTRODUCTION

The researcher can identify procedural elements for an intervention programme by observing the problems encountered during the implementation of the programme. The procedural elements will be specified in detail to enable other trained counsellors to replicate the programme. Intervention research will be executed using three case studies. The first case study will serve as the pilot study, while the other two case studies will be implemented to refine and further develop the C 4 programme.

Research design is based on the definition of the problem. The designing of an intervention programme begins with the research problem and setting a research question to guide the study. Pecora, Fraser, Nelson, McCoskey, and Meezan, (1995) are of the opinion that studies are rarely definitive. No single study will be able to prove that a programme works (or does not work). "It is only in the long run, across many studies, that one may begin to develop a sense of what works and what does not" (Pecora, *et al* 1995: 24). There are four major considerations guiding the research design of this study.

1. The needs of the adolescent (client)
2. Programme processes (the nature of the counselling intervention techniques)
3. Programme outcomes (meeting of programme goals)
4. Cost effectiveness of the counselling programme.

The study is done from a qualitative perspective, which defines the methods and techniques most suitable for collecting and analysing the data. A basic research design was identified that incorporates criterion-based sampling and includes qualitative data that would enhance validity and reliability, thus arriving at a conclusion that is accountable and acceptable to all concerned stakeholders.

5.2 IMPLEMENTATION AND ADVANCED DEVELOPMENT PHASE

The use of research methods in the implementation and advanced development phase of the intervention research is not only to provide programme appraisal for practice purposes, or to contribute to human knowledge. The research methods are rather implemented to produce outcome information as an integral part of a "**research-innovation process**" (de Vos, 1998:397). This implies that research follows development, contributes to further design and development as deemed necessary, and proceeds ultimately to adoption and widespread use of the dissemination of the intervention programme (see 5.5). The selection of an experiential design, collection and analysis of data, replication of the intervention under field conditions, and the refinement of the intervention are the four aspects that constitute the evaluation and development phase.

5.2.1 SELECTING AN EXPERIENTIAL DESIGN

The design is the way in which the researcher seeks answers to a question such as: *What would an effective cross-cultural counselling programme for adolescents traumatised by family violence consist of?*

Factors that influence the choice of the experiential design include:

- the goals of change sought by the clients;
- the stability of the setting or context;
- the goals of the research (Rothman and Thomas, 1994: 37-38).

The qualitative case study is the strategy selected for investigating the problem of implementing a cross-cultural counselling programme for adolescents traumatised by family violence.

"Well-designed qualitative research uses methods that are rigorous and time-consuming" (Pecora *et al*, 1995: 26). Qualitative research requires that the researcher and the subject co-operate in an empathetic and intensive experience, which leads to a systematic analysis of themes, underlying ideas and theory (Mouton, 2001). The case study research design is deemed appropriate for developing a better understanding of the dynamics of the trauma counselling programme in a cross-cultural setting, thus conveying a holistic account of the programme. The case study research design makes use of a "common language, as opposed to scientific or educational jargon" (Merriam, 1991:31), that allows the results of the study to be communicated more easily to those who may benefit best from the outcome of the study.

The theoretical underpinning of qualitative case study research is delineated by Mouton (2001) and guides this research within a pragmatic contextual paradigm.

- The researcher is interested in ***the meaning*** of how adolescents make sense of their lives, how they interpret their traumatic experiences and how they structure their social worlds.
- The assumption of the contextual paradigm is that there are ***multiple realities***, personal interaction and unique perception of self and others.
- The research is ***exploratory and emphasizes processes*** rather than ends.
- In this paradigm there are ***no predetermined hypothesis*** and no restrictions on the end product.

- The research ***involves fieldwork***. The researcher will physically go to the adolescent and the setting (therapy unit), in order to observe behaviour during the trauma counselling intervention programme.
- The research is ***descriptive and integrative***, employing the methods and strategies at hand. The researcher is interested in process, meaning and understanding.
- The research is ***inductive***. It builds abstractions, concepts, and theories rather than testing existing theory.

5.2.1.1 The role of the researcher in contextual case study research

In a qualitative case study research, the investigator is the primary instrument for gathering and analysing data. As such, the researcher can respond to the situation by maximising opportunities for collecting and producing meaningful information. However, humans are as fallible as any other research instrument and mistakes may be made, opportunities missed, and personal biases and lack of rigor in analysis may interfere.

The research is oriented toward case study research that is qualitative in nature, emphasising description and interpretation **within the context** of counselling traumatised adolescents in a multicultural society. The importance of ***the researcher as the primary, multicultural instrument*** for data collection and analysis is emphasised in qualitative research. The researcher as instrument:

- a. is responsive to the subject and the cross-cultural counselling context;
- b. can adjust techniques selectively with specialised knowledge and skills;
- c. employs a holistic approach and can consider the total context of the traumatised subject;
- d. may explore and expand what is known about the trauma experience through sensitivity and non-verbal aspects, using the C 4 model of counselling as the point of departure;
- e. should process data immediately after each intervention session;

- f. should clarify and summarize as the study evolves, using reflective techniques;
- g. should explore anomalous, inconsistent responses in order to increase understanding of the phenomenon of cross-cultural trauma counselling (Merriam, 1991).

5.2.1.2 Validity of the case study method

The question the researcher is faced with in this study is whether the text is faithful to the cross-cultural trauma context and the adolescent it is supposed to represent. Denzin and Lincoln (1998: 414) confirm, "Without validity there is no truth". The text is valid if:

- it is grounded, triangulated, and fitted to a theory;
- comprehensive in scope;
- credible in terms of member checks;
- logical and truthful in terms of reflection of the phenomenon in question (Denzin and Lincoln, 1998; Pecora *et al*, 1995).

Problems with the researcher's subjective interpretations in the case study method can be addressed by being transparent and specific in the presentation of the method and results. The data is presented in a manner that ensures that the rationale of the researcher can be followed. The reader can follow the logical arguments or self-reflections, as well as understand the researcher's reason for adopting or discarding a particular approach. This enhances **credibility**, which refers to the internal validity of the study. Implementing multiple case studies further improves validity and involves exploring several cases. The case studies aim at giving in-depth descriptions of specific dynamics within a certain context, comparing and analysing these descriptions in order to find themes or patterns that are shared (Burger, 1999).

External validity usually refers to whether the study's findings can be generalised beyond the immediate case studies. This researcher assumes that there are diverse contexts and perceptions of reality; that the phenomenon of cross-cultural

trauma counselling cannot be measured; that there is no predetermined hypothesis; and no restrictions on the end product, as with quantitative research. This would imply that with pragmatic contextual research, external validity cannot be an aim in itself or achieved in qualitative case study.

5.2.2 COLLECTING AND ANALYSING DATA

Pecora, Fraser, Nelson, McCoskey, and Meezan (1995) and Merriam (1991) distinguish between two types of sampling: *probability* and *non-probability* sampling. Non-probability sampling will be the preferred method in this study. The most common form of non-probability sampling is termed ***criterion-based*** sampling and is based on the assumption that the researcher wants to discover, understand and gain insight into the phenomenon being studied. The researcher, who then finds a sample that matches these criteria, establishes the criteria or standards necessary for inclusion in the investigation. The criteria for sampling in this study is based on the age of the subject (middle adolescence), the inclusion of all cultural, socio-economic and language groups, and the exposure to family violence as a traumatic experience.

There is no way of estimating the probability of each element being included in the sample and no assurance that every element has some chance of being included. Each case study is executed as it is presented to the researcher by the therapy unit. Generalisation in a statistical sense is not the goal of qualitative research and thus not justifiable. Sampling from a high-risk group such as adolescents traumatised by family violence enhances the researcher's ability to detect significant cultural related effects pertaining to counselling in a cross-cultural setting. Compiling a proper sampling frame and obtaining the co-operation of participants, can be more difficult in criterion-based sampling than in general population sampling.

Data will be obtained through means of:

- interviewing the adolescent, the parents and the social worker assigned to the case;

- observation at a cross-cultural trauma counselling setting;
- the use of documents such as case records, as well as court files, will further strengthen the validity of the data.

1. The interview

In qualitative case studies, interviewing constitutes a major source of qualitative data needed for understanding the phenomenon being studied. Interviews can range in structure. Determining the type of information that is desired benefits the decision regarding the type of question to ask. The way in which questions are worded is a crucial consideration in extracting the type of information desired. In a cross-cultural context, it is of the utmost importance that the questions are conducted and understood in a language that makes sense to the person being interviewed and reflects his worldview. The interviewer should assume neutrality with regard to the respondent's knowledge and the use of multiple questions should be avoided as miscommunication and misinterpretation may occur.

The interview facilitates summative evaluation of information, allowing for re-direction, probing and summarising. Interviewing, like any other data collection technique, has its values, strengths and limitations (see Table 5.1). The researcher should be aware of the limitations, while maximizing the strengths inherent in all phases of the interview process (Mouton, 2001; Merriam, 1991).

The interviews will consist of introducing the adolescent and the parents to the study and obtaining permission for the adolescent to participate in the research. Each adolescent's parent will be requested to complete a letter of consent (see Appendix 3), in which is stated that the therapy is done for research purposes. All participants in the study are assured of anonymity and confidentiality. During the semi-structured interview information is obtained regarding the family's historicity. Interviews are also held with the social worker concerned with the case, thus obtaining collaborative background information regarding the adolescent and the family.

2. Observation

Observation forms an important means of collecting data in case study research. It provides a firsthand account of the situation under study, and when combined with interviewing and document analysis, allows for a holistic interpretation of the phenomenon being investigated.

Observation in this study will involve going to the site of trauma counselling within a multicultural setting and observing the phenomenon under study. Although there are guidelines to observation, success rests on the skill of the investigator being attentive and responsive to data gathered through this method. The most sensitive limitation to the use of observation is the bias that the researcher brings to the situation. These biases, inherent in all investigations, affect how data are analysed, recorded and interpreted (Mouton, 2001). In the cross-cultural trauma counselling setting where motives, attitudes, beliefs and values direct most of the activity, skilled and sensitive observation and analysis are of paramount importance to the research outcome.

Important considerations regarding observation in this study concern:

- informal activities during intervention;
- symbolic and connotative meanings of words and art- and sand therapy;
- non-verbal communication such as dress, body posture and physical space;
- unobtrusive observations of physical clues such as headaches or scars and bruises;
- that which does not happen - especially if it ought to have happened.

Observation as a research tool, will be planned deliberately, recorded systematically by means of the intervention worksheet (see Appendix 4) and subjected to checks and controls for validity and reliability. In order to improve the validity and reliability of the study, both the research assistant and the researcher will use a standardised observational protocol in which the dimensions to be observed are chartered (see Appendix 4). The researcher and co-therapist

collaborate all information and observations after each session and any area of ambiguity is sorted out. De Vos (1998: 393) refers to this process as "functional analysis". Results obtained through this observation and collaborative process helps to guide the selection of procedures and their refinement throughout the research intervention process.

In using participant observation as data-gathering technique, the researcher is concerned and aware of the highly subjective nature of human perception. Another concern is the extent to which the observer may affect that which is being observed, for example if the adolescent is apprehensive about being judged, he may respond in a covert manner (see Case study 1). The adolescent may also regulate his behaviour according to the feedback by the observer, for example when the counsellor takes notes. To counter these limitations a co-therapist is employed to observe behind a one-way mirror and record the counselling process with the researcher.

That which is written down or recorded during a period of observation will become the raw data from which the study's findings will eventually emerge. The more complete the recording, the more valid the analysis will be. It is imperative that complete notes are recorded as soon as possible after the observation. Both the co-therapist and researcher will keep a reflective record of emotions and behaviours such as fears, mistakes, confusion and reactions to the experiences in the form of comments and reflections. This in itself will become a data source. The records obtained through observation will be discussed in depth by the researcher and the co-therapist in order to identify themes that have emerged in both recordings. Interpretations that do not correlate will be explored in depth and re-interpretations will be formulated.

3. Documents

The compiling of documents are a third major source of data in case study research. Documents of all types can assist the researcher to uncover deeper meaning, develop understanding and discover insights relevant to the research problem (Merriam, 1991). The term *documents* has been chosen for the use of written materials in the case study research and includes scientific documents and research on relevant issues, newspaper articles and reports, as well as case and court files. Written documents refer to all forms of data not gathered through interviews and observations. In judging the value of a data source, the researcher needs to ask whether it contains information or insights relevant to the research question and whether it is accessible in a practical yet systematic manner. Qualitative documentary data, also used by the researcher, will include art images and photographs of the sand tray images - all of which will be treated as documents in support of the case study investigation. Art images and photographs of sand tray scenes produced by the three adolescents during intervention are found in Appendix 1A, 1B, and 1C. Keeping extensive records of observations and interviews ensures that documents do not impact on the bias of the researcher.

4. Data triangulation

The term "triangulation" originally coined by Denzin in 1978, referred mainly to the use of multiple methods of data collection with a view to increasing reliability and not specifically to combine quantitative and qualitative approaches (Mouton and Marais, 1990). The process whereby multiple perceptions are used to clarify meaning, verify observations or interpretations is known as *triangulation*. Meaning is clarified by identifying the different ways the phenomenon is seen and is implemented by the researcher. The study makes use of the following methods of data collection (see Duffy, 1993:143):

- *Theoretical triangulation*, involving the use of several frames of reference or perspectives in the analysis of the same set of data. The researcher uses an integrative trans-theoretical approach, not rigidly sticking to any one single theoretical orientation, but selecting that which has bearing and significance regarding this study.
- *Data triangulation*, which attempts to gather observations through the use of a selection of sampling strategies to ensure that a theory is tested in more than one way. In this study, data is triangulated by means of the qualitative case study and in-depth literature study.
- *Investigator triangulation*, using more than one observer, coder, interviewer and/or analyst. The researcher and a research assistant who is an intern-psychologist, collaborated on all data collected during the research.
- *Methodological triangulation*, using multiple methods of data collection procedures, such as interviews, observations and documents.

A crucial aim of intervention research is to develop an intervention programme that is valuable in diverse real-life settings with adolescents who have been exposed to trauma. Replication, under field conditions, helps to assess the generalisation of the interventions programme to other population groups who may also benefit.

5.2.3 REPLICATING THE INTERVENTION PROGRAMME UNDER FIELD CONDITIONS

The first case study will be used as a pilot study to determine the effectiveness of the intervention and to identify elements that need to be revised. The pilot test is designed to determine whether the intervention will be effective and is implemented in a setting convenient for the researcher and comparable to those in which the intervention will be used (De Vos, 1998).

Criterion-based non-probability sampling led to the following subjects being included in the research:

- ❖ A twelve year old Xhosa-speaking male (Pilot study) - *Adolescent A*
- ❖ A fourteen year old Tswana-speaking male - *Adolescent B*

❖ A fifteen year old Afrikaans-speaking male - *Adolescent C*

The intervention programme implemented as the pilot study will be guided by certain criteria. Design criteria do not necessarily optimise the value of the intervention programme, but rather serve the purpose of guiding the design of the interventions that are subjected to pilot testing and evaluation (Rothman and Thomas, 1994). Relevant questions that may serve as common guidelines for this intervention programme include:

- *Is the intervention effective?*
- *Is it replicable by other users?*
- *Is it simple to use?*
- *Is it practical?*
- *Is the intervention programme adaptable to urban and rural, individual and group contexts?*
- *Is it compatible with local customs, worldviews and values? (de Vos 1998:396).*

In the presentation of the results, only a brief history of each adolescent is provided.

CASE STUDY 1

1. Personal information

| | |
|---------------------------|---------------------|
| Client: | <i>Adolescent A</i> |
| Age: | 12 |
| Gender: | Male |
| 1 st Language: | Xhosa |
| 2 nd Language: | English |
| Religious denomination: | Roman Catholic |

2. Relevant history

The relevant background history was obtained through court reports, social work files and personal interviews with the abusive parent, as well as the social worker involved in the case.

The father was initially employed as a soldier in the South African National Defence Force and currently works as an attorney for a private law firm. The mother is a teacher. She is absent from the family most of the time and resides and works in another part of the country, which the father states are for employment reasons. She visits the family during school holidays. *Adolescent A* resides with his father and two younger brothers, aged six and four years respectively.

The school that *Adolescent A* attends suspected the abuse and reported it to the Child Protection Unit of the SAPS. The police removed him to a place of safety, after investigation confirmed severe physical abuse by the father. According to the court report, this was not the first incidence of physical abuse that *Adolescent A* had suffered.

According to the father, lies about schoolwork led to the "chastisement", which resulted in the severe beating. *Adolescent A* disappeared from home shortly after the incident of abuse had occurred, and was found roaming the inner-city streets by the police. The father stated remorse after *Adolescent A* was removed to a place-of-safety and subsequently volunteered for therapy.

In an interview with the researcher, the father admitted to being "short-tempered" and easily angered. However, he claimed to have a good relationship with his sons and denied any accusation of harming them. According to the father, he "worked for 24 hours without rest" prior to the incident of abuse. He admitted that the pressure and strain he experiences in coping with the three children, without the presence and support of his wife, causes stress.

The social worker who is managing this case is of the opinion that *Adolescent A* is also suffering emotional abuse and that he appears to feel threatened and powerless to do anything about his circumstances. He cries easily, yet describes himself as a happy person. He appears to be in a state of denial. The social worker reports that the adolescent is more attached to the father than the mother.

Adolescent A was placed back with the family, with the prerequisite that he and the family would attend therapy sessions to address the problems experienced.

3. Clinical observation

Adolescent A communicates sadness and unhappiness on a non-verbal level, however, happiness and joy is communicated verbally. He appears to be emotionally incongruent and in a state of denial regarding his true circumstances. He describes his relationship with his father as a good and joyous one and that his father is a good and caring parent.

SESSION ONE

➤ Aim of the session

The specific goal of the first intervention session is to establish a positive rapport with the adolescent and to secure his trust by creating a safe environment. The aim of this session is furthermore to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing.

➤ Action Steps

□ Step one:

Adolescent A appears to be anxious and emotionally overwhelmed. The session is initiated by discussing the format of the therapy. No reference is made to the reason for referral to the intervention programme, namely the incidence of the family violence. The counsellor is of the opinion that the adolescent is in denial

and traumatised to such an extent that any direct voicing of the family violence will be counter-productive.

□ Step two:

A directive is given to select any art material he cares to employ, thereby placing the adolescent in control and then to "make a person". An image in clay is constructed.

□ Step three:

The clay model representing a person is discussed as with a *Draw-a-Person (DAP)* directive. Negative feelings emerge: *"He feels as if life is like nothing, because he is alone. He wishes for a better life....to have someone around him...always there for him. He is sick and lonely. He feels afraid at night...all the loneliness, funny noises and is afraid that someone will rob him."* No attempt is made by the therapist to interpret these projections, but only to support him emotionally, reflecting his feeling in an empathetic manner.

□ Step four:

The following appointment is made and confirmed with the adolescent.

□ Step five:

Initial Reflections:

Adolescent A lacks confidence to create an image and needs encouragement to do so. The main aim of the session, namely to establish a positive rapport with the adolescent, is achieved. This is concluded by the fact that he shared and expressed feelings, which according to the social worker concerned, with this case, had not happened prior to this session. In previous contacts between the adolescent and social worker, there was total denial of any feelings of unhappiness or fear. Through the technique of art therapy, these emotions were clearly projected in the descriptions attributed to the third person made by the adolescent.

Cross-cultural issues that emerged are that certain terminologies used by the counsellor, for example the concept of anger as an emotion, were not always clearly understood and required rephrasing.

SESSION TWO

➤ ***Aim of the session***

In this session the counsellor should aim to strengthen the relationship of trust that was established in the first session and to assess the adolescent's readiness and responsiveness for specific intended themes in intervention. The adolescent is encouraged to communicate and express feelings regarding his family, mainly in a non-verbal way.

➤ ***Action steps***

□ Step one:

A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally.

□ Step two:

Adolescent A is invited to select materials to make an image showing his family doing something together: *Kinetic Family Drawing (KFD)*. The adolescent is encouraged to tell the counsellor something about his family. This places him in control of that which he chooses to disclose or not to disclose, and ensures that the counsellor does not inadvertently misinterpret the adolescent's intended meaning. Comments made include the following: "*This is a happy family. We can communicate very well with each other. They don't have secrets, do fun things, don't hide things from their parents. The father says to the son: (referring to himself) Oh boy, my son passed, I'm proud of you. (how does that make you feel?) It makes me feel happy and excited. The brother says: (referring to himself) I love my brother the way he takes care of me. The mother says: (referring to himself) Oh my boy, you make me proud. I will buy you something.*"

□ Step three:

The directive is then given to "make your family with clay, as animals". The counsellor notes (but does not comment on) any emerging issues or the characteristics projected onto specific family members. The adolescent agrees to this task, on condition that the counsellor also constructs an image. The following

relevant issues and information emerged: *Mom is a giraffe. She doesn't like fighting with people. Brother (6) is a tortoise, he likes teasing my small brother, my small brother hits him, and he covers himself. Brother (4) is a snake. He makes a sssss-noise when he is about to hit someone. Dad is an elephant, head of the family, he takes care of them, and he wants everyone to be happy*". The adolescent is thanked for his participation.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

Initially, *Adolescent A* still appears hesitant and reluctant to take part in the session (as with the first session). He asks whether he must include himself and takes his time to complete the first *KFD*-directive. He projects possible feelings of inadequacy concerning his own abilities, as well as a need for acceptance, acknowledgement and appreciation by the parents. Emphatic denial of violence or problems within the family was noted. This raises the question of whether the denial is present because *Adolescent A* does not completely trust the counsellor and / or sees her as being partly responsible for his removal from the family; or a fear of the family not being reunited permanently. This gives rise to the possibility that the father has instructed the adolescent on what to say regarding family relationships. A possible reason for these feelings may also be attributed to the cross-cultural language issue. A decision is made to reaffirm and re-clarify the issue of confidentiality of information and the aims of the intervention with the adolescent.

SESSION THREE

➤ *Aim of the session*

This session specifically aims at assisting the adolescent in coping with stress, painful memories, anger, guilt, fears and confusion. The counsellor facilitates the opportunity for the adolescent to identify and clarify problematic issues.

➤ **Action steps**

□ Step one:

The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarised and recapped.

□ Step two:

The adolescent is offered the opportunity to choose from two themes, using whatever medium with which he feels comfortable. Offering a choice, even such a limited choice, affords the adolescent a certain degree of feeling in control. He first chooses to make a scene in the sand with miniatures.

□ Step three:

Opportunity for projection is offered by inviting the adolescent to tell a story about the sand images. The counsellor should accept the story without comment or interpretation. However, the counsellor may reflect any emerging feelings or themes observed and ask for clarification. *Adolescent A* starts by carefully looking at all the objects and figures before choosing those he needs. He appears to be relaxed and at ease with the directive and concentrated deeply while working in the sand.

Title given by him to the scene is: *"Full house. There is a lot of stuff inside the home. The people are rich. There is a zoo in the house, an aeroplane to take my dad to work, he is away a lot. He takes care of children in need. There are a lot of guards: they take care of us. I designed this bedroom for my brother. This is the toy room where we play, movie room....the films come to our house. It is not so nice to be rich. I like the movie room the most."*

□ Step four:

Time allows *Adolescent A* to make another image of his choice. He chooses to make a monster, using clay. He works with purpose and is intentionally well directed. During the making of the clay image, the issues of confidentiality are once again re-affirmed. He appears to be eager to start discussing his monster.

*"His name is Buffy (apparently a dog). He used to be like other dogs, but doesn't like it any more. When he was a teenager a dog bit him, it had rabies. He got injured (becomes quiet for a considerable time) **and with people too.** That's*

where his influence of becoming a monster came from. The monster doesn't like sand(it's itchy) and cars (they might bump him). He likes food. People don't like him because he destroys the world. It happens because of things he experienced....lost his parents, life is not worth living without his parents. He likes animals, they care for him, he doesn't harm animals...they understand the hurt and pain he is feeling. He is lonely and sad, lonely and unhappy. He is comfortable with the animals. People don't like him at all, because of what he does. He is lonely and sad, he wants to destroy houses. (What will make the monster feel better?) The monster must talk about his pain, get it off his chest. (What message can we give the monster?) Talk to people about your hurt feelings, try to control your anger, tell people why you do these things - it is because you feel hurt inside. Thank you."

- Step five:

The following appointment is made and confirmed with the adolescent.

- Step six

Initial Reflections

Adolescent A's non-verbal communication and body posture leads the counsellor to suspect that he identifies with the monster. No interpretation regarding this notion is verbalised. It is the first known occasion that *Adolescent A* has expressed any form of emotional pain, either his own or any other person's pain. It is also significant to note that he offers his own solution to the problem. The adolescent's ability to formulate and express his emotions both verbally and non-verbally with such clarity, leads the counsellor to deduce that his cognitive abilities are above average.

SESSION FOUR

➤ *Aim of the session*

Stressful experiences, such as uncertainty and emotional pain, which were observed and noted in the previous session, are addressed in this session with the aim of offering internal locus of control.

➤ **Action steps**

- Step one:

Events of the week are discussed. The purpose of the intervention is reconfirmed.

- Step two:

Initially the adolescent is given a non-threatening directive such as a tree drawing or a happy day. Adolescent A chooses to draw himself as a tree. *Adolescent A* appears to be tired and takes longer than usual to complete the image. He offers the following description regarding the art image:

"The tree is 15 years old. Before, you could find it in Japan near rivers and mountains, but now you find it everywhere. It is short, not big or thin, medium, green and brown, the roots grow like a shoe. The figure doesn't look like a tree; it's nearly like a mask. (What is behind the mask?) Roots, some long, some short, brown, curvy not straight. The leaves are curvy like bananas. (What is the history of the tree?) It grew thorns at the side to protect it from people. They were quite sharp. The tree had thorns to protect him in the past. He had a lot of pain, now he feels better and doesn't need the thorns anymore. (What made him feel better?) All the other trees surrounding him. He feels better now."

- Step three:

Adolescent A is requested to make an image of someone in the family. Close observation by the counsellor may assist in detecting any emotional reactions this directive may elicit. The person is discussed as follows:

"It is my brother who is four years old. He does a lot of bad things, things that are not nice. When we are sleeping he wakes us up. He is allowed to hit me but I am not allowed to hit him." (How does that make you feel?) *"Angry and sad"*.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five

Initial Reflections

The counsellor identified themes and recurring emotions that accompany these themes. Themes of pain, a need for the support of allies and the offering of own solutions to the presenting problem were identified. Step three can be seen as particularly significant regarding relationships within the family. The image of the

tree is rich in metaphorical content and shows remarkable insight by the adolescent, confirming the counsellor's belief in the quality of his intellectual abilities.

SESSION FIVE

➤ ***Aim of the session***

Prepare the adolescent for the final phase and end of the intervention programme and confirm his adaptive coping skills and ability to find solutions to problem situations.

➤ ***Action steps***

□ Step one:

Events of the past week are discussed as well as any emerging issue that the adolescent cares to discuss. *Adolescent A* declines this.

□ Step two:

The adolescent is asked to create a world in the sand, thus offering him the opportunity of free expression. *Adolescent A* appears to be distracted and only draws lines and forms in the sand without making use of any miniatures. This task is completed in a hurry.

□ Step three:

After completion of the sand work, the directive is given to make an image depicting war and peace or paradise and hell. The adolescent is invited to offer strategies for coping in a war / hell situation. A discussion about peace / paradise is then initiated and what the adolescent's understanding and meanings of these concepts are. Two figures engaged in a sword fight are created using a black pencil. He also draws two people holding hands. He offers the following story:

It started off with white (WT) and black tribes (BT). The BT always stole the WT's cattle. There was always a war. Most of the BT died, 1000 of them, few of the WT. There was always a misunderstanding, they couldn't talk, always fight until people die. It was war all the time. The WT decided to move out and leave them in peace,

which they did. Before they left the WT killed their cattle. The BT wasn't powerful. The BT lost against the WT. Now they all settled down and the history is passed. In the future both tribes decided fighting won't help. It is better to talk about it, not fight. They did and it would solve the problem easy. He hates the way they fight (referring to one of the images). When the two tribe chiefs talked they got along very well. They had their boundaries. (Have you ever been in a situation like that?). Yes, with my friend. I just turned away until he cooled down, and we talked.

- Step four:

The adolescent is prepared for the conclusion of the intervention programme and informed about what will happen in the last session.

- Step five

Initial Reflections

Adolescent A does not appear to be ready for termination of the intervention and starts crying at this stage. His feelings of sadness and uncertainty regarding the termination are discussed. He is reassured that the counsellor can always be reached if he needs her. The following appointment is made and confirmed with the adolescent.

SESSION SIX

The researcher is aware that *Adolescent A* is not ready for termination of therapy. In this case termination may prove to be merely an interruption in treatment, rather than the culmination of the intervention. This possibility is mentioned to the adolescent and his father, with the suggestion that the counsellor should be contacted to make future appointments as deemed necessary.

➤ ***Aim of the session***

The final session aims at identifying any problems that may require further intervention. Developing a positive sense of self by enhancing self-esteem and self-respect, will allow the adolescent to be re-integrated into the family and community with confidence.

➤ **Action steps**

□ Step one:

Confirmation that this is the last session of the intervention programme is given. A review of all the previous sessions and art products are set out, with specific attention to the areas where solutions to problems have been achieved; emphasizing progress, abilities and contributions.

□ Step two:

A directive for creating a self-image is given.

□ Step three:

Adolescent A cuts out a picture of a soccer player kicking a ball and adds the words cut out from a magazine: "*Black - and proud of it*". He declines any discussion about the picture, which is accepted without comment by the counsellor.

□ Step four:

The session is terminated by offering the opportunity to make an image of his own choice ("make any image you like") and then to write or tell a story about the image. The adolescent is encouraged to envisage and plan for the future in the story. The drawing with the adolescent's handwritten story is found in Appendix 1A.

□ Step five:

The adolescent is reassured that he may contact the counsellor at any time that he wishes to. The counsellor's contact details are given to the adolescent as well as an awareness of how to find help when needed. Giving the adolescent the counsellor's professional card serves as a visual reminder and resource during times of stress.

□ Step six:

Initial Reflections

The researcher is of the opinion that *Adolescent A* has shown progress during the course of the intervention. The stated aims of the sessions, as well as the overall aims of the intervention programme were, for the most part, achieved.

5.2.4 REFINING THE INTERVENTION

De Vos (1998: 398) reiterates the view of the researcher that "errors are instructive". Case study one will help to resolve the problems that were experienced during the implementation of the intervention programme. A further two case studies are implemented to refine the effectiveness of the intervention; with the aim that refinement will reliably produce the intended effect (Rothman and Thomas, 1994). These two case studies will be discussed in less depth than the first case study, rather concentrating on the advanced development applied in the research intervention.

Case study 1 is analysed by means of the following relevant questions:

- *Was the intervention in Case study 1 effective?*

Intervention in Case study 1 was effective in the sense that most of the stated session aims were achieved. The most significant outcome was the extent to which the adolescent was able to **express** his emotions and **explore** these feelings and experiences, leading to **new possibilities** and problem solving options. This led to the functioning of problem solving and coping skills that were not previously present.

- *Was the programme simple to use?*

The intervention programme, materials and directives were extremely simple to implement in the therapy setting. It is the researcher's belief that the programme would be equally simple to use in a rural and township setting where resources are possibly less available than at the therapy unit. It is not the available material resources that drive the programme, but the rationale of the C 4 model.

- *Was the programme practical?*

The format of the programme facilitates practical implementation. The researcher and co-therapist experienced no practical problems with regard to the use of the programme. The scoring sheet enhanced collaboration and the practical implementation of the programme

- *Was it compatible with the client's customs, worldviews and values?*

The non-interpretative and non-verbal nature of the programme makes it compatible for use within the cross-cultural context. Issues of transference and counter-transference are adequately addressed with this approach. However, language diversity did initially result in difficulties in understanding certain meanings ascribed to emotions, such as fear and anxiety. No therapy can be entirely non-verbal and therefore it is extremely important that the counsellor remains aware and sensitive at all times to the fact that differences in ascribed meanings can occur and should be clarified to ensure that no miscommunication transpires.

- *What (if any) limitations were experienced?*

Suspicion on the part of the adolescent regarding the role of the counsellor and the perceived relationship between the counsellor and the authorities responsible for removing him from the family, was initially a significant obstacle in the counselling relationship. Honest and open communication successfully addressed this problem.

The short-term nature of the programme was also a limitation in the sense that the adolescent expressed the need for the therapy to continue when termination was reached. The programme is designed for 6 sessions and for the benefit of research validity this will remain so. However, arrangements were made with the adolescent and his father to continue with therapy at the counsellor's private practice. This gives rise to the question whether a short-term programme of 6 sessions is sufficient to address the problem of family violence as a traumatic experience.

- *What was the impact of culture on the counselling process?*

The impact of culture on the counselling process was experienced on a practical level. The adolescent initially missed several sessions due to transport problems and being the eldest child, he had to look after his siblings if the primary caregiver (father or child-minder) was not available. There was a possibility that the adolescent did not perceive the intervention to be a high priority. This, however,

altered as the programme progressed and the adolescent established a trusting relationship with the counsellor.

- *What changes should be effected to ensure and achieve intended aims?*

Adjustments will be made to language use, content, and implementation procedures so that the desired and intended outcomes are achieved to the fullest extent possible.

1. The **language** used in therapy is English, which is the adolescent's second language. This could lead to miscommunication, in particular if the adolescent refrains from questioning the counsellor's meaning (this non-questioning attitude could be ascribed to cultural customs).
2. Adjustments to **content** will be done regarding issues of trust. Family violence impacts on trusting relationships within the family, and the adolescent usually feels betrayed by the primary caregiver who is the abusing parent. The counsellor will take specific care in the therapeutic relationship with the adolescent by being accepting, accommodating and available. Special attention should be given to clarifying and confirming confidentiality and the safety of the therapeutic setting.
3. The **implementation** of the KFD directive appears to be of significant importance and elicits powerful emotions. The counsellor should be aware of these emotions when giving the directive and in addressing the resulting issues.
4. The counsellor should accommodate the adolescent's wish to change the **format** of the intervention from non-verbal interaction to verbal communication when he indicates the need.

With these issues in mind, intervention in case study 2 and 3 will refine and modify the programme. Discussion and descriptions in these last two case studies will be brief and will not offer the same detail and rich description as the first pilot case study. Complete records are however available on request from the researcher.

CASE STUDY 2

1. Personal information

| | |
|---------------------------|---------------------|
| Client: | <i>Adolescent B</i> |
| Age: | 14 |
| Gender: | Male |
| 1 st Language: | Tswana |
| 2 nd Language: | English |
| Religious denomination: | Non-formal |

2. Relevant history

The relevant background history was obtained through court reports, social work files and personal interviews with the teacher as well as the social worker involved in the case. *Adolescent B's* teacher referred him to the therapy unit as a result of an art image he made in the classroom (see first image in Appendix 1B). She suspected family violence and abuse and feared that he showed signs of being a high suicide risk. The case was initially referred to the Child Protection Unit of the SAPS, but was not followed up.

Adolescent B is the eldest of four brothers. His biological father is from Zimbabwe, unemployed and with no fixed address. He abandoned the family when *Adolescent B* was approximately five years old and only makes contact with the family sporadically. The mother married *Adolescent B's* stepfather when he was six years old. The stepfather is accused of allegedly sodomising the adolescent over a period of seven years. The mother left the stepfather after repeated incidences of family violence towards all the family members and threats by *Adolescent B* to commit suicide. However, she is still financially dependant on him and returns to him periodically. The adolescent feels betrayed and does not approve of this contact (social worker's report).

3. Clinical observation

Adolescent B appears extremely withdrawn and anxious. He wrings his hands continuously. He seems to understand directives given by the counsellor, but responds only in monosyllables and with non-verbal communication.

SESSION ONE

➤ ***Aim of the session***

The first goal of intervention is to establish a positive rapport with the adolescent and secure his trust by creating a place of safety. The aim of this session is furthermore to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing.

➤ ***Action Steps***

□ Step one:

The session is initiated by discussing the format of the therapy. No reference is made to the reason for referral to the intervention programme, namely the incidence of the family violence. The counsellor is of the opinion that the adolescent is extremely anxious and traumatised to such an extent that any direct voicing of the family violence will be counter-productive.

□ Step two:

A directive is given to select any art material he cares to work with (thus placing the adolescent in control) and then to "make a person". He initially refuses, but after reassuring him, an image is drawn on paper. He is also requested to draw a tree as well as a house. These themes are viewed as non-threatening and therefore "safe" directives for a first session.

□ Step three:

The person made is discussed as with a *Draw-a-Person (DAP)* directive. Negative themes and feelings emerge. No attempt is made by the therapist to interpret

these projections, but only to support him emotionally, reflecting his feelings in an empathetic manner. The same procedure is followed with the other images.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

The main aim of the session, namely to establish a positive rapport with the adolescent, is not sufficiently achieved in this first session. However, through the technique of art therapy, significant non-verbal communication of emotions clearly occurred (see Appendix 1B). Cross-cultural issues of importance that emerged are a possible different concept of time (he was 30 minutes late for the appointment). On the other hand the counsellor needs to be aware that this may possibly have been due to problems with transport. Further investigation is needed to clarify this issue and to accommodate the adolescent's needs.

SESSION TWO

➤ *Aim of the session*

In this session the counsellor aims to strengthen the relationship of trust and to assess the adolescent's readiness and responsiveness for specific intended themes in intervention. The adolescent is encouraged to communicate and express feelings regarding his family, mainly in a non-verbal way.

➤ *Action steps*

- Step one:

A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally. Cross-cultural barriers that emerged in the first session regarding punctuality and problems with transport are cleared. It emerges from this discussion that the adolescent not only experiences transport problems (he lives a considerable distance away from the therapy unit), but also has financial problems regarding the cost of the transport.

The counsellor undertakes to assist him with these problems by providing his taxi fare.

□ Step two:

The counsellor is aware, that with the background history in mind, inviting the *Adolescent B* to make an image showing his family doing something together, *Kinetic Family Drawing (KFD)*, may cause him to re-experience trauma. Rephrasing this request to “make your family, as animals”, therefore accommodates him and is viewed as less threatening. The family made is discussed with care and sensitivity as with the *Kinetic Family Drawing (KFD)*. The counsellor notes (but does not comment on) any characteristics projected onto specific family members as well as emerging issues. The stepfather, as an animal, is depicted as being removed from the rest of the family.

□ Step three:

The directive is then given to also draw his family, but a separate piece of paper is offered for the drawing of the stepfather. The adolescent agrees to this task, but appears agitated and immediately removes the image of the stepfather. Explicit non-verbal communication in the form of hand-wringing and constant physical movements, closing his ears with his hands, putting his head in his hands after making the images are observed. Psychosomatic symptoms in the form of back and shoulder pains manifest during this task. The use of colours in these images is particularly significant (see Appendix 1B). He is thanked for his participation.

□ Step four:

The following appointment is made and confirmed with the adolescent.

□ Step five:

Initial Reflections

Adolescent B still appears hesitant and reluctant to participate in the session (as with the first session) and avoids eye contact. He asks whether he must include himself and hastens to complete the *KFD*-directive. He projects possible feelings of repulsion concerning the images of his stepfather. He refuses to discuss any of the images. The question arises whether the *KFD* should rather be avoided or implemented at a later stage of the intervention programme, in the case of such an intense traumatic experience.

SESSION THREE

➤ ***Aim of the session***

This session aims at assisting the adolescent in coping with stress, painful memories, anger, guilt, fears and confusion. The counsellor facilitates a safe environment for the adolescent to identify and clarify problematic issues.

➤ ***Action steps***

□ Step one:

The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarized and recapped.

□ Step two:

A non-threatening directive is given to build a scene / story in the sand using any miniatures that he may require.

□ Step three:

Adolescent B starts by carefully looking at all the objects and figures before choosing those he needs. He appears to be eager to start and at ease with the directive and concentrates well while working in the sand. The whole process expires without any verbal interaction, although he whistles while working.

□ Step four:

Opportunity for projection is offered by inviting the adolescent to tell a story about the sand images, which he does with enthusiasm and surprising eloquence. He builds three different scenes with one uninterrupted story, with a theme of good overcoming evil. The counsellor accepts the story without comment or interpretation, but reflects the emerging feelings and theme observed and asks for clarification. Snakes feature strongly in the story, as well as the rescue of a young prince from evil. His story ends on a positive and happy note.

□ Step five:

The following appointment is made and confirmed with the adolescent.

- Step six:

Initial Reflections

This was the first time that the counsellor observed such a significant degree of animation and energy from the adolescent. Sand therapy appears to be particularly effective in the context of cross-cultural counselling.

SESSION FOUR

➤ ***Aim of the session***

The adolescent is offered the opportunity to attain an internal locus of control.

➤ ***Action steps***

- Step one:

The events of the week are discussed and the adolescent is encouraged to share any achievements or difficulties he experienced since the previous session.

- Step two:

The adolescent may use whatever medium with which he feels comfortable. With the previous session in mind, the counsellor concentrates on offering a positive theme, namely to make an “I wish....” picture. Opportunity for projection is offered by inviting the adolescent to tell a story about the image. He prefers rather to write a “story”. The counsellor accepts the story without comment or interpretation.

- Step three:

There is time to request another image. The “road-map-of-my-life” is explained to him, which he complies with in a detached and disinterested manner. The counsellor responds with empathy and encouragement, accepting his performance without judgment.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

Adolescent B appears disinterested (depressed?) while making his images and is in a hurry to leave the therapy session. The counsellor accepts that the adolescent requires time to work through the emotions possibly evoked by the previous and / or current session. The directive, concerning his life map, may have been too painful or too soon in the intervention programme, resulting in a passive attitude. The role of the counsellor as facilitator dictates that the possible rejection of the directive given in this session is accommodated without judgment or interpretation. Cross-cultural issues that emerge are of a socio-economic nature. His mother is often away or unavailable, and *Adolescent B* is then responsible for his younger brothers. This has resulted in 2 sessions being missed, which the researcher rescheduled.

SESSION FIVE

➤ ***Aim of the session***

This session aims at preparing the adolescent for the final phase and end of the intervention programme and to confirm his coping skills and ability to find solutions to problem situations.

➤ ***Action steps***

- Step one:

Events of the past week are discussed, as well as any emerging issue that the adolescent cares to discuss (which is declined by *Adolescent B*).

- Step two:

With the preceding session in mind, as well as the success and enjoyment of the previous sand therapy session, the adolescent is asked to create a world in the sand, thus offering him the opportunity of free expression. Once again, *Adolescent B* tackles the task with complete commitment and concentration, initially not communicating verbally.

□ Step three:

After completion of the sand work he is offered an opportunity to discuss the scene, which he does with intense concentration. He creates two clearly defined and divided worlds, with the theme of good overcoming evil, recurring. An angel is placed to watch over the figure he chooses to represent himself.

□ Step four:

Adolescent B appears to be positive and prepared for termination of the intervention. He is informed that the next session will be the last and that something special is planned. The following appointment is made and confirmed with the adolescent.

□ Step five:

Initial Reflections

The counsellor is of the opinion that the sand therapy is particularly effective with *Adolescent B* as a medium for non-verbal expression of emotions. He utilizes the medium to confirm his coping skills by finding solutions to his problems and exploring new and alternative possibilities where it is possible for good to triumph and overcome evil. This leads the counsellor to believe that he has reached closure in the trauma suffered at the hands of his stepfather and he displays feelings of empowerment.

SESSION SIX

This session takes a more direct approach than any of the previous sessions. The issue at hand, namely violence and trauma experiences within the family, is directly addressed.

➤ ***Aim of the session***

This session is directed at identifying any problems that may require further intervention. Developing a positive sense of self, by enhancing self-esteem and self-respect, will allow the adolescent to be re-integrated into the family and community with confidence.

➤ **Action steps**

- Step one:

Confirmation that this is the last session of the intervention programme is given. A review of all the previous sessions and art products are set out, with specific attention to the areas where solutions to problems have been achieved; emphasizing progress, abilities and contributions.

- Step two:

A directive for creating an image of himself and his life as it was, is now, and his hopes for the future, is given.

- Step three:

Adolescent B decides to make a collage, using magazine pictures. While working on the collage he spontaneously refers to his stepfather and about having recurring nightmares about his stepfather. When asked by the counsellor about this, he says that he has not had any nightmares in the past month (since starting with the therapy). His conversation turns to comments about God, with the themes of good people and evil people recurring.

- Step four:

The session is terminated by reassuring the adolescent that, if the need arises, he may contact the counsellor at any time. The counsellor's contact details are given to the adolescent, as well as an awareness of how to find help when needed. The adolescent is given the counsellor's professional card and a photograph of one of his sand tray scenes to serve as a visual reminder and resource during times of stress. A small "celebration party" is held at the end of the session.

- Step five:

Initial Reflections

The counsellor is of the opinion that *Adolescent B* has shown remarkable progress during the course of the intervention and it appears that he has started taking responsibility for himself and his future. The adolescent is reassured that he may contact the counsellor at any time if the need arises. The counsellor's contact details are given to the adolescent, as well as an awareness of how and

where to find help when needed. The stated aims of the sessions, as well as the overall aims of the intervention programme, were for the most part achieved.

5.2.5 ADVANCED PROGRAMME DEVELOPMENT

The third case study is done to facilitate possible further refinement. The question that the researcher poses during this case study is the following: *did the changes implemented in the course of case study 2 ensure that the intended aims were achieved?* Answers to this question will be sought by taking the following decisive factors into consideration:

- ***Obstacles encountered***

Sessions were missed at critical times during the intervention programme due to school holidays, transport problems and the financial restraints of the family. The researcher addressed the financial problem by assisting the adolescent in terms of transport fare to the therapy unit.

- ***Significant events***

During case study 2 it was significant to observe that in effect very little verbal communication occurred. *Adolescent B* chose not to interact on a direct verbal level, but rather through the execution of the art and sand therapy directives. The recurring themes of good overcoming evil are seen as significant events in the intervention, and which the counsellor believes indicates the adolescent's owning of this in his own life. His disclosures concerning his nightmares that have ceased since starting therapy confirm this view.

- ***Aspects which demand adjustments***

The intense emotional response provoked by the *KFD* directive, demands that this directive be adjusted. The request will be amended to the making of the family as animals. At a later stage a request will be made for a portrayal of the family interacting. The directive, regarding "the roadmap-of-my-life", was perceived as being implemented too soon in the programme, resulting in apathy from the

adolescent. This directive should be considered during the termination phase as a way of reviewing the adolescent's life and progress.

CASE STUDY 3

The intervention programme as employed with Case study 2, including the adjustments with regard to the KFD and Life-map directives, will be implemented.

1. Personal information

| | |
|---------------------------|-----------------------|
| Client: | <i>Adolescent C</i> |
| Age: | 15 |
| Gender: | Male |
| 1 st Language: | Afrikaans |
| 2 nd Language: | English |
| Religious denomination: | Dutch Reformed Church |

2. Relevant history

The relevant background history was obtained through court reports, social work files and personal interviews with the foster parents of *Adolescent C*, as well as the social worker involved in the case. Prior to the researcher's involvement with the adolescent the family underwent a series of therapy sessions with the social worker assigned to the case, to address issues of family violence.

Adolescent C has an elder half-brother aged 16 years and a half-sister aged 1 year. His biological mother left the family when he was three years old and since then her whereabouts have been unknown. His father remarried when he was four years old. After a marriage of 11 years his stepmother left the family with her daughter, citing the father's unemployment status and continuous alcohol and physical abuse, as reasons for divorcing him. The family experienced severe financial difficulties and this, together with the father's unemployment and alcohol

abuse, led to repeated incidences of family violence, with the father being the perpetrator.

Continuous family violence resulted in *Adolescent C* applying to the family court in August 2000 to be removed from his home and to be placed with a foster family. (The elder brother applied to be placed in a children's home). *Adolescent C's* application to the court was granted and he is currently in foster care with the family of a school friend. The departure of *Adolescent C* from his home has caused much bitterness from the father towards him. The adolescent has subsequently rejected any contact with his family. *Adolescent C* was consequently again referred to the therapy unit by the presiding magistrate of the family violence court.

3. Clinical observation ,

Adolescent C appears anxious and extremely mistrustful of the counsellor. He is uncommunicative up to a point of being taciturn and mute, answering only in monosyllables.

SESSION ONE

➤ Aim of the session

The first goal of intervention is to establish a positive rapport with the adolescent and secure his trust by creating a place of safety. The aim of this session is furthermore to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing.

➤ Action Steps

- Step one:

Adolescent C appears to be suspicious and hostile towards the counsellor. The session is initiated by discussing the format of the therapy. He questions the

motives of the counsellor and asks if she wants to get to know what is inside his head. Reference is made to the reason for referral to the intervention programme, namely the incidence of the family violence (which was not done in the first two case studies). The counsellor is of the opinion that a different approach is required than with the first two cases. In this case, the adolescent is not in denial and therefore direct and honest voicing of the family violence, could be productive in gaining his trust.

□ Step three:

A directive is given to select any art material he cares to work with (thus placing the adolescent in control) and then to "make a person" and also to show what he would be like as a tree. These images are drawn on paper.

□ Step four:

The person made is discussed as with a *Draw-a-Person (DAP)* directive. A positive and negative image emerges with the DAP directive (see Appendix 1C). No attempt is made by the therapist to interpret these projections, but only to support him emotionally, reflecting his feeling in an empathetic manner. With the tree drawing he becomes hostile and questions the counsellor's motive for this directive. The counsellor once again explains the intervention programme to him in an open and honest manner, specifically confirming the non-interpretative approach that underlies the programme.

□ Step five:

The following appointment is made and confirmed with the adolescent.

□ Step six:

Initial Reflections

The main aim of the session, namely to establish a positive rapport with the adolescent, is not achieved as envisaged. This is concluded by the fact that he remains suspicious and expresses hostile feelings. Through the technique of art therapy these emotions were also clearly projected (see female DAP image, Appendix 1 C). The question arises whether the clear expression of hostility towards the counsellor may be viewed as a cross-cultural issue, where respect for elders was not evident (although expected by the counsellor). The adolescent's hostility, as portrayed in his drawings as well as in communication with the counsellor, should be viewed within his particular context (thus the **context-**

centred approach), where he has experienced frequent rejection and abandonment by significant maternal figures.

SESSION TWO

➤ ***Aim of the session***

In this session the counsellor should aim to strengthen the relationship of trust that was not established in the first session and to assess the adolescent's readiness and responsiveness for specific intended themes in intervention. The adolescent is encouraged to communicate and express feelings regarding his family, mainly in a non-verbal way.

➤ ***Action steps***

□ Step one:

A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally. He spontaneously expresses anger and guilt feelings towards his father, resulting from the court case to place him in foster care, which was held earlier in the day. He appears agitated and unreservedly tells of the violence and abuse suffered at the hands of his father.

□ Step two:

The directive is given to "make your family with clay, as animals". He refuses to make any images of his own family, but offers to make clay animals depicting his foster family. He keeps to non-committal stereotypical and "safe" characteristics, and declines to discuss anything about the images.

□ Step three:

Adolescent C is invited to select materials to make an image showing his family doing something together: *Kinetic Family Drawing (KFD)*. Once again he declines to make any images of his family, saying that he is "finished with them" and that they are now irrelevant to him in his life. The counsellor accepts and

accommodates his feelings without interpreting or forcing him to do any further work.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

The emphatic refusal to make any images related to his family, yet free verbal expression regarding the family violence and problems within the family was noted and later discussed with the social worker responsible for this case. According to the social worker, this is the first time that *Adolescent C* has ever admitted or referred to the family violence, previously declining to discuss anything connected to the problem. This once again, gives rise to the question regarding the suitability of the KFD directive in the second session. It could be argued that because the KFD elicited the expression of emotions of anger and guilt relating to the family, this session could be viewed as succeeding in its aim of facilitating the communication and expression of emotions towards the family. However, on the grounds that all three case studies reacted vehemently to this directive, it is recommended that the KFD be implemented at a later stage of the programme.

SESSION THREE

➤ ***Aim of the session***

Coping with stress, painful memories, anger, guilt, fears and confusion. Helping the adolescent identify and clarify problematic issues.

➤ ***Action steps***

- Step one:

The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarised and recapped. The counsellor offers the adolescent the opportunity to express his emotions, with

regard to his own request for removal from his father's home. However, he declines this and reiterates that he does not view his father as part of his life. He does, nevertheless, see and interact with his brother at school, thereby indirectly keeping contact with his family.

□ Step two:

The adolescent is allowed to choose from two themes, using whatever medium with which he feels comfortable. Offering a choice gives the adolescent a certain degree of being in control of his situation. He questions the counsellor on the directive given, possibly testing the counsellor's reaction to being challenged. He chooses to make a scene in the sand with miniatures.

□ Step three:

He starts by carefully looking at all the objects and figures before choosing those he needs. Opportunity for projection is offered by inviting the adolescent to tell a story about the sand images.

□ Step four:

He is asked to give the sand scene a title, which he names "*A different kind of zoo*". He declines any further discussion and appears to be indifferent to the sand therapy work.

□ Step five:

The following appointment is made and confirmed with the adolescent.

□ Step six:

Initial Reflections

Adolescent C is friendlier and less suspicious towards the counsellor. It was important in this session to remain aware of the adolescents underlying emotions regarding his biological family. The counsellor remained flexible, not forcing him to deal with his guilt, but accommodating him and facilitating an opportunity to deal with these emotions on a non-verbal level. Both positive and negative images are present. Note: He buries a crocodile (therefore not visible on the photograph in Appendix 1C) at the foot of the bridge. There are numerous symbols of aggression present in the sand scene. Sand therapy facilitates the expression and exploration of emotions on a non-verbal level with considerable success.

SESSION FOUR

➤ ***Aim of the session***

The counsellor facilitates an opportunity to attain an internal locus of control and the exploration of new possibilities of coping with stressful experiences.

➤ ***Action steps***

- Step one:

Events of the week are discussed. The purpose of the intervention is reconfirmed.

- Step two:

Initially the adolescent is given a non-threatening instruction such as *I wish...* or a *happy day*. Adolescent C chooses to make a collage of the theme *I wish*. Adolescent C appears to be more relaxed and less suspicious than previously and enjoys discussing his collage with the counsellor (see Appendix 1C).

- Step three:

There is sufficient time left in the session and Adolescent C is requested to make an image of a monster. Initially he refuses to attempt the directive. The adolescent is reassured that the "how" is not important and the underlying principles of the therapy being non-verbal and non-interpretative are reconfirmed to calm his apparent fear of being "psychologically interpreted". He rushes to finish the drawing.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

The counsellor accepts and accommodates the adolescent's feelings of insecurity. The principle of non-interpretation, which underlies the therapy, is again explained to him. Thereafter he readily complies with the task that is set. The directive is completed in haste. He devalues and criticises the results of his art product, yet uses the opportunity to project and explore his feelings regarding his future (Appendix 1C).

SESSION FIVE

➤ ***Aim of the session***

This session aims at preparing the adolescent for the final phase and end of the intervention programme, and to confirm his coping skills and ability to find solutions to problem situations.

➤ ***Action steps***

□ Step one:

Events of the past week are discussed as well as any emerging issue that the adolescent cares to discuss.

□ Step two:

The adolescent declines to complete any art or sand therapy. He requests rather to verbally explore and express concerns and emerging problems he is faced with in his foster home. He feels emotionally isolated from his foster family and perceives that they have rejected him. According to him his foster brothers do not respect his privacy and he expresses hostile feelings towards the foster mother for not supporting him.

□ Step three:

The entire counselling session is committed to assisting him in exploring problem solving strategies. He is encouraged to communicate his fears, anger and anxiety to his foster family. The counsellor offers to see the foster parents with the adolescent to facilitate communication, but the adolescent declines this. He states that he prefers to address the situation himself.

□ Step four:

The adolescent is prepared for the conclusion of the intervention programme and informed what will happen in the last session.

- Step five:

Initial Reflections

This session required the counsellor to be flexible in her approach and not stick rigidly to the format of the intervention programme. At the outset, the counsellor experienced feelings of frustration at the "obstacle" of not being in control of the session and initially considered the aims of the session to have failed. However, after mutual reflection with the co-therapist and the social worker, the conclusion was reached that this session was successful in that the adolescent did not have the need to work through his trauma and experiences indirectly. He had progressed to the extent where he was able to directly and verbally explore the issues without projection through the medium of art or sand.

SESSION SIX

Adolescent C has progressed beyond the issue of trauma and family violence to the adjustment problems he is experiencing in his foster family. This session will concentrate specific attention on the adolescent's future perspective and expectations.

➤ ***Aim of the session***

The last session aims at identifying any problems that may require further intervention. Developing a positive sense of self by enhancing self-esteem and self-respect, which will allow the adolescent to return to normal functioning and be re-integrated into the family and community.

➤ ***Action steps***

- Step one:

Confirmation that this is the last session of the intervention programme is given. A review of all the previous sessions and art products are set out, with specific attention to the areas where solutions to problems have been achieved; emphasizing progress, abilities and contributions.

- Step two:

A directive is given to create a collage depicting a self-image and a future perspective.

- Step three:

Adolescent C completes the collage, which he appears to enjoy making and discusses in length how he views his future. From this discussion it emerges that he strives for financial security, independence and loving relationships in his future.

- Step four:

The adolescent is reassured that he may contact the counsellor at any time he wishes. The counsellor's contact details are given to the adolescent, as well as an awareness of how to find help when needed. Giving the adolescent the counsellor's professional card, serves as a visual reminder and resource during times of stress.

- Step five:

Initial Reflections

The researcher is of the opinion that *Adolescent C* has shown significant growth during the course of the intervention programme. The position with regard to his adjustment to the foster family requires further attention, which will be addressed by the social worker in family therapy.

5.3 FINAL REFLECTIONS

The researcher has applied continued and attentive reflections during the case studies. This was done with the specific aim of

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

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

1. During the implementation of the C 4 programme, it became clear that although there were **universal responses** by all three adolescents to their trauma experiences, (for example inability to verbalise emotions at the outset; suspicion towards the counsellor; and low self-esteem), unique contextual related issues and responses were also apparent. These **unique responses** were context bound and confirms the researcher's paradigm, which views the interacting individual from his context and perception. Examples of these contextual responses to the programme can be found in *Adolescent A's* fear of revealing any negative emotions towards his abusing father; *Adolescent B's* preoccupation with living in two worlds (good and evil); and *Adolescent C's* questioning and challenging behaviour towards his parents, foster parents and the counsellor.
2. The KFD directive, which demands that the adolescent discuss his **family dynamics**, remained problematic. It is recommended that this directive should initially be given in a less threatening manner, such as "make your family as if they were animals". Only at a later stage in the programme,

when a relationship of trust and a feeling of safety are well established between the counsellor and adolescent, should the KFD directive be given.

3. *Adolescent B* showed almost immediate **progress**, while *Adolescent A* progressed at an irregular pace. *Adolescent C's* verbalisation of his trauma at an early stage of the intervention could be ascribed to the fact that he communicated in his first language with the counsellor, while both the other adolescents had to express themselves in a second language. All three adolescents could have benefited from additional sessions to address certain unresolved issues, but only *Adolescent A* made such a request.
4. The C 4 model's content and process as point of departure in the intervention programme, confirmed the researcher's belief that the counsellor's understanding / knowledge of **cultural and linguistic issues**, is of minimal importance in achieving an effective outcome to the intervention. The concern is the extent to which the counsellor and client are aware, accepting, and accommodating of one another and the trauma intervention process. *Adolescent B's* response and immense progress during the sand therapy sessions, which were to a large extent non-verbal, confirms the researcher's assumption regarding the issue of the counsellor's cultural knowledge and skills in cross-cultural counselling (see 3.5).

Taking all the findings of the study into consideration, the researcher has therefore, come to the conclusion that cultural differences among people are tied to variations in the construction of reality and the perception of what constitutes a traumatic experience. *It is the adolescent's unique context that determines the content and process of the intervention.*

5.4 METHODOLOGICAL LIMITATIONS AND CONSIDERATIONS OF THE RESEARCH DESIGN

All research designs have relative strengths and limitations (Mouton, 2001; De Vos, 1998; Merriam, 1991). The merits of this particular research design are inherently related to the rationale for selecting the qualitative case study as the most appropriate method for addressing the research problem. It may thus be stated, that in this research, the strengths of the case study method outweigh its limitations. The special features of the case study that provides the rationale for its selection, also presents certain limitations in its selection, as seen in Table 5.1.

TABLE 5.1 STRENGTHS AND LIMITATIONS OF THE RESEARCH DESIGN

| STRENGTHS | LIMITATIONS |
|---|---|
| Establishes rapport and trust with research subjects. The collaborative and participatory nature of the research design increases trust and credibility. | The emphasis on naturalistic forms of inquiry makes it difficult to evaluate the intervention programme's outcomes systematically and rigorously. Inferences regarding intervention benefits and impact are thus difficult to make. |
| Investigates complex social issues consisting of multiple variables of potential importance in understanding the phenomenon of family violence. | Inadequate time and financial funds. |
| Anchored in the real life situation of family violence, resulting in a holistic account of the phenomenon. | The programme may be deemed to be too detailed, too involved or even too simple for policymakers to use. |
| Offers insider perspective and insights and illuminates meanings of cultural perceptions regarding traumatic events. | The amount of description, analysis or summary material is up to the discretion of the investigator and thus may be seen as subjective. |
| Insights gained during intervention can be construed as hypothesis that may help future research. | Oversimplification or exaggeration of a situation encountered in the intervention, may lead to erroneous conclusions regarding the outcome of the study. |
| Plays an important role in advancing the field of cross-cultural trauma counselling knowledge base. | There is a danger of masquerading as a whole when in fact the case study is only a part - a slice of life. |
| The cross-cultural trauma counselling process, model, programme and problems can be examined to bring about understanding that in turn can affect and improve practice. | Observation and interviewer bias makes it imperative that the researcher, as primary instrument of data collection, should be trained in observation and interviewing. |
| Useful for studying counselling innovations as seen in the C 4 model proposed by this study, for evaluating trauma counselling programmes and for informing policy. | The researcher needs to be aware of personal, cultural, gender and race biases that may affect issues of reliability, validity and generalisation, and therefore the outcome of the research findings. |

The source of most of the difficulties in doing the research for this study was the nature of the phenomena under study. Problems with the research design, in which the rigors of quantitative investigations cannot be met, are typical of field research strategies. This is compounded when cross-cultural issues are at the centre of the research. The strict requirements of cross-cultural research, which is designed to limit cultural bias in such areas as sampling and data analysis, demands specific and careful attention from the researcher (Marsella *et al*, 1996). With these requirements and challenges in mind, the researcher proposes a contextual paradigm that could guide the research.

5.5 DISSEMINATION PHASE

The dissemination phase refers to the proposed publication of articles in accredited journals, in-service training programmes for counsellors in a cross-cultural trauma counselling setting and the introduction of the C 4 model and C 4 intervention programme, including a manual. The goal of the dissemination phase consists of the adoption of the C 4 model and C 4 intervention programme by the intended consumers. De Vos (1998: 399) distinguishes several operations that determine the success of the dissemination phase.

5.5.1 PREPARING THE INTERVENTION PROGRAMME FOR DISSEMINATION

Issues that demand attention when preparing the intervention programme for dissemination include the choice of a brand name, establishing a price, and setting standards for the use of the programme.

❖ Choosing a brand name

The purpose for choosing a brand name for the intervention programme is to distinguish the C 4 programme from other similar programmes during the adoption and use, thereby ensuring that the C 4 model and C 4 intervention programme are associated with the desired standards of effectiveness and value. The choice of

the brand name (C 4) was prompted by a need for an effective and uncomplicated label.

❖ **Establishing a price**

De Vos (1998) asserts that choosing the right price for the intervention programme is important when attempting to penetrate a market sector. The C 4 intervention model is simple and straightforward, and would correspond to a market related, moderate price to reflect the modest development and production costs, as well as the limited budget of potential adopters in the community and mental health fields. The researcher foresees that the established price will rise annually in accordance with economic principles.

❖ **Setting standards for use**

It is imperative that guidelines are set for the correct use of the C 4 intervention programme to ensure and provide the basis for upholding the integrity of the programme. The researcher will aim to uphold the standards for the use of the C 4 programme by insisting that users be trained before the programme can be implemented. Programme material will only be issued to counsellors trained in the intervention techniques based on the C 4 model of cross-cultural trauma counselling.

5.5.2 IDENTIFYING POTENTIAL MARKETS FOR THE INTERVENTION PROGRAMME

Rothman and Thomas (1994) pose various questions when defining potential markets for the intervention programme. These questions include who would benefit from the programme; whether dissemination would entail broad-based or restricted use by adopters; the particular market that would most likely benefit from the intervention; and the most appropriate strategy of informing the potential market. Rothman and Thomas (1994) also add that it may be useful to identify adopters of the programme whose use would promote the adoption of the intervention by others in the market segment. The researcher has identified the

therapy unit of the Child and Family Care Society as an early adopter of the C 4 intervention programme. The therapy unit has the potential need, willingness and the human and physical resources to implement an innovative intervention programme.

5.5.3 CREATING A DEMAND FOR THE INTERVENTION PROGRAMME

The relevant strategies to convince potential adopters of the programme take account of arranging sampling of the innovation and its benefits, and advertising (de Vos, 1998).

❖ Sampling

Potential adopters of the intervention programme can be offered opportunities to view a model or a demonstration of the intervention techniques. A web site on the Internet can offer this opportunity.

❖ Advertising

Advertising the C 4 programme highlights its beneficial features, simple and uncomplicated implementation, and low cost and short-term administration. A description of the training and support services available with the purchase of the programme, may further promote adoption. Modern technology and Internet facilities can be used to promote the model and adoption of the programme

5.5.4 ENCOURAGING APPROPRIATE ADAPTATION

Adaptation usually occurs when adopters amend and modify (by adding or deleting) certain elements of the programme to suit local conditions. The unique inherent qualities and characteristics of the C 4 model and programme, ensure that it would be appropriate and suitable for implementation in any context. However, should an adopter feel it is salient to modify the programme, the

developer will have to establish a system of determining that reputable standards are upheld.

5.5.5 PROVIDING TECHNICAL SUPPORT FOR ADOPTERS

De Vos (1998:402) remarks that technical support may be critical in implementing the product, since those innovations that reliably produce the intended consequences are more likely to maintain long-term client satisfaction. Technical support for the adopters of the C 4 programme will consist of a training course for counsellors wishing to implement the programme by means of workshops, programme material such as manuals, as well as evaluation forms to facilitate continued improvement and development. A web site on the Internet will also provide information and support to adopters of the C 4 programme.

5.4 SYNTHESIS

In this chapter the researcher implemented the C 4 programme by selecting an experiential design. Data was collected and analysed using qualitative methods. The intervention programme was replicated under field conditions, utilizing the first case study as a pilot test. The C 4 programme was refined with the implementation of the second case study. Advanced programme development was done in the third case study.

Consideration to the problems encountered by the researcher, the value and critique of the investigation, as well as a brief synopsis of the research findings, will be made in Chapter six, with the principal aim of formulating motivated recommendations.

CHAPTER SIX

REVIEW, PROBLEMS ENCOUNTERED, LIMITATIONS AND RECOMMENDATIONS

Every person is a living document

6.1 INTRODUCTION

This study was undertaken to address the problem of effective counselling of adolescents exposed to family violence in a multicultural society such as South Africa. The question central to the study can be formulated as follows:

To what extent are the cultural differences among people tied to variations in the social construction of reality and would the perception of what constitutes a traumatic experience therefore demand a contextual approach to counselling?

It is not the aim of this study to concentrate on any specific form or the causes of family violence as a traumatic experience for the adolescent. The purpose of this study is to develop and describe a cross-cultural programme for the counselling of adolescents traumatised by family violence. Such a programme will aim to identify and address the complex dynamism that shape and determine the psychological well-being of the youth in the multicultural South African society, and is based on a contextualised model. The investigation of the research problem, through an in-depth literature study and interviews with various experts in the field of trauma and family violence, have led the researcher to believe that the stated research problem has established valid deficiencies with the regard to conventional cross-cultural approaches to trauma counselling.

The constructivist and neopragmatic paradigms as point of departure for this research, assume a humanistic commitment to study the world from the perspective and context of the unique interacting individual. The basic issue in pragmatic contextual research is simple: *how best to offer intervention for the trauma experiences of diverse people and cultures?* The researcher is of the opinion, that by including the research subject (adolescent) in the research process and allowing the individual to explore and express himself through the implementation of intervention research, the researcher can hope to authentically report (but not interpret) the experiences. In the qualitative contextual approach the subject speaks and interprets for himself.

There were four major considerations that guided the research design of this study.

- The needs of the adolescent (client)
- Programme processes (the nature of the counselling intervention techniques)
- Programme outcomes (meeting of programme goals)
- Cost effectiveness of the counselling programme.

This would imply that research will follow development, which in turn will contribute to further design and development as deemed necessary, and ultimately proceed to the adoption and widespread use of the intervention programme.

The aim of this chapter is to clarify the answers to the initial research problem.

The following issues of importance are included in this chapter:

- A synopsis of the research findings
- The problems encountered by the researcher
- The value of the study
- Recommendations based on the research findings.

6.2 SYNOPSIS OF THE STUDY

A brief synopsis of the study and its findings will be offered.

6.2.1 FINDINGS OF THE LITERATURE

There is a growing body of research with regard to family violence, which has intensified since the end of 1998 with the implementation of the Domestic Violence Act no. 116. The researcher, however, became aware that most of the attention vis-à-vis family violence is concentrated on adult female victims, with the plight of children and especially the predicament of adolescents, receiving only incidental attention. A further concern regarding the phenomenon is the method implemented when recording the cases of family violence, resulting in inaccurate statistics. The extent to which adolescents are exposed to family violence depends on the view of the victim, the perpetrator, the law-enforcing officer and the magistrate of the court. It would appear that many victims of family violence do not know their legal rights and so may feel helpless and reluctant to report the violence as a crime. As a result, the actual number of family violence cases is almost certainly far greater than the number of cases recorded by the police. It can, however, be assumed that family violence constitutes a significant proportion of all violent crimes that are committed in South Africa, necessitating an investigation into the phenomenon of the adolescent who is exposed to family violence.

An extensive scientific literature study was implemented in chapter two regarding family violence, with specific attention to the adolescent within the South African context. In South Africa, traditional normative expectations have undergone rapid change due to urbanization, with socio-economic and political changes. The changing expectations and demands for equality could result in an increase of violence in the family. Given the exposure of many South Africans to traumatic events and the inadequacies in the criminal justice system, both complex and continuous stress conceptualisations appear to have bearing on the treatment of adolescents exposed to family violence.

An additional complication to the phenomenon of family violence as a traumatic experience is the influence of culture on the provision of expertise and service within a multicultural society, and which has only recently been researched. Cultural heritage affects the perception of the stressful event and the subsequent interpretation and processing by both the counsellor and the client. Intervention will not be effective if the counsellor is not aware of the cultural factors that effect the individual's processing of the traumatic event. In chapter three the characteristics of a multicultural society were explored in order to determine the needs of the traumatised adolescent within the cross-cultural counselling context. In the process of executing the literature study, the researcher became sensitised to the fact that current established cross-cultural counselling models do not comply with the demands of a multicultural society like South Africa. Intervention in a cross-cultural setting is highly complicated and this demands an alternative counselling model be designed prior to the development of an effective cross-cultural counselling programme.

6.2.2 THE INTERVENTION PROGRAMME

In chapter four, Intervention Research design was employed, as suggested by the *Design and Development* research model of Rothman and Thomas (1994), which led to the development of the C 4 model and C 4 programme. The research is oriented toward case study research that is qualitative in nature, emphasising description and interpretation **within the context** of counselling traumatised adolescents in a multicultural society.

With the challenges of a multicultural South African society in mind, the counselling programme was based on a unique self-developed model of counselling that depends on the principles of *awareness, acceptance, availability* and *accommodating*. The C 4 model is context-centred as opposed to person-centred, in order to distinguish the C 4 model from the school of person-centred counselling, as developed by Carl Rogers. The term context-centred implies that **the individual is the only authority of his trauma experience**. Therefore, it can be assumed that he is the one who can fit his trauma experience into the context

of his own life and how it translates into his relationship with others. The client, in exploring his own world, guides the counsellor, who can only share this unique world through an introduction by the client.

The model uses an integrative approach, where the counsellor does not rigidly stick to any one therapeutic orientation; rather selecting techniques that would help the client deal with the problem more efficiently. The C 4 model is non-interpretive and mainly non-verbal and the researcher found that art and sand therapy techniques successfully fulfilled these requirements. This assumption does not, however, exclude other therapeutic techniques from successful application.

6.2.3 EVALUATION OF THE INTERVENTION PROGRAMME

The intervention programme that was designed and developed in the study integrates **a therapeutic facilitation process** and is evaluated in terms of the following questions:

- ***To what extent was the intervention effective?***

The long-term aims of the intervention programme are:

- placing the adolescent in control (empowerment);
- offering coping strategies;
- promoting self-esteem through an internal locus of control;
- relieving anxiety, fear and depression;
- facilitating a safe environment for exploring and expressing emotions.

Taking these aims into consideration, the intervention is deemed to have had effective results in terms of the adolescent's progress and the accomplishment of the stated overall and specific aims. Adaptations were made to lineage use, content and implementation procedures, thereby achieving the desired and intended outcomes.

Follow-up interviews with the adolescents' parents and / or social workers involved in the study, confirmed the view of the researcher that re-integration into the family and society had proceeded successfully. However, it is essential to note that in all the case studies, the adolescents would have benefited from further counselling sessions to resolve deep-rooted problem issues surrounding the family violence.

- ***To what extent was the intervention programme simple and practical to implement?***

The C 4 intervention programme is exceptionally simple to implement. The easily available materials and simple directives facilitated practical and convenient use. The intervention programme engages the adolescent in using a variety of easily obtainable and economic materials for drawing, painting, clay and sand tray work. Ongoing assessment in the form of a uncomplicated and practical checklist (see Appendix 4) is used to ascertain which type of task is most appropriate for each individual. The work done by the adolescents are kept in individual folders and serve as a record of each session.

- ***To what extent was the intervention programme compatible with the client's language, culture, worldviews and values?***

It is the researcher's unreserved belief that the characteristics and principles of the C 4 model and programme make it particularly compatible and accommodating to diverse languages, worldviews and values. In Case studies 1 & 2, where language and cultural differences were most obvious, this was especially evident. The non-verbal nature of the intervention succeeded in its intended aim of providing a non-threatening and safe environment for the linguistically disadvantaged adolescent to explore and express his emotions.

- ***What (if any) limitations were experienced?***

With the implementation of the intervention programme the researcher experienced no significant limitations. However, all three adolescents would have benefited from further therapy sessions to address deep-rooted issues concerning family relationships. In case studies 2 & 3, family counselling sessions to deal with these issues, were scheduled with the social worker. The researcher does not, however, claim that other counsellors will not experience other limitations due to the unique context of each individual.

- ***What was the impact of culture on the counselling process?***

1. Cross-cultural issues that emerged were that certain **terminology** used by the counsellor, for example the concept of anger as an emotion, were not always clearly understood and required rephrasing. The non-verbal nature of the C 4 programme supported the counsellor in overcoming this language barrier.
2. There was a possible cross-cultural issue relating to the **disclosure of private family matters** to an outsider, which could have impacted on the therapy. Clarification of confidentiality overcame this barrier effectively.
3. An important cross-cultural issue that emerged during the intervention programme was the **socio-economic status** of *Adolescent B*. Initially he would not arrive for therapy as arranged with the counsellor. It was then established that he did not have the financial resources to pay for transport to the therapy centre. The counsellor accommodated this by supplying the necessary funds for his bus fare. However, for universal implementation of the C 4 programme, creative strategies should be used to link services to target populations. A possibility that demands further investigation, is to bring the intervention programme to the traumatised adolescent through school-based programmes.

4. **Perception of time** may be construed to be a cross-cultural barrier. All three adolescents who participated in the study regularly arrived late for their therapy appointments. However, the researcher is of the opinion that the unpunctuality had more to do with transport problems than with cross-cultural issues.

5. **Avoiding eye contact** with the counsellor may be ascribed to certain cultural customs. It is the researcher's opinion, nonetheless, that lack of self-esteem, disempowerment and the nature of trauma can also account for this observed behaviour.

6. The **inability to verbally discuss** the family violence with the counsellor is not seen as a cross-cultural issue, but rather a result of the trauma experienced by the adolescents.

- ***To what extent is the intervention programme replicable by other users?***

The simplicity and ease with which the programme can be implemented in all settings, makes it straightforward to be replicated by other users, with the understanding that the counsellor will be familiar with the underlying rationale of the model and techniques used in the programme. The programme could also be effective for group counselling sessions, such as at a community centre or a safe haven setting, and schools. However, it is strongly advisable that counsellors should attend training workshops in cross-cultural and trauma theory, the process and content of the C 4 model, and the prescribed therapy techniques employed in the C 4 programme. Workshops and a comprehensive manual will be offered in order to facilitate the replication and practical use of the intervention programme.

- ***To what extent is the intervention programme adaptable to urban and rural, individual and group contexts?***

The intervention programme should be equally uncomplicated to implement in an urban, rural or township setting. The required materials, the straightforward directives, and above all, the non-verbal and non-interpretative nature of the programme, incline the C 4 programme for use in a broader context than employed in this study. Each context is, however, unique and gives rise to unique needs and challenges. The trained and creative counsellor, who employs meta-cognitive reflective strategies (as implemented in this research's case studies), should not experience problems with the adaptation.

6.3 PROBLEMS ENCOUNTERED

❖ Number of case studies

The researcher selected qualitative case studies as the method to implement intervention research. The study would have possibly benefited from additional case studies to enhance the conclusions reached. The researcher is, however, also of the opinion that each adolescent brings a unique perspective to the phenomenon of cross-cultural trauma counselling, leading to the conclusion that regardless of the number of cases, each will have distinctive elements and outcome.

❖ Short-term therapy

The intervention is of such a short-term nature that the counsellor at times felt that not enough had been achieved or accomplished by way of visible progress or change. These feelings can be extremely frustrating and also emotionally draining for the counsellor. The researcher attempted to overcome this problem through forming collaborative coalitions with colleagues in other disciplines involved in the case study. The impact and effectiveness of the programme was enhanced by this working relationship. A social worker who was familiar with the case,

continued with family therapy after the conclusion of the individual session, thus assisting the counsellor in addressing any unresolved issues.

❖ **Functional activities**

Most short-term intervention programmes make use of functional assignments between sessions, where the adolescent is given a particular activity to complete at home. The nature of the phenomenon of family violence, where the adolescent is often removed from the family by a court order; where socio-economic factors lead to material resources being limited or unavailable; or where the adolescent suffers from depression as a result of the trauma experience, resulted in functional assignments being difficult to implement. The researcher instigated functional activities by having interviews with the foster parents and caregivers, and during multidisciplinary discussions with the teachers and social workers involved with the adolescent concerned.

❖ **Discontinuity of sessions**

The continuity of sessions was often interrupted. This problem was experienced in all three case studies. Factors that played a part were school vacations, where the adolescent went to spend this time with his family; simply not arriving for sessions; economic difficulties in paying for transport to the therapy centre; and unreliable public transport resulting in the adolescent arriving up to an hour late for an appointment. These problems can be ascribed to cross-cultural issues and the nature of the phenomenon of family violence. School-based programmes may overcome this problem.

❖ **Data collection**

The issue of what data to collect and how the collection should be implemented were critical for the success of this study, and for the development and growth of the field of cross-cultural trauma counselling. Problems experienced and which

demanded attention in the planning and execution of the research design were the following:

- An awareness and acceptance of the adolescent's norms and customs had to be gained and incorporated in the research design.
- Obtaining access to victims was a problem and the co-operation of non-governmental organisations had to be elicited in order to obtain information regarding counselling agencies treating traumatised adolescents. Certain agencies were unwilling to provide names of victims because of confidentiality.
- Potential subjects could not participate in interviews because of involvement in legal procedures.
- Great care was taken to conduct interviews with sensitivity, so as not to exacerbate trauma distress.
- Initially subjects appeared to be reluctant to participate in research and did not keep appointments, possibly because the sharing of traumatic experiences can be extremely painful.
- Many important questions in the field of trauma research are related to the impact of a range of stressor experiences on a variety of individuals, most of whom never seek treatment.
- In this research study the population under study, namely traumatised adolescents, as well as the phenomena under study, namely a cross-cultural approach to trauma counselling, had to be sought out rather than screened, at a treatment facility such as the therapy unit of the Child and Family Care Society.
- Cultural factors play an important role in access to subjects, for example the availability of telephones, inability to conduct interviews during working hours, and transport problems.
- The ability of subjects to understand the goals of the research varied with education and had to be taken into consideration.
- Subjects were initially suspicious of the researcher.
- Scheduling of specific appointment times were not always adhered to.

- There appears to be a need for intervention to occur with a minimum of delay, since memories of the trauma events are progressively lost to recall, and maladaptive responses could become entrenched.

6.4 CONCLUSION AND RECOMMENDATIONS

6.4.1 VALUE OF THE STUDY

This study can contribute to research development in the following ways:

- The advantage of an in-depth qualitative study lies in its distinctive characteristics, where insight into the personal experiences and psychodynamics of the subjects is gained, and which may be lost in quantitative studies. This study departs from the assumption that the counsellor is accepting, aware, and accommodative of the adolescent, as the authority of his own trauma experience, within his own unique context.
- The multiple case study method provides excellent data for an in-depth study of the cross-cultural counselling process. It provides detailed information regarding the process as proposed in the C 4 model, as well as a continuous development of the programme.
- The use of the specific cross-cultural counselling programme as set out in Table 4.2 provided sufficient information for a thorough understanding of the psychodynamics of adolescents traumatised by family violence.
- The qualitative research method improved and supported theory building regarding counselling within the South African context.
- Deductions made from the existing cross-cultural theory regarding counselling in a multicultural context, is extended by this study. An alternative model, to that which is currently in use for cross-cultural counselling, is suggested in Figure 1, which could lead to the discovery of possible new theoretical constructs.

6.4.2 CRITIQUE OF THE STUDY

The following points of critique can be made in reference to this study.

- There can be an incongruity between the type of programme conceived by the researcher and that which eventually occurs when the programme is implemented in diverse settings. Counsellors may independently make their own judgements about what part of the programme to administer; omitting portions of the programme with which they do not agree, or that is perceived as more difficult to implement. This is more likely to arise if there is no access to supervision or training. This problem can be overcome by "manualizing" (Durlak, 1997: 237) key elements of the programme so that it can be replicated by other counsellors.
- The scope of the study was too limited in terms of the number of case studies to reach theoretical saturation.
- The case studies were also limited to a specific population of adolescents who came to the attention of Family and Child Welfare Society's therapy centre through court orders. It may be possible that the adolescents exposed to family violence who were removed from their family home, may have different dynamics from those adolescents whose cases have not been reported, and still live within the violent home. Such variables may influence the outcome and conclusions reached by the researcher.
- The outcome of the study may have been influenced by the fact that certain adolescents had received some form of intervention prior to the implementation of the programme that could have impacted on the results obtained by the researcher.
- The clinical histories of the subjects were limited to the case reports of the social workers involved with the specific case.
- Although reports on family violence and the prominence of the problem are well documented, gaining access to suitable subjects was not without problems. This may suggest that the adolescents traumatised by family violence do not always come to the attention of counsellors. Creative strategies must be used to link services to target populations. A possibility

is to bring the intervention programme to the adolescent through school-based programmes.

6.4.3 RECOMMENDATIONS FOR INTERVENTION AND PREVENTION

6.4.3.1 Recommendations regarding intervention

- Professionals in the fields of trauma and cross-cultural counselling should coalesce multidisciplinary resources and expertise in a collaborative involvement to co-ordinate and integrate the interventions that currently exist independently from each other. Such collaboration could improve the economy and impact of the C 4 programme.
- Focus-group interviews with other professionals in a multi-disciplinary forum can gauge the appropriateness of the C 4 programme and assist with the necessary adjustments if required.
- Services for traumatised children should be embedded in the contexts accommodative of the child's particular needs (for example language, access to treatment location) and value systems (for example cultural beliefs about violence, intervention, family ties and family roles).
- The C 4 model and C 4 programme should be further investigated, and implemented and evaluated on a wider scale in order to obtain extensive feedback for the further development and refinement of the programme.

6.4.3.2 Recommendations regarding prevention

- Prevention should focus on early detection of adolescents in families at risk. Schools, day-care centres and church groups should be involved with preventative measures and their collective lobbying efforts can influence policy and funding priorities. There is thus a need to coordinate community-based initiatives and coalitions to achieve this recommendation.
- Schools should offer guidance programmes about family violence to parents and learners as awareness campaigns and preventative measures. These programmes should address the issues and consequences of

violence within the family. Violence prevention is a fundamental need of teachers, learners and society. Without a safe environment, learning cannot take place.

- Awareness campaigns launched through the media, would improve communication channels and support systems for children and adolescents exposed to family violence. Efforts that are theory driven, sustained and intensive, use sound marketing strategies, adopt realistic goals, and are complemented by community action strategies, should accomplish this recommendation.
- Social attitudes and expectations regarding the traditional roles within the family structure should be addressed through the media and social programmes.
- Empowerment of women and children in terms of equality, personal worth and gender attitudes, should receive attention at national and local government level.
- Political change should focus on the containment of violence in the media as well as in the community.
- Police officers should receive training in the aspects of family violence and the treatment and assistance of the victims, especially children and adolescents.
- Magistrates and prosecutors should receive training in the implementation of the Domestic Violence Act.

6.4.4 RECOMMENDATIONS FOR FURTHER RESEARCH

Future research should concentrate on the following aspects:

- Additional case studies would promote theoretical saturation.
- Research with regard to the effect and influence of limited cognitive abilities on the efficacy of the format of the C 4 programme.
- Research regarding the extended implementation of the C 4 programme in group therapy settings, such as schools and community centres.

- The C 4 model on which the intervention programme is based, should be researched and evaluated in more depth, in order to enrich the understanding of the demands of effective counselling in a multicultural society.
- Statistics should be researched to verify the prevalence of family violence across all population groups and social strata.

SYNTHESIS

The researcher has strived to gain a full understanding of the adolescent traumatised by family violence, to explore the influence of culture, individual uniqueness and human universality. This led to the development of a practical and functional cross-cultural counselling programme, based on a contextual model, and which could be implemented in all settings by trained counsellors from diverse cultures. The C 4 model will contribute to a wider understanding by counsellors of the needs of the youth of South Africa who have suffered trauma at the hands of their caregivers. It is anticipated that the C 4 intervention programme will succeed in its aim of establishing a format for the expression and exploration of painful emotions in a non-verbal and non-interpretive manner, thereby moving the adolescent into a position of stability, empowerment and actualisation of self and new possibilities.

REFERENCES

American Psychiatric Association. 1987. *Diagnostic and statistical manual of mental disorders* (3rd ed. revised). Washington, DC: American Psychiatric Association.

American Psychiatric Association. 1994. *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.

Adair, J.G. 1999. *Making psychology truly international: Development of the discipline across different languages and cultures.* Paper presented at the IUPsyS Africa Regional / PsySSA Conference, Durban.

Adamson, E. 1990. *Art as Healing.* Boston: Coventure Ltd.

Axelson, J.A. 1993. *Counseling and Development in a Multicultural Society.* California: Brooks / Cole Publishing Company.

Barnett, O.W.; Miller-Perrin, C.L. and Perrin, R.D. 1997. *Family Violence across the Lifespan.* Thousand Oaks, California: Sage Publications, Inc.

Baruth, L.G. and Manning, M.L. 1991. *Multicultural Counselling and Psychotherapy. A lifespan perspective.* New York: Macmillan Publishing Company.

Baum, A.; Solomon, S.D. and Ursano, R.J. 1993. Emergency / Disaster Studies. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes.* New York: Plenum Press.

Benedict, C. 2000. *Play Therapy Workshop: Traumatized children from an object-relations perspective.* Johannesburg.

Bersani, C.A. and Chen, H. 1988. Sociological Perspectives in Family Violence. In V.B. Van Hasselt; R.L. Morrison; A.S. Bellack and Hersen, M. (Eds.), *Handbook of Family Violence*. New York: Plenum Press.

Botha, K.F.H. 1989. *Rasioneel-Emotiewe Terapie by Post-traumatiese stress*. Unpublished MA dissertation. Potchefstroom University for CHE.

Brislin, R.W. and Yoshida, T. (Eds.) 1994. *Improving Intercultural Interactions. Modules for Cross-Cultural Training Programs*. Thousand Oaks: Sage Publications.

Bronfenbrenner, U. 1979. *The ecology of human development*. Cambridge: Havard University Press.

Burger, E. 1999. *A conceptualization of battered woman from an object-relations perspective, employing projective techniques*. Unpublished MA (Clinical Psychology) Dissertation. University of Pretoria.

Carey, L.J. 1999. *Sand play Therapy with Children and Adults*. New Jersey: Jason Aronson Inc.

Carlson, E.B. 1997. *Trauma assessments: A clinician's guide*. New York: Guilford.

Casas, E. and Vasquez, L.A. 1991. In L.G. Baruth and M.L. Manning. *Multicultural Counseling and Psychotherapy. A lifespan perspective*. New York: Macmillan Publishing Company.

Connor, M. 1994. *Training the Counsellor. An integrative model*. London: Routledge.

Conradie, C. 1995. *Enkele riglyne vir opvoedkundige-sielkundige terapie binne verskillende kulture*. Unpublished M Ed. Dissertation. University of South Africa.

Cowley, B.S. 1995. *The effects of social support and Psycho educational workshops in the treatment of PTSD.* Unpublished MA Dissertation. Rand Afrikaans University.

Dalley, T.; Case, C.; Schaverien, J.; Weir, F.; Halliday, D.; Nowell Hall, P.; Waller, D. 1987. *Images of Art Therapy. New developments in theory and practice.* London: Tavistock Publications.

Dalley, T. 1987. Art as therapy: some new perspectives. In T. Dalley *et al*, *Images of Art Therapy. New developments in theory and practice.* London: Tavistock Publications.

De Kock, H. 1994. *Multicultural education in the classroom.* Paper presented in August 1994. Vista University.

Denzin, N.K. and Lincoln, Y.S. (Eds.) 1994. *Handbook of Qualitative research.* Thousand Oaks: Sage Publications.

Denzin, N.K. and Lincoln, Y.S. (Eds.) 1998. *The Landscape of Qualitative research. Theories and Issues.* Thousand Oaks: Sage Publications.

De Vos, A.S. (Ed.) 1998. *Research at grass roots. A primer for the caring professions.* Pretoria: Van Schaik Publishers.

Diller, J.V. 1999. *Cultural Diversity. A Primer for the Human Services.* Belmont: Wadsworth Publishing Company.

DiNicola, V.F. 1996. Ethnocultural aspects of PTSD and Related Disorders Among Children and Adolescents. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.) *Ethnocultural Aspects of Posttraumatic Stress Disorder.* Washington, DC: American Psychological Association.

Domestic Violence: the new approach. *Pretoria News*, 30 May 2000, p 8.

Donald, D; Lazarus, S; Lolwana, P. 1997. *Educational Psychology in Social Context*. Cape Town: Oxford University Press.

Duffy, M.E. 1993. Methodological Triangulation. In P.D. Leedy, *Practical Research: Planning and Design*, 5th ed. New York: Macmillan.

Durlak, J.A. 1993. Successful Prevention programs for Children and Adolescents. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Eagle, G. 1999. Trauma Intervention: Charting the Territory. *New Therapist*, November / December, 24-31.

Erickson, E. 1968. *Identity, youth and crisis*. New York: Norton.

Everstine, D.S. and Everstine, L. 1993. *The Trauma Response. Treatment for emotional injury*. New York: W.W. Norton and Company, Inc.

Fishman, D.B. 1999. *The Case for Pragmatic Psychology*. New York: University Press.

Friedman, M.J. and Marsella, A.J. 1996. Posttraumatic Stress Disorder: An Overview of the Concept. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.) *Ethnocultural Aspects of Posttraumatic Stress Disorder*. Washington, DC: American Psychological Association.

Fukuyama M.A. 1990. Taking a universal approach to multicultural counseling. *Counselor Education and Supervision*. 30, 6-17.

Gelles, R.J. 1993. Through a Sociological lens: Social Structure and Family Violence. In R.J. Gelles and D.R. Loseke (Eds.) *Current Controversies on Family Violence*. Newbury Park, California: Sage Publications, Inc.

Gelles, R.J. and Loseke, D.R. (Eds.) 1993. *Current Controversies on Family Violence*. Newbury Park, California: Sage Publications, Inc.

Gelles, R.J. and Cornell, C.P. 1990. *Intimate Violence in Families*. Newbury Park, California: Sage Publications, Inc.

Gerrity, E.T. and Solomon, S.D. 1996. The Treatment of PTSD and Related stress Disorders: Current Research and Clinical Knowledge. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.) *Ethnocultural Aspects of Posttraumatic Stress Disorder*. Washington, DC: American Psychological Association.

Gibbs, J.T. and Haung, L.N. 1998. *Children of color: Psychological interventions with culturally diverse youth*. San Francisco: Jossey Bass.

Gillis, H. 1994. *Counselling young people*. Pretoria: Haum Tertiary.

Gobodo, P. 1990. Notions about culture in understanding Black psychotherapy. Are we trying to raise the dead? *South African Journal of Psychology*, 20(2): 93-97.

Gordon, R, and Wraith, R. 1993. Responses of Children and Adolescents to Disaster. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Green, B.L. 1993. Identifying Survivors at Risk. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Green, J.W. 1995. *Cultural Awareness in the Human Services. A Multi-ethnic Approach*. Boston: Allyn and Bacon.

- Guba, E.G. and Lincoln, Y.S. 1994.** Competing paradigms in Qualitative Research. In N.K. Denzin and Y.S. Lincoln (Eds.), *Handbook of Qualitative research*. Thousand Oaks: Sage Publications.
- Hartzenberg, L.M. 1998.** *Training career counsellors for a multicultural practice*. Unpublished dissertation. University of Pretoria.
- Herr, C.L. 1989.** *Counselling in a dynamic society: Opportunities and challenges*. Alexandria, VA: American association for Counseling and Development.
- Herring, R.D. 1997.** *Multicultural Counseling in Schools. A synergetic approach*. Alexandria: American Counseling Association.
- Herz, B. 1994.** The effects of group-based cognitive-behavioural intervention on Post-traumatic stress in Black adolescents. Unpublished M Sc Dissertation. Rand Afrikaans University.
- Hough, M. 1998.** *Counselling Skills and Theory*. London: Hodder & Stoughton.
- Jenkins, J.H. 1996.** *Culture, emotion, and PTSD*. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.) *Ethnocultural Aspects of Posttraumatic Stress Disorder*. Washington, DC: American Psychological Association.
- Johnson, K. 1998.** *Trauma in the lives of Children*. Alameda, California: Hunter House Inc.
- Jordaan, W and Jordaan, J. 2000.** *People in Context* (Third edition). Johannesburg: Heinemann.
- Jordan, B. 1998.** Apartheid's racist IQ tests to be stopped. *Sunday Times*, 24 May 1998, p 14.

Kluckhohn, C. and Murray, H. 1957. *Personality in nature, culture and society.* New York: Basic Books.

Kriegler, S.M. 1994. Die verskynsel van Multikulturaliteit. *UP-Dosent Bulletin oor Hoëronderwys*, 15(1), 33-38.

Kunutu, P.J.M. 1993. *Cross-cultural psychotherapy.* Paper presented at the University of Bophuthatswana, South Africa, 31 July 1993.

Lee, C.C. (Ed.) 1995. *Counselling for Diversity. A guide for school counsellors and related professionals.* Boston: Allyn and Bacon.

Lee, C.C. and Richardson, B.L. (Eds.) 1991. *Multicultural Issues in Counselling: New approaches to diversity.* Alexandria: American Counselling Association.

Lemmer, E. and Squelch, J. 1993. *Multicultural Education. A teacher's manual.* Pretoria: Sygma Press.

Levinson, D. 1988. Family Violence in Cross-cultural Perspective. In V.B. Van Hasselt ; R.L. Morrison.; A.S. Bellack and M. Hersen (Eds.), *Handbook of Family Violence.* New York: Plenum Press.

Lewis, S. 1999. *An Adult's Guide to Childhood Trauma.* Cape Town: David Philip Publishers.

Locke, D.C. 1992. *Increasing multicultural understanding: A comprehensive model.* Newbury Park, CA: Sage Publishers.

Lowenfeld, V. and Brittain, W. 1970. *Creative and mental growth.* (5th edition). New York: Macmillan.

Lum, D. 1997. Should Program and Service Delivery Systems be Culture-Specific in their Design? In D. de Anda (Ed.), *Controversial Issues in Multiculturalism*. Needham Heights: Allyn and Bacon.

Lynch, J.; Modgil, C.; Modgil, S. (Eds.) 1992. *Cultural Diversity and the Schools*. Volume 1. London.

McFadden, J. 1999. *Transcultural Counseling*. 2nd edition. Alexandria, VA: American Counseling Association.

Magill, F.N. (Ed.) 1996. *International Encyclopaedia of Psychology*. Volume 2. London: FD Publishers.

Malchiodi, C.A. 1997. *Breaking the silence. Art therapy with children from violent homes*. Second Edition. New York: Brunner/Mazel Publishers.

Marais, J.L. 1995. *Inleiding tot Multikulturele Skoolvoortigting: Teorie en Praktyk*. Potchefstroom: Dept. Sentrale Publikasies, PU vir CHO.

Marsella, A.J.; Friedman, M.J. and Spain, E.H. 1996. Ethnocultural Aspects of PTSD: An Overview of Issues and Research Directions. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.) *Ethnocultural Aspects of Posttraumatic Stress Disorder. Issues, Research, and Clinical Applications*. Washington, DC: American Psychological Association.

Mathaba, N.R. and Temane, M.Q. 1993. The realities and Imperatives of Career Counselling for a Developing South Africa. *Journal of Multicultural Counseling and Development*. 1 (15): 38-41.

May, R. 1985. *My quest for beauty*. Dallas: Saybrook.

Merriam, S.B. 1991. *Case Study Research in Education: A Qualitative Approach*. San Fransisco: Jossey-Bass Publishers.

Mertens, D.M. 1998. *Research Methods in Education and Psychology*. Thousand Oaks: Sage Publications.

Micheals, J. 2001. Selebi has some explaining to do. *Pretoria News*, 23 August, 2001, p 3.

Moon, B.L. 1998. *The Dynamics of Art as Therapy with Adolescents*. Springfield, USA: Charles C Thomas Publisher, Ltd.

Mouton, J. 2001. *How to succeed in your Master's & Doctoral Studies. A South African Guide and Resource Book*. Pretoria: Van Schaik Publishers.

Mouton, J. and Marais, H.C. 1990. *Basiese begrippe: Metodologie van die geesteswetenskappe*. Pretoria: Raad vir Geesteswetenskaplike Navorsing.

Mpofu, E. 1994. Counsellor roles and perceptions and preferences. *Counselling Psychology Quarterly*, 7(3) : 311-326.

Mwamwenda, T.S. 1995. *Educational Psychology: An African Perspective*. Isando: Heinemann Publishers.

New Webster's Dictionary of the English Language. 1984. Chicago: Consolidated Book Publishers.

Nowell-Hall, P. 1987. Art Therapy: the way of healing the split. In T. Dalley *et al Images of Art Therapy. New developments in theory and practice*. London: Tavistock Publications.

Oaklander, V. 2000. *Windows to our children workshop. A gestalt therapy approach to children and adolescents*. Pretoria.

Palmer, S. and Laugani, P. 1999. *Counseling in a multicultural society*. Thousand Oaks: Sage Publishers.

Pecora, P.J.; Fraser, M.W.; Nelson, K.E.; Mc Croskey, J.; Meezan, W. 1995. *Evaluating Family-based Services*. New York: Aldine de Gruyter.

Pedersen, P.B. 1994. Multicultural Counseling. In R.W. Brislin and T. Yoshida (Eds.) *Improving intercultural interactions. Modules for cross-cultural training programs*. Thousand Oaks: Sage Publications.

Pedersen, P.B. 1991. *Multicultural Counseling and Psychotherapy: A Lifespan Perspective*. New York: MacMillan Publishing Company.

Pedersen, P.B. and Ivey, A. 1993. *Cultured Centred Counseling and Interviewing Skills. A practical guide*. Connecticut: Paeger Publishers.

Peled, E.; Jaffe, P.G.; Edleson, J.L. 1995. *Ending the cycle of violence. Community responses to children of battered women*. Thousand Oaks: Sage Publications.

Peltzer, K. 1998. Ethnocultural construction of posttraumatic stress symptoms in African contexts. *Journal of Psychology in Africa*, Vol.8: 17-30.

Pontorotto, J.G. and Pedersen, P.B. 1993. *Preventing Prejudice. A guide for counselors and educators*. California: Sage Publications.

Pontorotto, J.G.; Casas, J.M.; Suzuki, L.A. and Alexander, C.M. 1995. *Handbook of Multicultural Counseling*. California: Sage Publications.

Pope-Davis, D.B. and Coleman, H.L.K. (Eds.) 1997. *Multicultural Counseling Competencies. Assessment, Education and Training, and Supervision*. Thousand Oaks: Sage Publications.

Porter, A. 1994. *Hulpverlening deur die maatskaplike werker aan die slagoffer en oortreder betrokke by seksuele molestering van kinders*. Unpublished M Soc Dissertation. University of the Free State.

Pynoos, R.S, and Nader, K. 1993. Issues in the Treatment of Posttraumatic Stress in Children and Adolescents. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Raphael, B. and Wilson, J.P. 1993. Theoretical and Intervention Considerations in working with Victims of Disaster. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Raubenheimer, J.R. 1987. Counselling across cultural borders in South Africa. *International Journal for Advancement of Counselling*. 10: 229-235.

Retief, A. 1988. *Method and theory in cross-cultural psychological assessment*. Report Series 6. Pretoria: Human Sciences Research Council.

Rogers, C. 1996. (Ed.) *The Carl Roger's Reader*. London: Constable.

Root, M.P. 1996. Woman of colour and traumatic stress in "domestic captivity": Gender and race as disempowering status. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.), *Ethnocultural Aspects of Posttraumatic Stress Disorder. Issues, Research, and Clinical Applications*. Washington, DC: American Psychological Association.

Rosin, R.M. 1994. *The effect of a psycho-educational intervention on Post-traumatic stress in sexually abused children*. Unpublished MA Dissertation. Rand Afrikaans University.

Rothman, J. and Thomas, E.J. 1994. *Intervention Research: Design and development for human service*. New York: Haworth.

- Samuda, R.J. and Wolfgang, A. (Eds.). 1985.** *Intercultural Counselling and Assessment. Global perspectives.* New York: C.J. Hofefe, Inc.
- Schaefer, C. 1995.** Play therapy for psychic trauma in children. In K. O'Connor and C. Schaefer, *Handbook for play therapy.* New York: Wiley.
- Seedat, M. and Nell, V. 1990.** Third World or one world: Mysticism, pragmatism and pain in family therapy in South Africa. *South African Journal of Psychology*, 20(3):141-148.
- Silove, D. and Schweitzer, R. 1993.** Apartheid: Disastrous Effects of a Community in Conflict. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes.* New York: Plenum Press.
- Simpson, M.A. 1993.** Bitter Waters: Effects on children of the Stresses of Unrest and Oppression. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes.* New York: Plenum Press.
- Singer, A. 1994.** Reflections on Multiculturalism. *Phi Delta Kappan*, 12: 285-288.
- Snyman, S. 2000.** *The new Family Violence Act workshop.* Pretoria.
- Sonn, J.P. 1994.** Establishing an inclusive, democratic Society: The need for a multicultural perspective in education. *Multicultural Teaching*, 12(13):9-20.
- South African Police Statistical Services. 2000.** Personal interview with Capt. P. Volschenck.
- South African Government Gazette. 1998.** *Domestic Violence Act. Act no. 116.*
- Spinola, C.G. 1991.** *An analysis of the phenomenon of multiculturalism in the education process.* Unpublished MA-thesis. University of South Africa.

Spreight, S.L.; Myers, L.J.; Cox, C.I. and Highlen, P.S. 1991. A redefinition of Multicultural counseling. *Journal of Counseling and Development*. Vol. 70, 29-35.

Straus, M. 1997. Physical Child Abuse. In O.W. Barnett; C.L. Miller-Perrin and R.D. Perrin, *Family Violence across the Lifespan*. Thousand Oaks, California: Sage Publications, Inc.

Sue, D.W., Arredondo, P. and McDavis, R.J. 1992. Multicultural Counseling Competencies and Standards: A call to the Profession. *Journal of Counseling and Development*, 70(3/4), 477-486.

Sue, D.W.; Bernier, J.E.; Durran, A.; Feinberg, L.; Pedersen, P.; Smith, E.J. and Vasquez-Nuttall, E. 1982. Position Paper: Cross-cultural competencies. *The Counseling Psychologist*, 10, 1-8.

Van der Spuy, F.W. 1996. Trauma and its research - some perspectives. *Southern African Journal epidemiology and infection*. 11(2), 34-36.

Van der Want, D.J. 1993. *Cross-cultural Psychotherapy in South Africa: Towards a conceptual clarification*. Unpublished M.Ed. Dissertation. Rand Afrikaans University.

Van Hasselt, V.B.; Morrison, R.L.; Bellack, A.S. and Hersen, M. (Eds.) 1988. *Handbook of Family Violence*. New York: Plenum Press.

Weisaeth, L. and Eitinger, L. 1993. Post-traumatic Stress Phenomena. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Wilson, J.P. and Raphael, B. (Eds.) 1993. *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Wolfe, B. 1997. Children exposed to marital violence. In O.W. Barnett; C.L. Miller-Perrin and R.D. Perrin, *Family Violence across the Lifespan*. Thousand Oaks, California: Sage Publications.

ADDITIONAL SOURCES CONSULTED

Adair, J.G. 1996. The Indigenous Psychology Bandwagon: Cautions and Consideration. In J. Pandey, D. Sinah and D.P.S. Bhawuk (Eds.), *Asian Contributions to Cross-Cultural Psychology*. New Delhi: Sage.

Bisbey, S. and Bisbey, L.B. 1998. *Brief Therapy for Post-traumatic Stress Disorder*. Chichester: John Wiley & Sons.

Blackwell, R.D. 1993. Disruption and Reconstitution of Family, Network, and Community Systems following Torture, Organized Violence, and Exile. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Bodibe, R.C. 1994. The multicultural counselling curriculum in a changing South Africa: Much ado about most things. *Multicultural Teaching*, 12.3: 17-20.

Bradby, E. (Ed.) 1996. *Defining Violence. Understanding the causes and effects of violence*. Aldershot: Avebury.

Brett, E.A. 1993. Psychoanalytic Contributions to a Theory of Traumatic Stress. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Case, C. and Dalley, T. 1992. *The handbook of Art Therapy*. London: Routledge.

Chilland, C. and Young, J.G. 1994. *Children and Violence*. New Jersey: Jason Aronson Inc.

Dallos, R. and McLaughlin, E. 1993. *Social Problems and the Family*. London: Sage Publications.

De Anda, D. 1997. *Controversial Issues in Multiculturalism*. Needham Heights: Allyn and Bacon.

De Girolamo, G. and McFarlane, A.C. 1996. The Epidemiology of PTSD: A Comprehensive Review of International Literature. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.), *Ethnocultural Aspects of Posttraumatic Stress Disorder*. Washington, DC: American Psychological Association.

Draguns, J.G. 1996. Ethnocultural considerations in the Treatment of PTSD: Therapy and Service Delivery. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.), *Ethnocultural Aspects of Posttraumatic Stress Disorder*. Washington, DC: American Psychological Association.

Gusman, F.D.; Stewart, J.; Young, B.H.; Riney, S.J.; Abueg, F.R. and Blake, D.D. 1996. A Multicultural Developmental approach for Treating Trauma. In A.J. Marsella, M.J. Friedman, E.T. Gerrity and R.M. Scurfield (Eds.), *Ethnocultural Aspects of Posttraumatic Stress Disorder*. Washington, DC: American Psychological Association.

Horowitz, M.J. 1993. Stress Response Syndromes: a review of post-traumatic stress and adjustment disorders. In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Janesick, V.J. 1998. *"Stretching" Exercises for Qualitative Researchers*. Thousand Oaks: Sage Publications.

Keane, T.M.; Kaloupek, D.G. and Weathers, F.W. 1996. Ethnocultural Considerations in the Assessment of PTSD. In A.J. Marsella, M.J. Friedman, E.T.

Levinson, D. 1988. Family violence in cross-cultural perspective. In V.B. van Hasselt; R.L. Morrison; A.S. Bellack and M. Hersen, *Handbook of Family Violence*. New York: Plenum Press.

Meintjies, B. 1999. Where Violence has been. *New Therapist*, November / December, 18-22.

Nieto, S. 1992. *Affirming Diversity. The socialpolitical context of multicultural education*. New York: Longman.

Pynoos, R. and Eth, S. 1986. Special intervention programs for child witnesses to violence. In M. Lystad (Ed.), *Violence in the Home*. New York: Brunner/Mazel.

Rudestam, K.E. and Newton, R.R. 1992. *Surviving your Dissertation. A comprehensive guide to content and process*. London: Sage Publications.

Saraga, E. 1993. The Abuse of Children. In: R. Dallos and E. Mclaughlin (Eds.), *Social Problems and the Family*. London: Sage Publications.

Schaverien, J. 1987. The scapegoat and talisman: transference in art therapy. In P. Dalley *et al*, *Images of Art Therapy. New developments in theory and practice*. London: Tavistock Publications.

Schoeman, J.P. and van der Merwe, M. 1996. *Entering the Child's World. A play Therapy Approach*. Pretoria: Kasigo Tertiary.

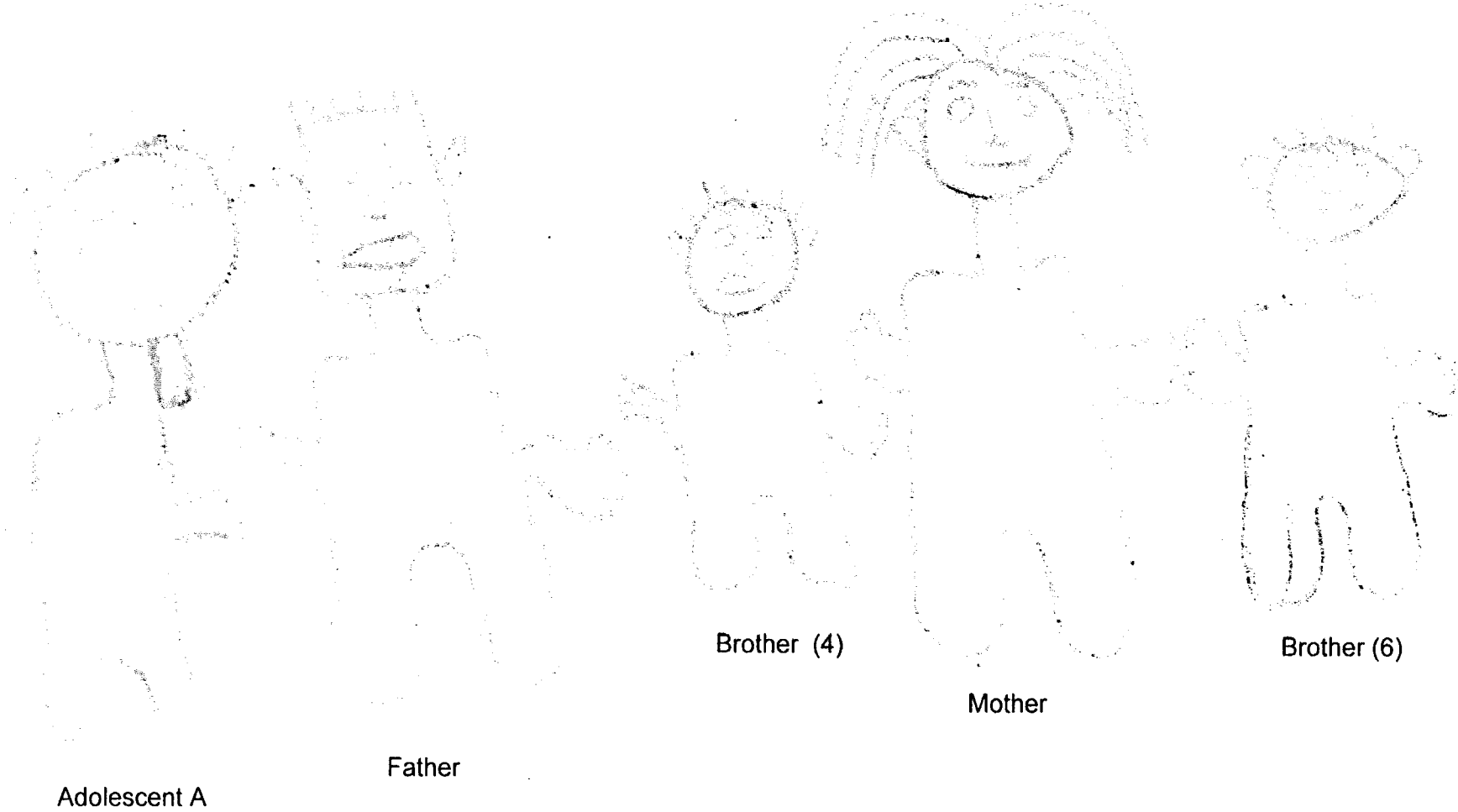
Stake, R.E. 1995. *The Art of Case Study Research*. Thousand Oaks: Sage Publications

Vontress, C.E. 1991. Traditional Healing in Africa: Implications for Cross-Cultural Counseling. *Journal of Counseling and Development*, September/October, Vol. 70:242-249.

APPENDIX

1A

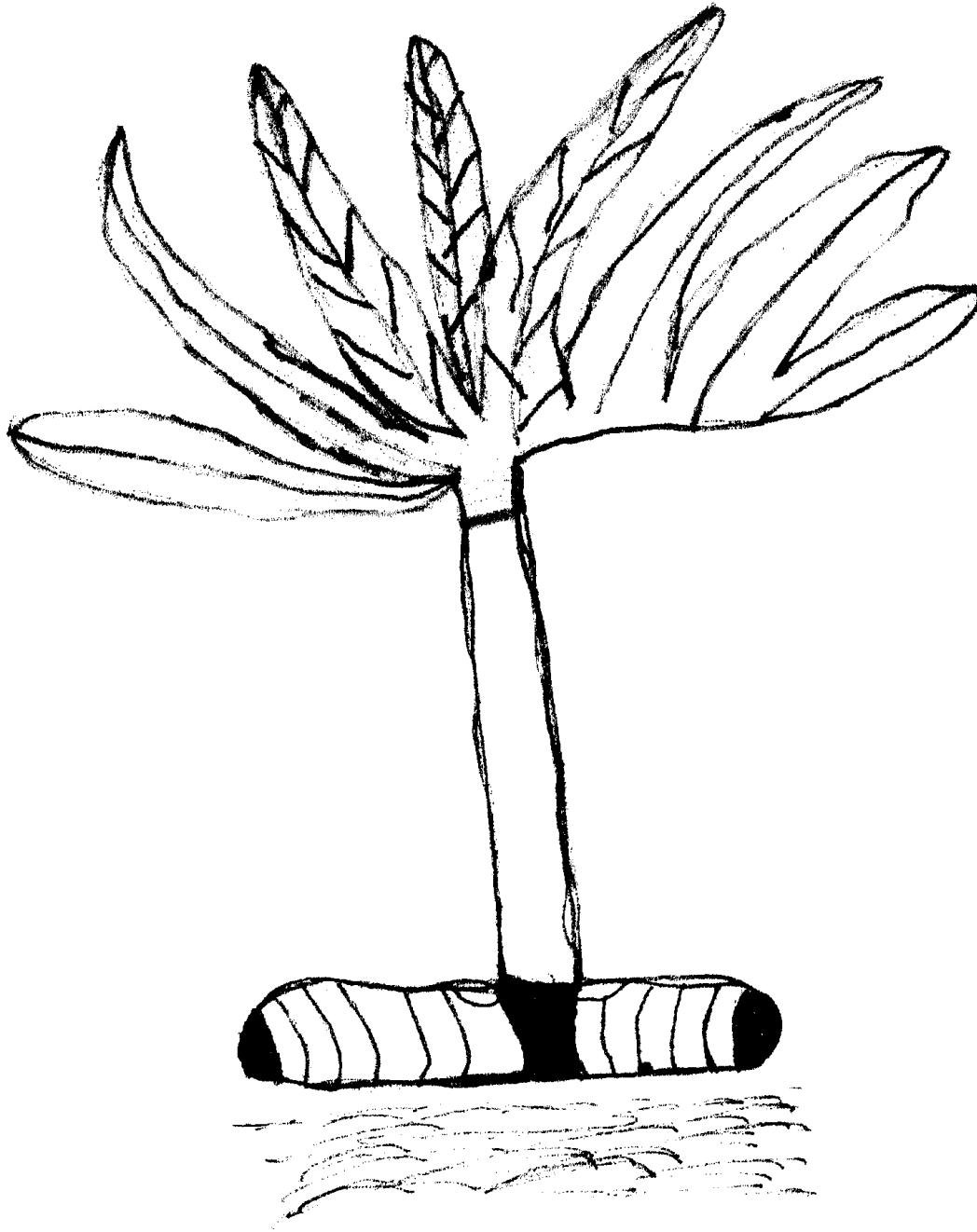
INTERVENTION: CASE STUDY 1



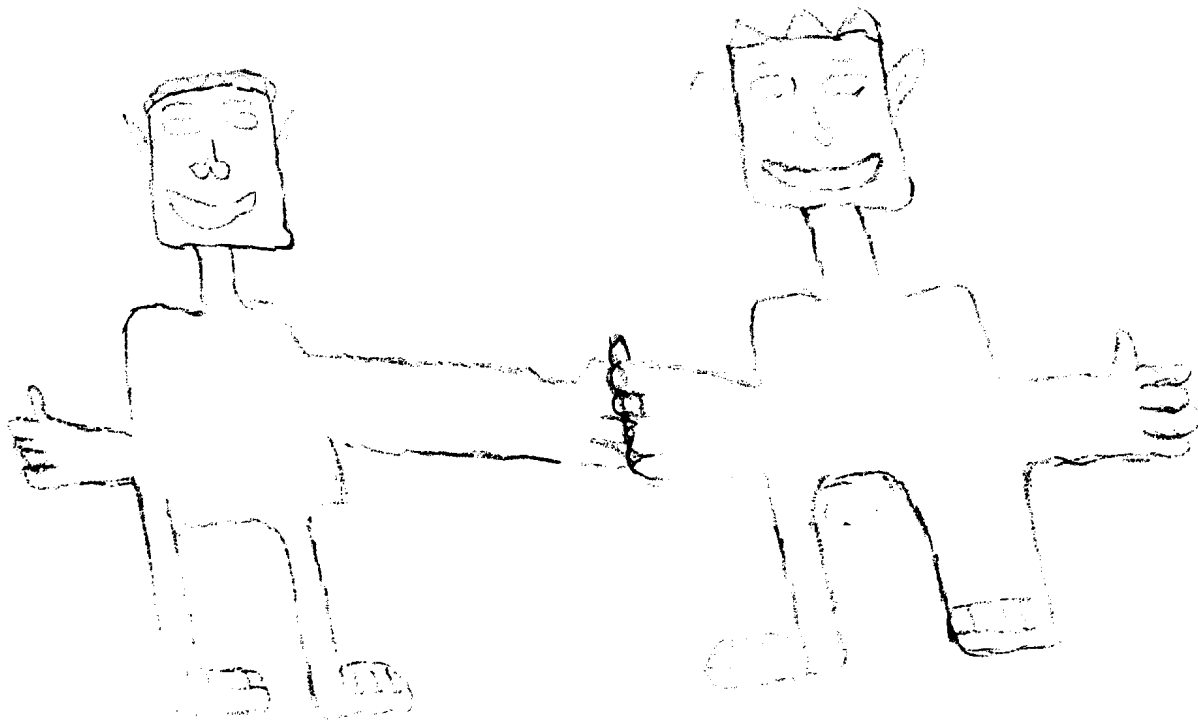
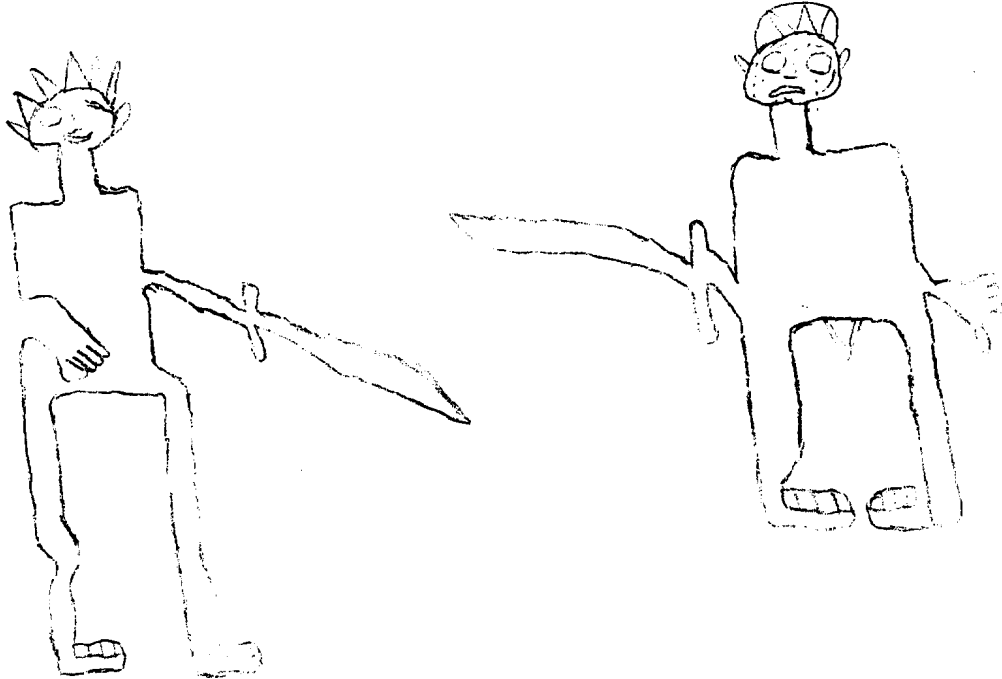
SESSION 2: Family drawing



SESSION 3: Sandtray



SESSION 4: Tree drawing



SESSION 5: A story of war and peace



Black – and proud of it



SESSION 6: Collage of self



APPENDIX

1B

INTERVENTION: CASE STUDY 2

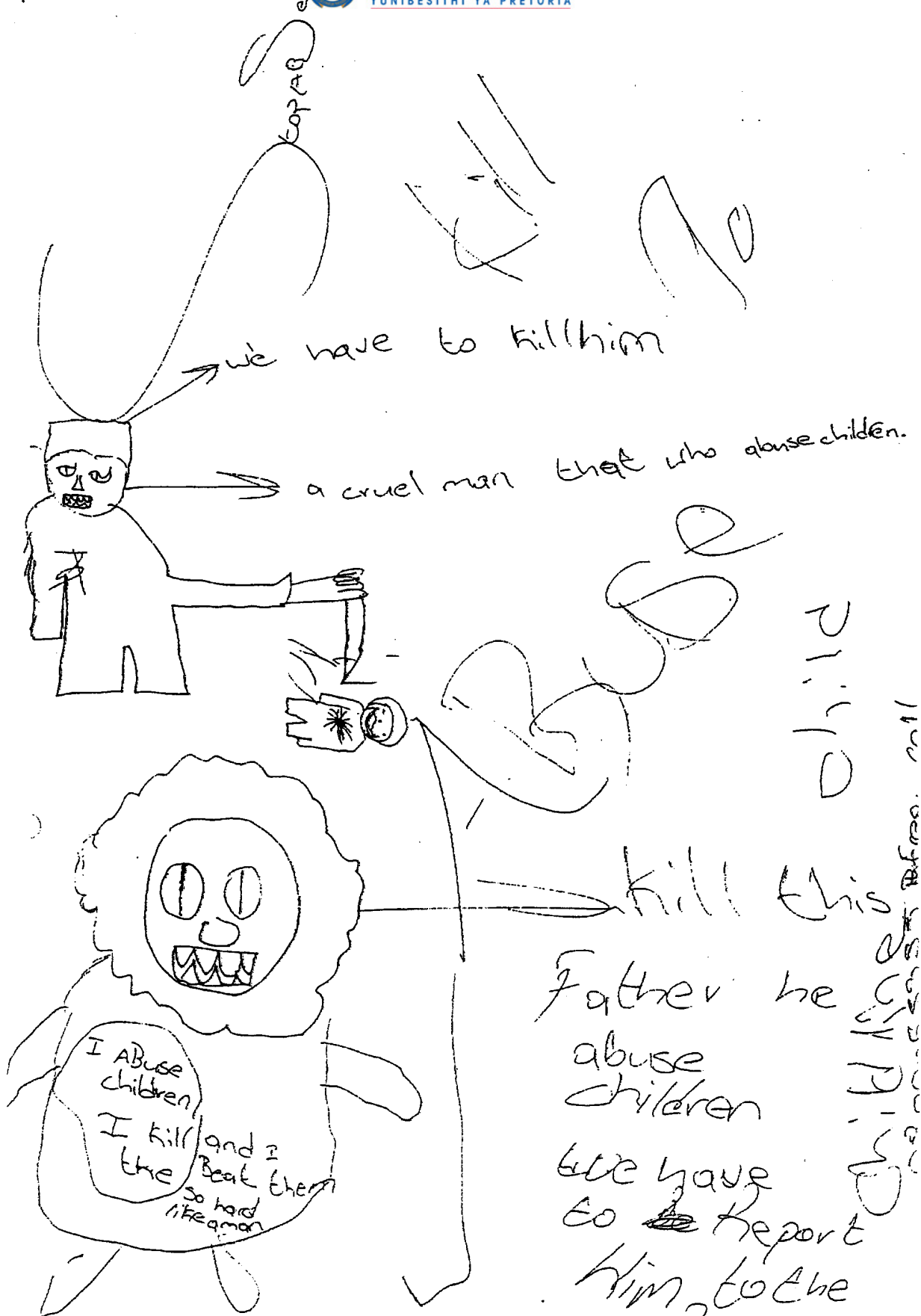
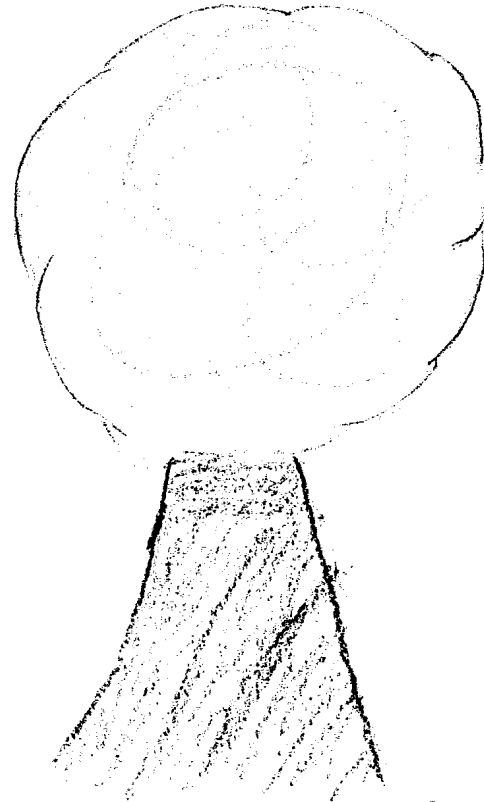


Image accompanying referral to Therapy Unit

Dm (144)

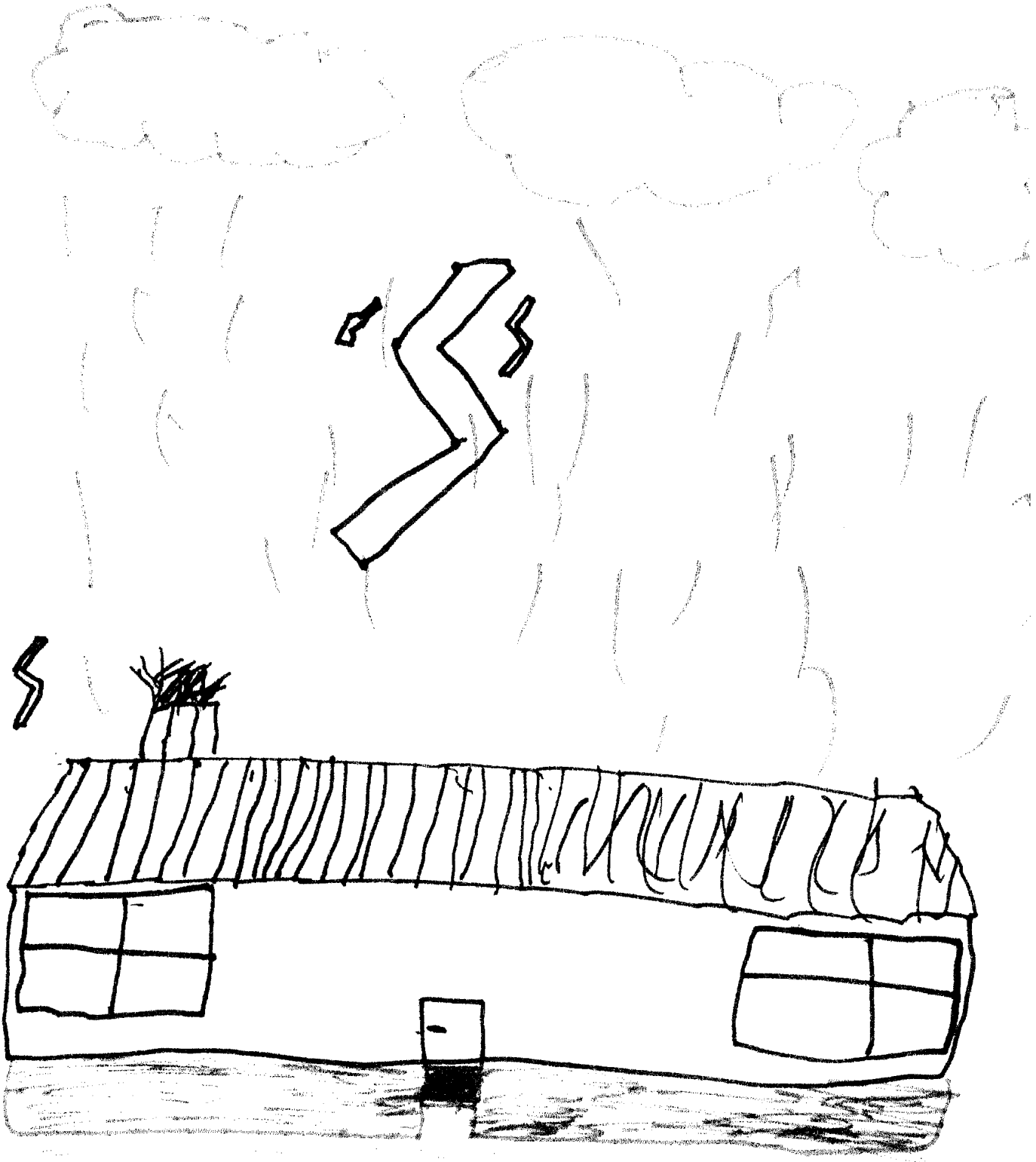
DAP

TREE DRAWING

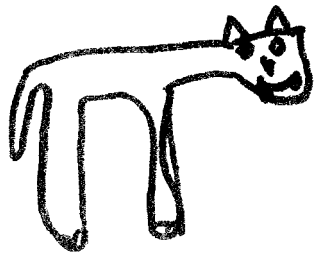


- No name.
 - fruits → Peach.
 - People who plant fruits take care of the tree.
 - ~~Peaches~~ out fruits once per month.
 - factory (belongs)
 - Owner → the factory owner.
 - Workers stays under the shadow.
 - Sell fruits → everyone who buys will eat the fruit
 - Always has fruits - never out of season.
 - Big tree.
 - Peach water + minerals → well taken off.
 - No complains from the workers + owner about the tree.
- Even if there are storms + winds the tree remains the same. (strong tree).

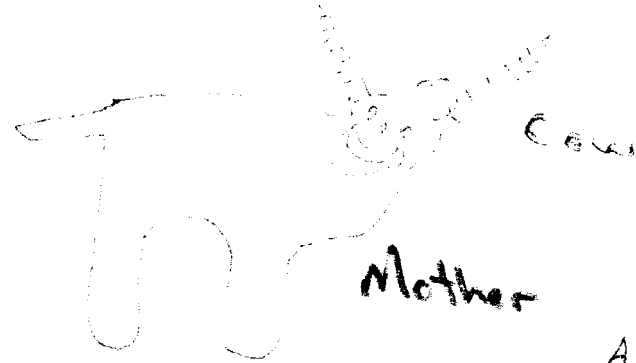
SESSION 1: Draw-a-Person; Tree drawing



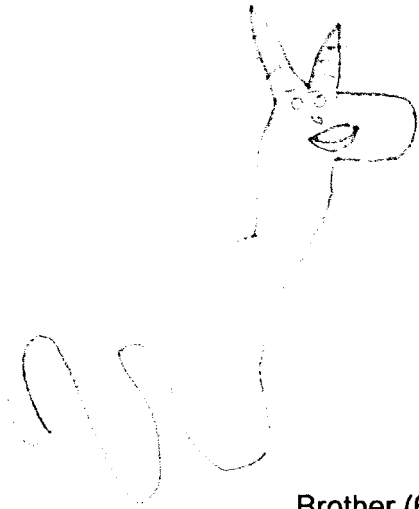
SESSION 1: House Drawing



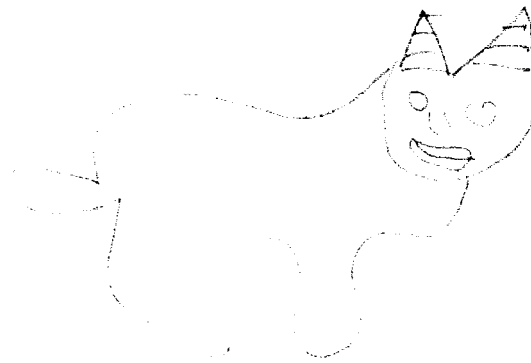
Stepfather
wild
dog



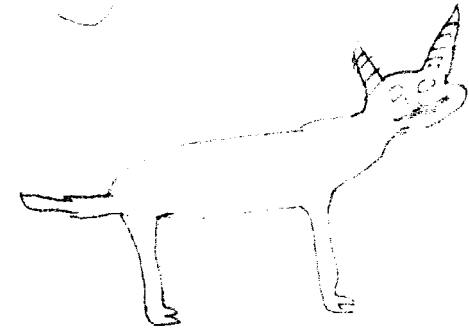
Mother



Brother (6)
cow

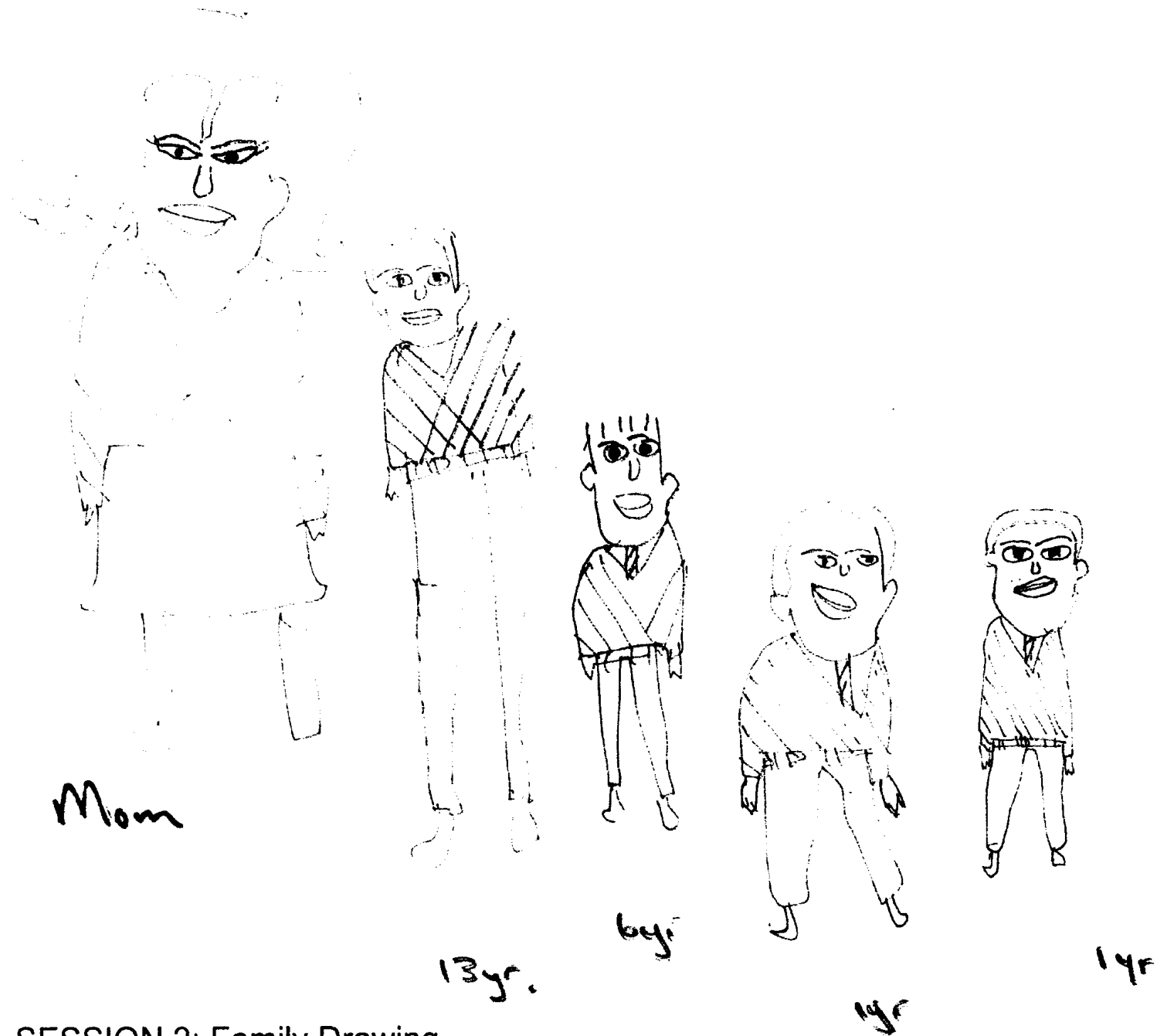


Brother (1)
cow



Brother (1)
cow

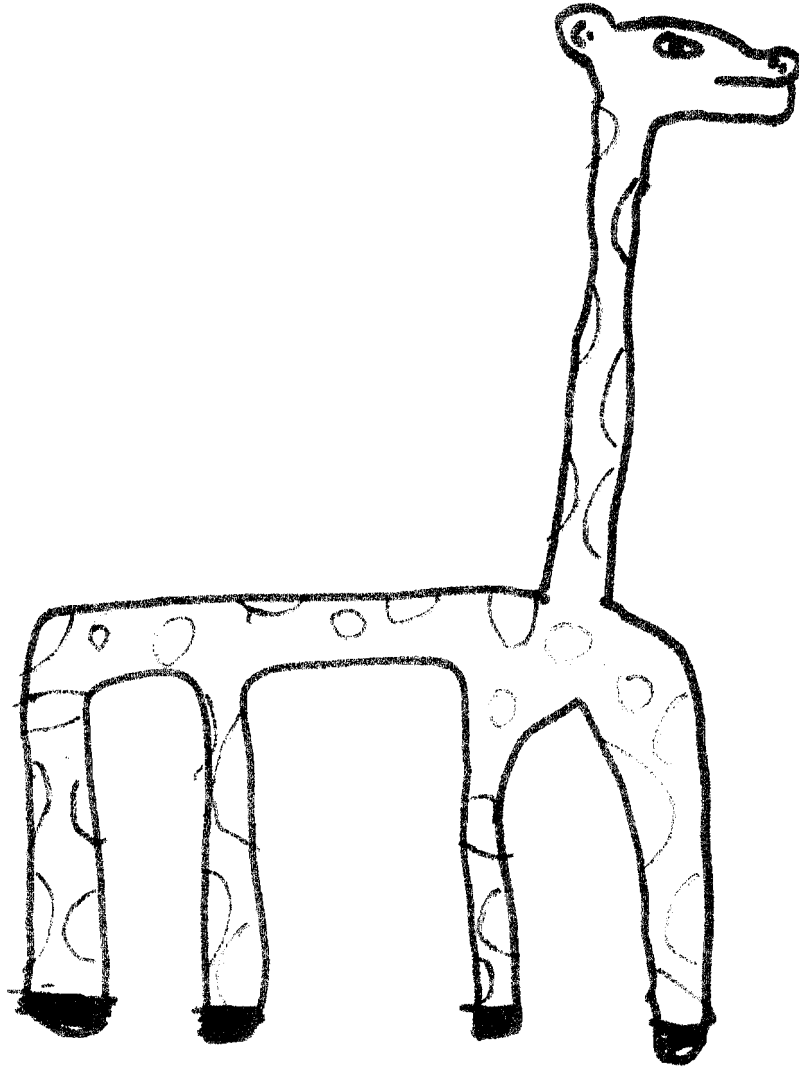
SESSION 2: Family as animals



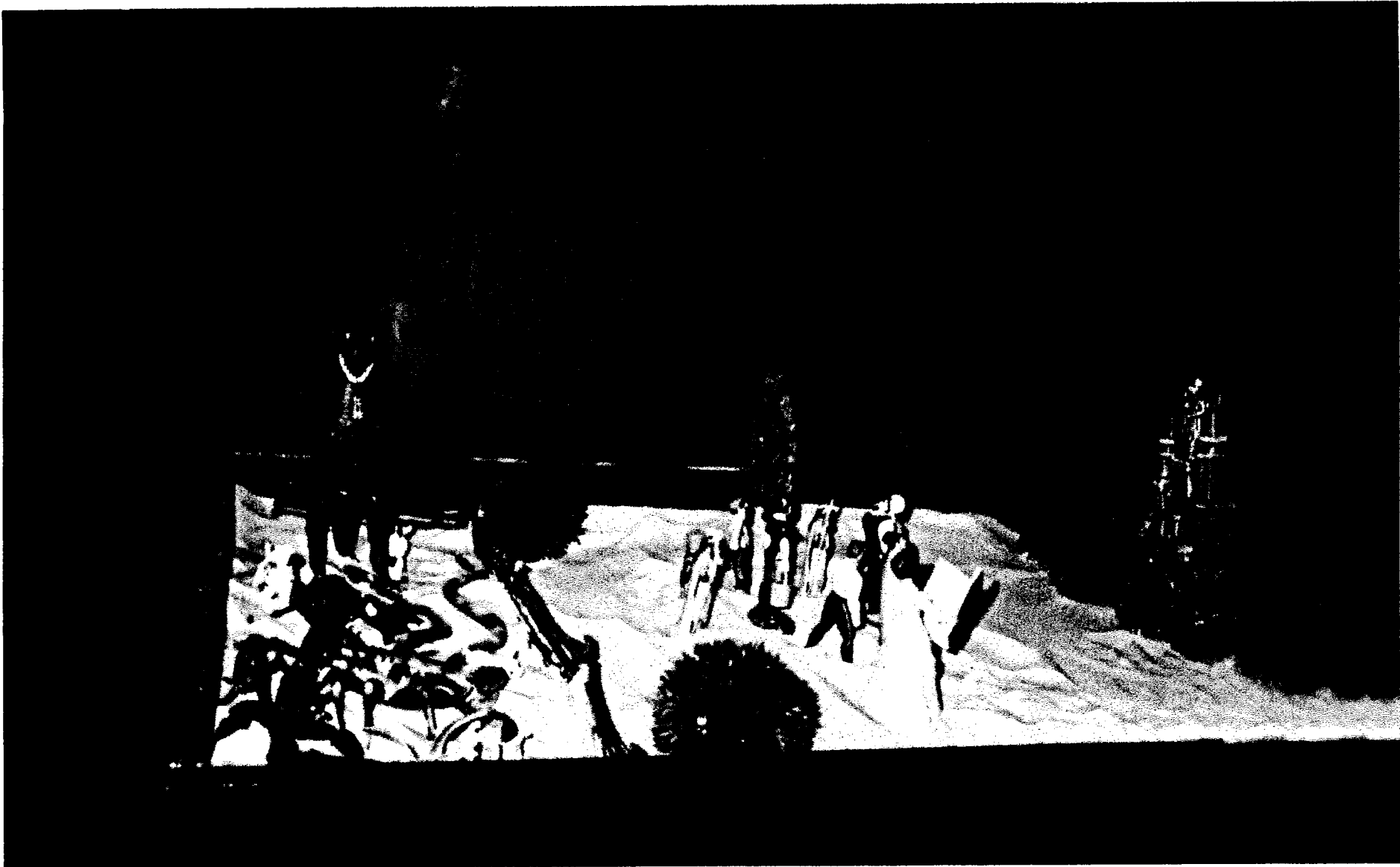
SESSION 2: Family Drawing



SESSION 2: Stepfather (KFD)



SESSION 2: Adolescent B (himself) as an animal



SESSION 3: Sandtray



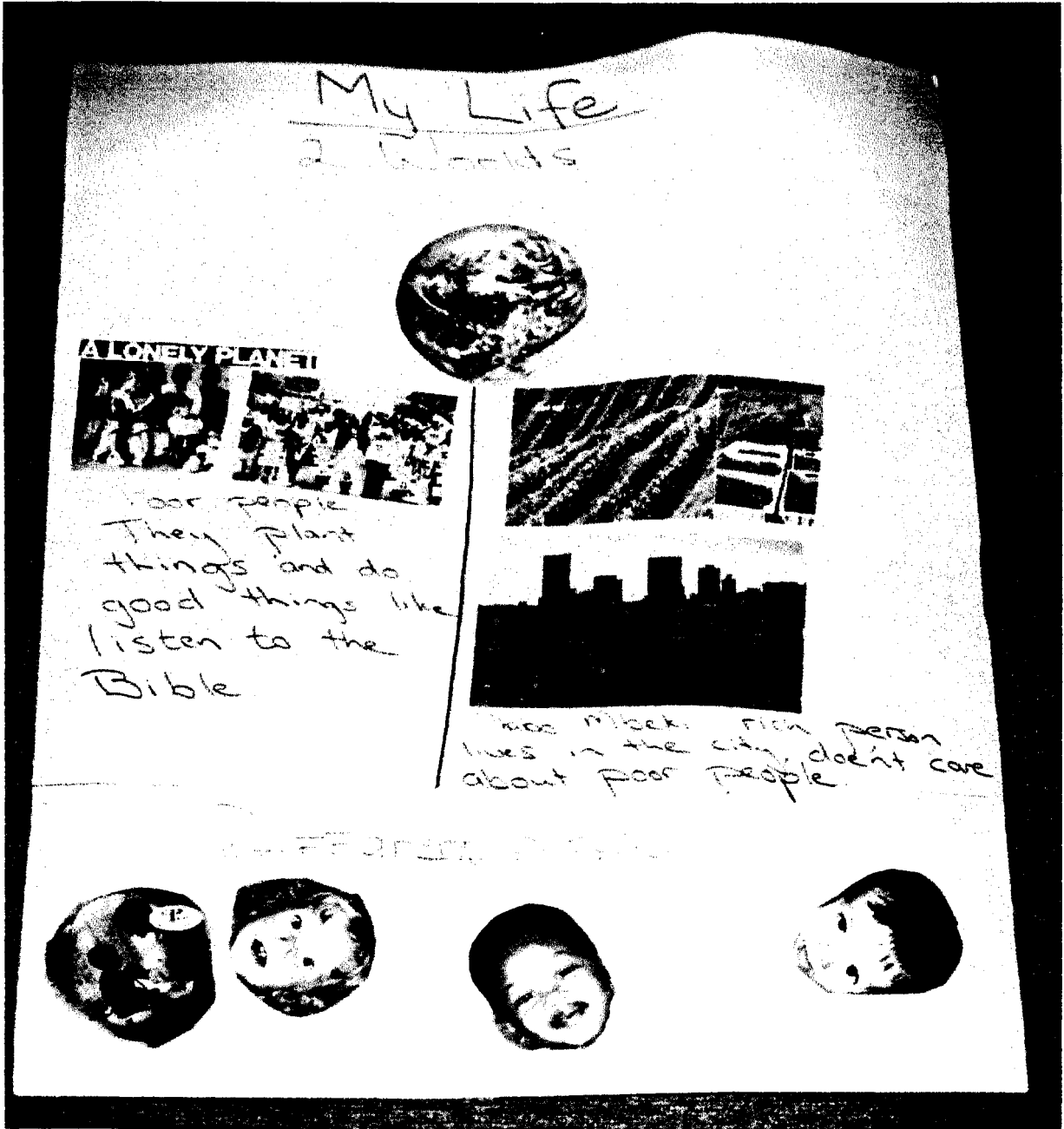
I wish that the
world was peacefully quiet
and no things like AB
Rape, Hijack, Kill, and it must
Be Full of Joy ~~and~~ and
Happiness!



SESSION 4: "I wish.....":



SESSION 5: Sandtray

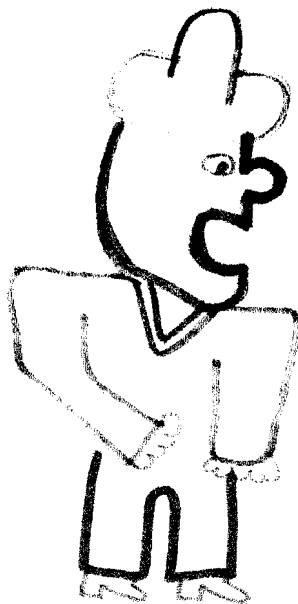
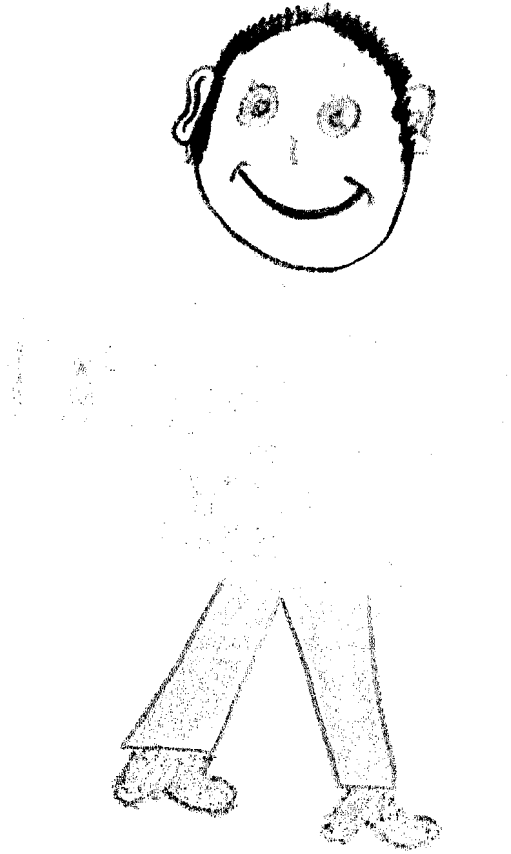


SESSION 6: "My life" Collage

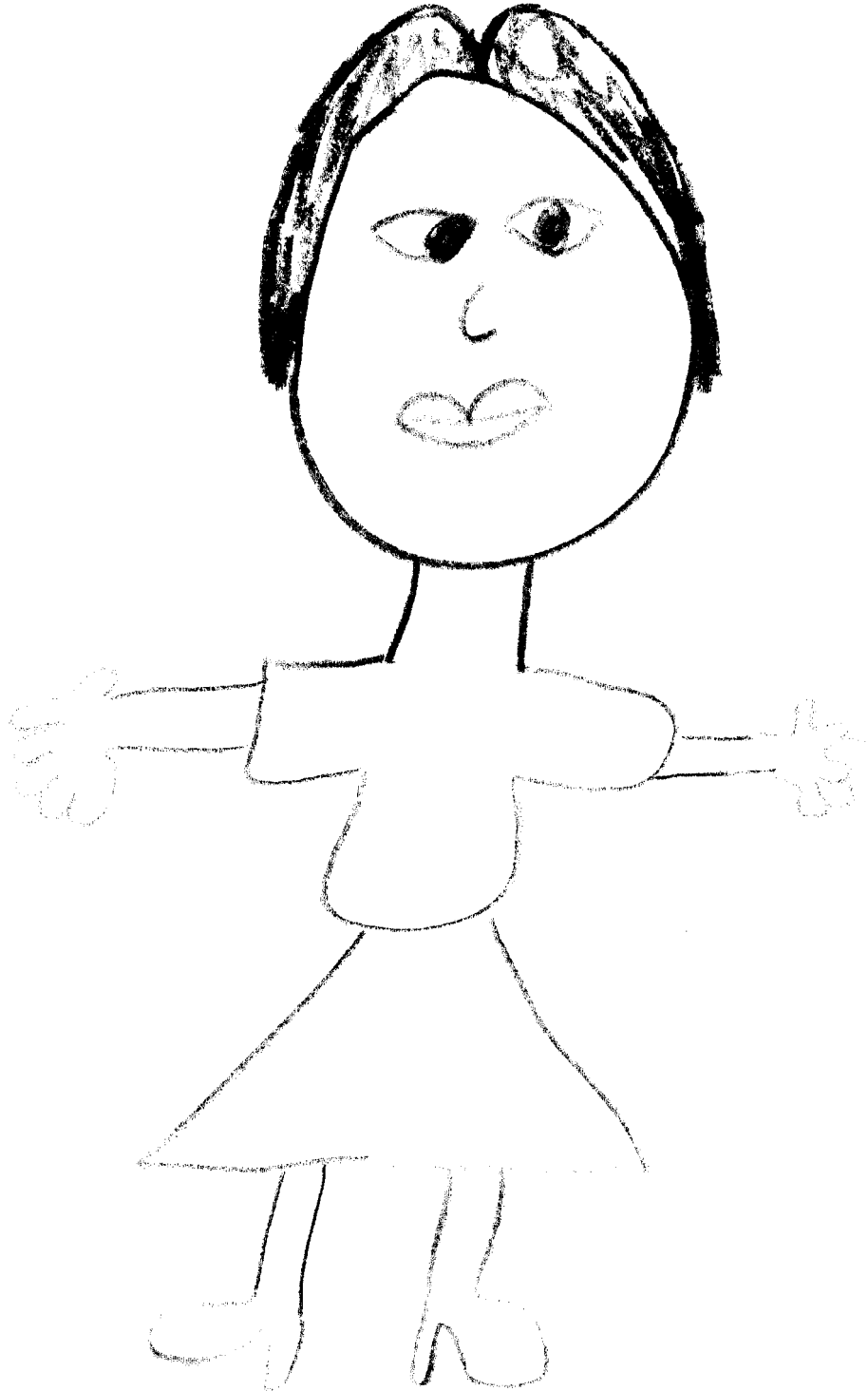
APPENDIX

1C

INTERVENTION: CASE STUDY 3



SESSION 1: Draw-a-Person (male)



SESSION 1: Draw-a-Person (female)



SESSION 1: Tree drawing



SESSION 3: Sandtray

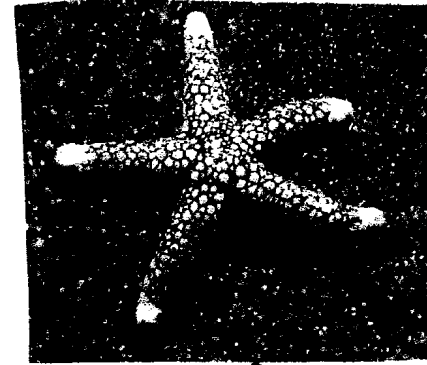
"EK WENS....."

Kamera:

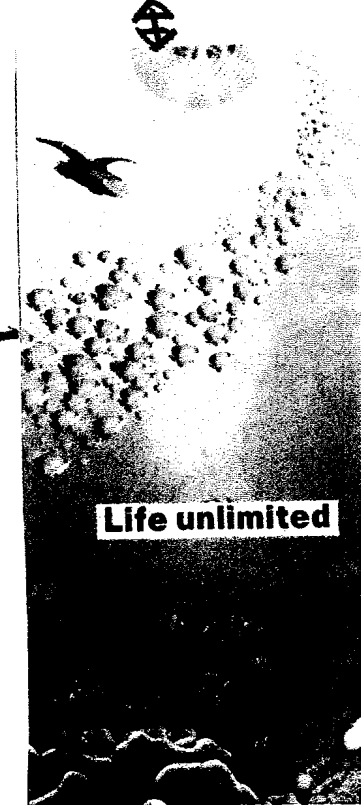
Stokperdjie om diere af te neem.



Wil graag in
elke perd te bly op in plot

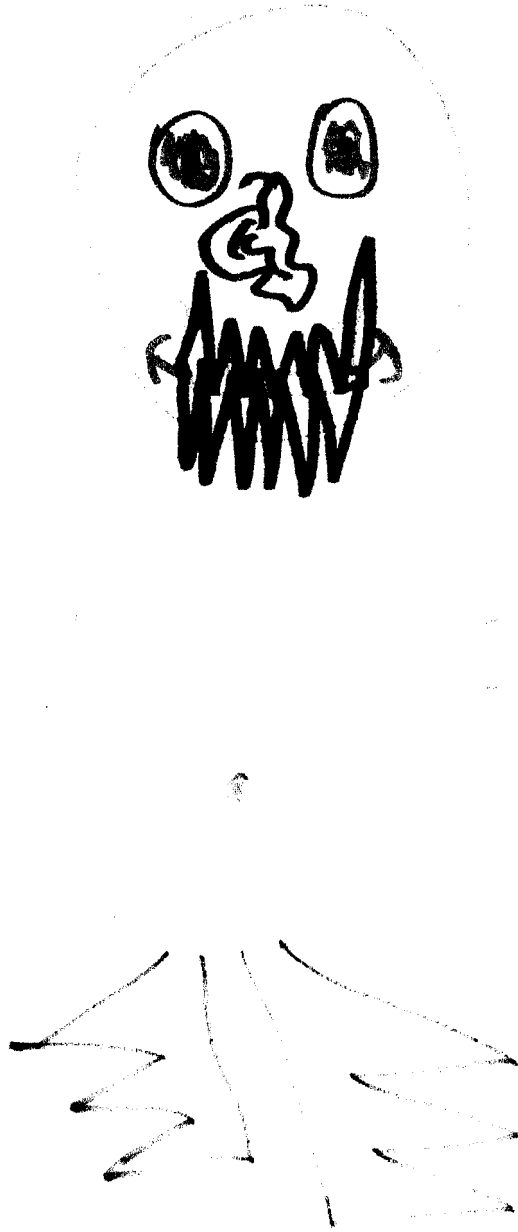


Deep sea
diving met
Kamera



Wil eendag in mooi
kar ry.

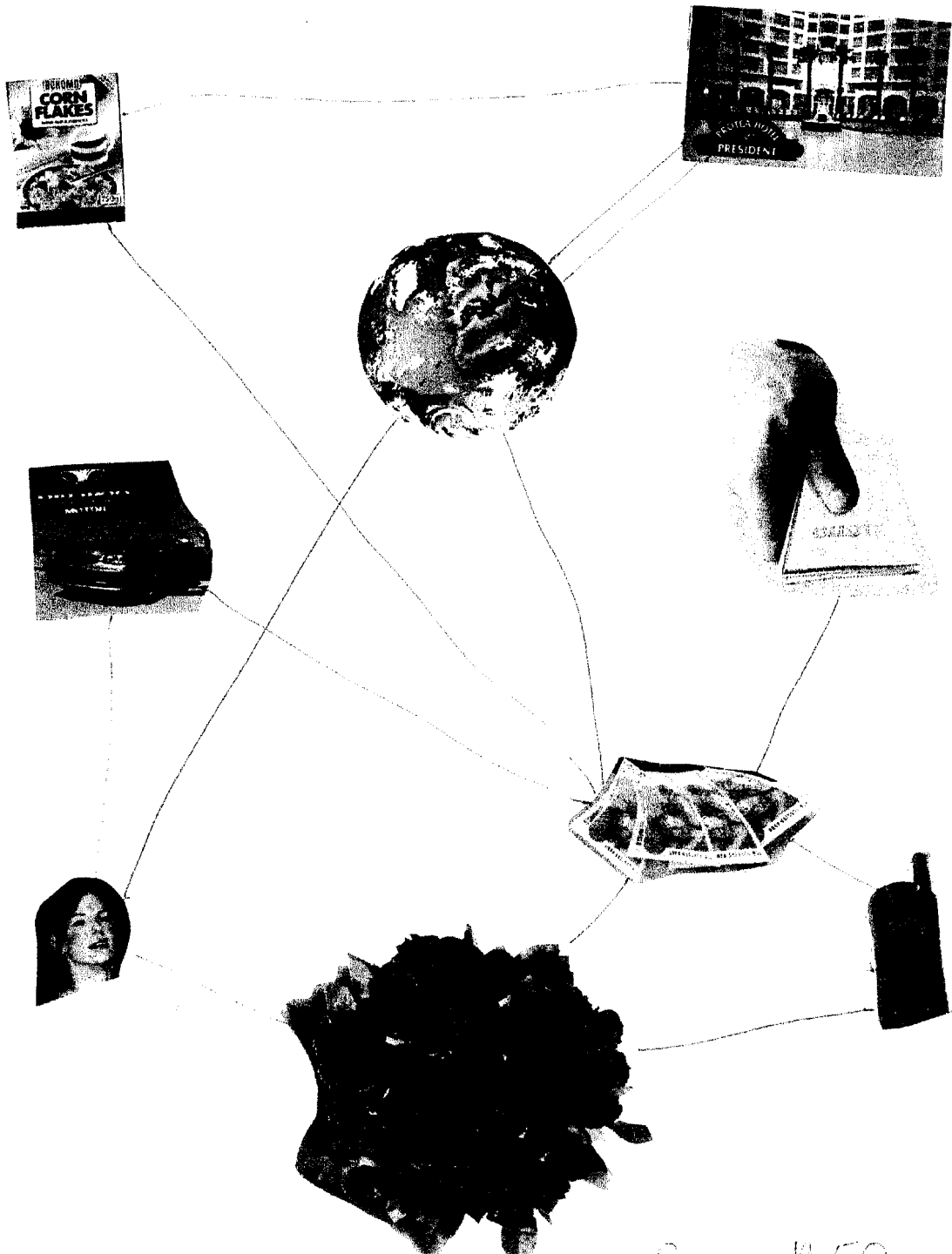




SESSION 4: Monster



My Collage & Ek



45 Rase ± R200 - R450



APPENDIX 2

DOMESTIC VIOLENCE ACT



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA



| |
|----------------------------|
| LANDDROS |
| PRIVAATSAK/PRIVATE BAG X61 |
| 1998 -12- 17 |
| PRETORIA 0001 |
| REGISTRAR |

REPUBLIC OF SOUTH AFRICA

GOVERNMENT GAZETTE

STAATSKOERANT

VAN DIE REPUBLIEK VAN SUID-AFRIKA

Registered at the Post Office as a Newspaper

As 'n Nuusblad by die Poskantoor Geregistreer

Vol. 402

CAPE TOWN, 2 DECEMBER 1998

No. 19537

KAAPSTAD, 2 DESEMBER 1998

OFFICE OF THE PRESIDENT

KANTOOR VAN DIE PRESIDENT

No. 1551.

2 December 1998

No. 1551.

2 Desember 1998

It is hereby notified that the President has assented to the following Act which is hereby published for general information:—

Hierby word bekend gemaak dat die President sy goedkeuring geheg het aan die onderstaande Wet wat hierby ter algemene inligting gepubliseer word:—

No. 116 of 1998: Domestic Violence Act, 1998.

No. 116 van 1998: Wet op Gesinsgeweld, 1998.

**GENERAL EXPLANATORY NOTE:**

Words underlined with a solid line indicate insertions in existing enactments.

*(English text signed by the President.)
(Assented to 20 November 1998.)*

ACT

To provide for the issuing of protection orders with regard to domestic violence; and for matters connected therewith.

PREAMBLE

RECOGNISING that domestic violence is a serious social evil; that there is a high incidence of domestic violence within South African society; that victims of domestic violence are among the most vulnerable members of society; that domestic violence takes on many forms; that acts of domestic violence may be committed in a wide range of domestic relationships; and that the remedies currently available to the victims of domestic violence have proved to be ineffective;

AND HAVING REGARD to the Constitution of South Africa, and in particular, the right to equality and to freedom and security of the person; and the international commitments and obligations of the State towards ending violence against women and children, including obligations under the United Nations Conventions on the Elimination of all Forms of Discrimination Against Women and the Rights of the Child;

IT IS THE PURPOSE of this Act to afford the victims of domestic violence the maximum protection from domestic abuse that the law can provide; and to introduce measures which seek to ensure that the relevant organs of state give full effect to the provisions of this Act, and thereby to convey that the State is committed to the elimination of domestic violence,

BE IT THEREFORE ENACTED by the Parliament of the Republic of South Africa, as follows:—

Definitions

1. In this Act, unless the context indicates otherwise—
- (i) “arm” means any arm as defined in section 1(1) or any armament as defined in section 32(1) of the Arms and Ammunition Act, 1969 (Act No. 75 of 1969); (xxiii) 5
 - (ii) “clerk of the court” means a clerk of the court appointed in terms of section 13 of the Magistrates’ Courts Act, 1944 (Act No. 32 of 1944), and includes an assistant clerk of the court so appointed; (xvi) 10
 - (iii) “complainant” means any person who is or has been in a domestic relationship with a respondent and who is or has been subjected or allegedly subjected to an act of domestic violence, including any child in the care of the complainant; (xv)



- (iv) "court" means any court contemplated in the Magistrates' Courts Act, 1944 (Act No. 32 of 1944) or any family court established in terms of an Act of Parliament; (xiii)
- (v) "damage to property" means the wilful damaging or destruction of property belonging to a complainant or in which the complainant has a vested interest; (iii) 5
- (vi) "dangerous weapon" means any weapon as defined in section 1 of the Dangerous Weapons Act, 1968 (Act No. 71 of 1968); (xi)
- (vii) "domestic relationship" means a relationship between a complainant and a respondent in any of the following ways: 10
- (a) they are or were married to each other, including marriage according to any law, custom or religion;
- (b) they (whether they are of the same or of the opposite sex) live or lived together in a relationship in the nature of marriage, although they are not, or were not, married to each other, or are not able to be married to each other; 15
- (c) they are the parents of a child or are persons who have or had parental responsibility for that child (whether or not at the same time);
- (d) they are family members related by consanguinity, affinity or adoption; 20
- (e) they are or were in an engagement, dating or customary relationship, including an actual or perceived romantic, intimate or sexual relationship of any duration; or
- (f) they share or recently shared the same residence; (x)
- (viii) "domestic violence" means— 25
- (a) physical abuse;
- (b) sexual abuse;
- (c) emotional, verbal and psychological abuse;
- (d) economic abuse;
- (e) intimidation;
- (f) harassment; 30
- (g) stalking;
- (h) damage to property;
- (i) entry into the complainant's residence without consent, where the parties do not share the same residence; or
- (j) any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to, the safety, health or wellbeing of the complainant; (ix) 35
- (ix) "economic abuse" includes—
- (a) the unreasonable deprivation of economic or financial resources to which a complainant is entitled under law or which the complainant requires out of necessity, including household necessities for the complainant, and mortgage bond repayments or payment of rent in respect of the shared residence; or 40
- (b) the unreasonable disposal of household effects or other property in which the complainant has an interest; (v) 45
- (x) "emergency monetary relief" means compensation for monetary losses suffered by a complainant at the time of the issue of a protection order as a result of the domestic violence, including—
- (a) loss of earnings;
- (b) medical and dental expenses; 50
- (c) relocation and accommodation expenses; or
- (d) household necessities; (viii)
- (xi) "emotional, verbal and psychological abuse" means a pattern of degrading or humiliating conduct towards a complainant, including— 55
- (a) repeated insults, ridicule or name calling;
- (b) repeated threats to cause emotional pain; or
- (c) the repeated exhibition of obsessive possessiveness or jealousy, which is such as to constitute a serious invasion of the complainant's privacy, liberty, integrity or security; (vi)
- (xii) "harassment" means engaging in a pattern of conduct that induces the fear of harm to a complainant including— 60



- (a) repeatedly watching, or loitering outside of or near the building or place where the complainant resides, works, carries on business, studies or happens to be;
- (b) repeatedly making telephone calls or inducing another person to make telephone calls to the complainant, whether or not conversation ensues; 5
- (c) repeatedly sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the complainant; (xx)
- (xiii) "intimidation" means uttering or conveying a threat, or causing a complainant to receive a threat, which induces fear; (xiv) 10
- (xiv) "member of the South African Police Service" means any member as defined in section 1 of the South African Police Service Act, 1995 (Act No. 68 of 1995); (xvii)
- (xv) "peace officer" means a peace officer as defined in section 1 of the Criminal Procedure Act, 1977 (Act No. 51 of 1977); (xxii) 15
- (xvi) "physical abuse" means any act or threatened act of physical violence towards a complainant; (vii)
- (xvii) "prescribed" means prescribed in terms of a regulation made under section 19; (xxi)
- (xviii) "protection order" means an order issued in terms of section 5 or 6 but, in section 6, excludes an interim protection order; (iv) 20
- (xix) "residence" includes institutions for children, the elderly and the disabled; (xxiv)
- (xx) "respondent" means any person who is or has been in a domestic relationship with a complainant and who has committed or allegedly committed an act of domestic violence against the complainant; (xviii) 25
- (xxi) "sexual abuse" means any conduct that abuses, humiliates, degrades or otherwise violates the sexual integrity of the complainant; (xix)
- (xxii) "sheriff" means a sheriff appointed in terms of section 2(1) of the Sheriffs Act, 1986 (Act No. 90 of 1986), or an acting sheriff appointed in terms of section 5(1) of the said Act; (ii) 30
- (xxiii) "stalking" means repeatedly following, pursuing, or accosting the complainant; (i)
- (xxiv) "this Act" includes the regulations. (xii)

Duty to assist and inform complainant of rights 35

2. Any member of the South African Police Service must, at the scene of an incident of domestic violence or as soon thereafter as is reasonably possible, or when the incident of domestic violence is reported—

- (a) render such assistance to the complainant as may be required in the circumstances, including assisting or making arrangements for the complainant to find a suitable shelter and to obtain medical treatment; 40
- (b) if it is reasonably possible to do so, hand a notice containing information as prescribed to the complainant in the official language of the complainant's choice; and
- (c) if it is reasonably possible to do so, explain to the complainant the content of such notice in the prescribed manner, including the remedies at his or her disposal in terms of this Act and the right to lodge a criminal complaint, if applicable. 45

Arrest by peace officer without warrant

3. A peace officer may without warrant arrest any respondent at the scene of an incident of domestic violence whom he or she reasonably suspects of having committed an offence containing an element of violence against a complainant. 50



Application for protection order

4. (1) Any complainant may in the prescribed manner apply to the court for a protection order.

(2) If the complainant is not represented by a legal representative, the clerk of the court must inform the complainant, in the prescribed manner—

- (a) of the relief available in terms of this Act; and
- (b) of the right to also lodge a criminal complaint against the respondent, if a criminal offence has been committed by the respondent.

(3) Notwithstanding the provisions of any other law, the application may be brought on behalf of the complainant by any other person, including a counsellor, health service provider, member of the South African Police Service, social worker or teacher, who has a material interest in the wellbeing of the complainant: Provided that the application must be brought with the written consent of the complainant, except in circumstances where the complainant is—

- (a) a minor;
- (b) mentally retarded;
- (c) unconscious; or
- (d) a person whom the court is satisfied is unable to provide the required consent.

(4) Notwithstanding the provisions of any other law, any minor, or any person on behalf of a minor, may apply to the court for a protection order without the assistance of a parent, guardian or any other person.

(5) The application referred to in subsection (1) may be brought outside ordinary court hours or on a day which is not an ordinary court day, if the court is satisfied that the complainant may suffer undue hardship if the application is not dealt with immediately.

(6) Supporting affidavits by persons who have knowledge of the matter concerned may accompany the application.

(7) The application and affidavits must be lodged with the clerk of the court who shall forthwith submit the application and affidavits to the court.

Consideration of application and issuing of interim protection order

5. (1) The court must as soon as is reasonably possible consider an application submitted to it in terms of section 4(7) and may, for that purpose, consider such additional evidence as it deems fit, including oral evidence or evidence by affidavit, which shall form part of the record of the proceedings.

(2) If the court is satisfied that there is *prima facie* evidence that—

- (a) the respondent is committing, or has committed an act of domestic violence; and

(b) undue hardship may be suffered by the complainant as a result of such domestic violence if a protection order is not issued immediately, the court must, notwithstanding the fact that the respondent has not been given notice of the proceedings contemplated in subsection (1), issue an interim protection order against the respondent, in the prescribed manner.

(3) (a) An interim protection order must be served on the respondent in the prescribed manner and must call upon the respondent to show cause on the return date specified in the order why a protection order should not be issued.

(b) A copy of the application referred to in section 4(1) and the record of any evidence noted in terms of subsection (1) must be served on the respondent together with the interim protection order.

(4) If the court does not issue an interim protection order in terms of subsection (2), the court must direct the clerk of the court to cause certified copies of the application concerned and any supporting affidavits to be served on the respondent in the prescribed manner, together with a prescribed notice calling on the respondent to show cause on the return date specified in the notice why a protection order should not be issued.



(5) The return dates referred to in subsections (3)(a) and (4) may not be less than 10 days after service has been effected upon the respondent: Provided that the return date referred to in subsection (3)(a) may be anticipated by the respondent upon not less than 24 hours' written notice to the complainant and the court.

(6) An interim protection order shall have no force and effect until it has been served on the respondent. 5

(7) Upon service or upon receipt of a return of service of an interim protection order, the clerk of the court must forthwith cause—

(a) a certified copy of the interim protection order; and

(b) the original warrant of arrest contemplated in section 8(1)(a), 10
to be served on the complainant.

Issuing of protection order

6. (1) If the respondent does not appear on a return date contemplated in section 5(3) or (4), and if the court is satisfied that—

(a) proper service has been effected on the respondent; and 15

(b) the application contains *prima facie* evidence that the respondent has committed or is committing an act of domestic violence,

the court must issue a protection order in the prescribed form.

(2) If the respondent appears on the return date in order to oppose the issuing of a protection order, the court must proceed to hear the matter and— 20

(a) consider any evidence previously received in terms of section 5(1); and

(b) consider such further affidavits or oral evidence as it may direct, which shall form part of the record of the proceedings.

(3) The court may, on its own accord or on the request of the complainant, if it is of the opinion that it is just or desirable to do so, order that in the examination of witnesses, including the complainant, a respondent who is not represented by a legal representative— 25

(a) is not entitled to cross-examine directly a person who is in a domestic relationship with the respondent; and

(b) shall put any question to such a witness by stating the question to the court, and the court is to repeat the question accurately to the respondent. 30

(4) The court must, after a hearing as contemplated in subsection (2), issue a protection order in the prescribed form if it finds, on a balance of probabilities, that the respondent has committed or is committing an act of domestic violence.

(5) Upon the issuing of a protection order the clerk of the court must forthwith in the prescribed manner cause— 35

(a) the original of such order to be served on the respondent; and

(b) a certified copy of such order, and the original warrant of arrest contemplated in section 8(1)(a), to be served on the complainant.

(6) The clerk of the court must forthwith in the prescribed manner forward certified copies of any protection order and of the warrant of arrest contemplated in section 8(1)(a) to the police station of the complainant's choice. 40

(7) Subject to the provisions of section 7(7), a protection order issued in terms of this section remains in force until it is set aside, and the execution of such order shall not be automatically suspended upon the noting of an appeal. 45

Court's powers in respect of protection order

7. (1) The court may, by means of a protection order referred to in section 5 or 6, prohibit the respondent from—

(a) committing any act of domestic violence;

(b) enlisting the help of another person to commit any such act; 50

(c) entering a residence shared by the complainant and the respondent: Provided that the court may impose this prohibition only if it appears to be in the best interests of the complainant;

(d) entering a specified part of such a shared residence;

(e) entering the complainant's residence; 55

(f) entering the complainant's place of employment;



- (g) preventing the complainant who ordinarily lives or lived in a shared residence as contemplated in subparagraph (c) from entering or remaining in the shared residence or a specified part of the shared residence; or
- (h) committing any other act as specified in the protection order.
- (2) The court may impose any additional conditions which it deems reasonably necessary to protect and provide for the safety, health or wellbeing of the complainant, including an order—
- (a) to seize any arm or dangerous weapon in the possession or under the control of the respondent, as contemplated in section 9; and
- (b) that a peace officer must accompany the complainant to a specified place to assist with arrangements regarding the collection of personal property.
- (3) In ordering a prohibition contemplated in subsection 1(c), the court may impose on the respondent obligations as to the discharge of rent or mortgage payments having regard to the financial needs and resources of the complainant and the respondent.
- (4) The court may order the respondent to pay emergency monetary relief having regard to the financial needs and resources of the complainant and the respondent, and such order has the effect of a civil judgment of a magistrate's court.
- (5) (a) The physical address of the complainant must be omitted from the protection order, unless the nature of the terms of the order necessitates the inclusion of such address.
- (b) The court may issue any directions to ensure that the complainant's physical address is not disclosed in any manner which may endanger the safety, health or wellbeing of the complainant.
- (6) If the court is satisfied that it is in the best interests of any child it may—
- (a) refuse the respondent contact with such child; or
- (b) order contact with such child on such conditions as it may consider appropriate.
- (7) (a) The court may not refuse—
- (i) to issue a protection order; or
- (ii) to impose any condition or make any order which it is competent to impose or make under this section,
- merely on the grounds that other legal remedies are available to the complainant.
- (b) If the court is of the opinion that any provision of a protection order deals with a matter that should, in the interests of justice, be dealt with further in terms of any other relevant law, including the Maintenance Act, 1998, the court must order that such a provision shall be in force for such limited period as the court determines, in order to afford the party concerned the opportunity to seek appropriate relief in terms of such law.

Warrant of arrest upon issuing of protection order

8. (1) Whenever a court issues a protection order, the court must make an order—
- (a) authorising the issue of a warrant for the arrest of the respondent, in the prescribed form; and
- (b) suspending the execution of such warrant subject to compliance with any prohibition, condition, obligation or order imposed in terms of section 7.
- (2) The warrant referred to in subsection (1)(a) remains in force unless the protection order is set aside, or it is cancelled after execution.
- (3) The clerk of the court must issue the complainant with a second or further warrant of arrest, if the complainant files an affidavit in the prescribed form in which it is stated that such warrant is required for her or his protection and that the existing warrant of arrest has been—
- (a) executed and cancelled; or
- (b) lost or destroyed.
- (4) (a) A complainant may hand the warrant of arrest together with an affidavit in the prescribed form, wherein it is stated that the respondent has contravened any prohibition, condition, obligation or order contained in a protection order, to any member of the South African Police Service.



(b) If it appears to the member concerned that, subject to subsection (5), there are reasonable grounds to suspect that the complainant may suffer imminent harm as a result of the alleged breach of the protection order by the respondent, the member must forthwith arrest the respondent for allegedly committing the offence referred to in section 17(a).

(c) If the member concerned is of the opinion that there are insufficient grounds for arresting the respondent in terms of paragraph (b), he or she must forthwith hand a written notice to the respondent which—

- (i) specifies the name, the residential address and the occupation or status of the respondent;
- (ii) calls upon the respondent to appear before a court, and on the date and at the time, specified in the notice, on a charge of committing the offence referred to in section 17(a); and
- (iii) contains a certificate signed by the member concerned to the effect that he or she handed the original notice to the respondent and that he or she explained the import thereof to the respondent.

(d) The member must forthwith forward a duplicate original of a notice referred to in paragraph (c) to the clerk of the court concerned, and the mere production in the court of such a duplicate original shall be *prima facie* proof that the original thereof was handed to the respondent specified therein.

(5) In considering whether or not the complainant may suffer imminent harm, as contemplated in subsection (4)(b), the member of the South African Police Service must take into account—

- (a) the risk to the safety, health or wellbeing of the complainant;
- (b) the seriousness of the conduct comprising an alleged breach of the protection order; and
- (c) the length of time since the alleged breach occurred.

(6) Whenever a warrant of arrest is handed to a member of the South African Police Service in terms of subsection (4)(a), the member must inform the complainant of his or her right to simultaneously lay a criminal charge against the respondent, if applicable, and explain to the complainant how to lay such a charge.

Seizure of arms and dangerous weapons

9. (1) The court must order a member of the South African Police Service to seize any arm or dangerous weapon in the possession or under the control of a respondent, if the court is satisfied on the evidence placed before it, including any affidavits supporting an application referred to in section 4(1), that—

- (a) the respondent has threatened or expressed the intention to kill or injure himself or herself, or any person in a domestic relationship, whether or not by means of such arm or dangerous weapon; or
- (b) possession of such arm or dangerous weapon is not in the best interests of the respondent or any other person in a domestic relationship, as a result of the respondent's—
 - (i) state of mind or mental condition;
 - (ii) inclination to violence; or
 - (iii) use of or dependence on intoxicating liquor or drugs.

(2) Any arm seized in terms of subsection (1) must be handed over to the holder of an office in the South African Police Service as contemplated in section 11(2)(b) of the Arms and Ammunition Act, 1969 (Act No. 75 of 1969), and the court must direct the clerk of the court to refer a copy of the record of the evidence concerned to the National Commissioner of the South African Police Service for consideration in terms of section 11 of the Arms and Ammunition Act, 1969.

(3) Any dangerous weapon seized in terms of subsection (1)—

- (a) must be given a distinctive identification mark and retained in police custody for such period of time as the court may determine; and
- (b) shall only be returned to the respondent or, if the respondent is not the owner of the dangerous weapon, to the owner thereof, by order of the court and on such conditions as the court may determine:

Provided that—

- (i) if, in the opinion of the court, the value of the dangerous weapon so seized is below R200; or
- (ii) if the return of the dangerous weapon has not been ordered within 12 months after it had been so seized; or



(iii) if the court is satisfied that it is in the interest of the safety of any person concerned,
the court may order that the dangerous weapon be forfeited to the State.

Variation or setting aside of protection order

10. (1) A complainant or a respondent may, upon written notice to the other party and the court concerned, apply for the variation or setting aside of a protection order referred to in section 6 in the prescribed manner. 5

(2) If the court is satisfied that good cause has been shown for the variation or setting aside of the protection order, it may issue an order to this effect: Provided that the court shall not grant such an application to the complainant unless it is satisfied that the application is made freely and voluntarily. 10

(3) The clerk of the court must forward a notice as prescribed to the complainant and the respondent if the protection order is varied or set aside as contemplated in subsection (1).

Attendance of proceedings and prohibition of publication of certain information 15

11. (1) (a) No person may be present during any proceedings in terms of this Act except—

- (a) officers of the court;
- (b) the parties to the proceedings;
- (c) any person bringing an application on behalf of the complainant in terms of section 4(3); 20
- (d) any legal representative representing any party to the proceedings;
- (e) witnesses;
- (f) not more than three persons for the purpose of providing support to the complainant; 25
- (g) not more than three persons for the purpose of providing support to the respondent; and
- (h) any other person whom the court permits to be present:

Provided that the court may, if it is satisfied that it is in the interests of justice, exclude any person from attending any part of the proceedings. 30

(b) Nothing in this subsection limits any other power of the court to hear proceedings *in camera* or to exclude any person from attending such proceedings.

(2) (a) No person shall publish in any manner any information which might, directly or indirectly, reveal the identity of any party to the proceedings.

(b) The court, if it is satisfied that it is in the interests of justice, may direct that any further information relating to proceedings held in terms of this Act shall not be published: Provided that no direction in terms of this subsection applies in respect of the publication of a *bona fide* law report which does not mention the names or reveal the identities of the parties to the proceedings or of any witness at such proceedings. 35

Jurisdiction 40

12. (1) Any court within the area in which—

- (a) the complainant permanently or temporarily resides, carries on business or is employed;
- (b) the respondent resides, carries on business or is employed; or
- (c) the cause of action arose, 45

has jurisdiction to grant a protection order as contemplated in this Act.

(2) No specific minimum period is required in relation to subsection (1)(a).

(3) A protection order is enforceable throughout the Republic.

Service of documents

13. (1) Service of any document in terms of this Act must forthwith be effected in the prescribed manner by the clerk of the court, the sheriff or a peace officer, or as the court may direct. 50



(2) The regulations contemplated in section 19 must make provision for financial assistance by the State to a complainant or a respondent who does not have the means to pay the fees of any service in terms of this Act.

Legal representation

14. Any party to proceedings in terms of this Act may be represented by a legal representative. 5

Costs

15. The court may only make an order as to costs against any party if it is satisfied that such party has acted frivolously, vexatiously or unreasonably.

Appeal and review 10

16. The provisions in respect of appeal and review contemplated in the Magistrate's Courts Act, 1944 (Act No. 32 of 1944), and the Supreme Court Act, 1959 (Act No. 59 of 1959), apply to any proceedings in terms of this Act.

Offences

17. Notwithstanding the provisions of any other law, any person who— 15
- (a) contravenes any prohibition, condition, obligation or order imposed in terms of section 7;
 - (b) contravenes the provisions of section 11(2)(a);
 - (c) fails to comply with any direction in terms of the provisions of section 11(2)(b); or 20
 - (d) in an affidavit referred to section 8(4)(a), wilfully makes a false statement in a material respect,

is guilty of an offence and liable on conviction in the case of an offence referred to in paragraph (a) to a fine or imprisonment for a period not exceeding five years or to both such fine and such imprisonment, and in the case of an offence contemplated in paragraph (b), (c), or (d), to a fine or imprisonment for a period not exceeding two years or to both such fine and such imprisonment. 25

Application of Act by prosecuting authority and members of South African Police Service

18. (1) No prosecutor shall— 30
- (a) refuse to institute a prosecution; or
 - (b) withdraw a charge,

in respect of a contravention of section 17(a), unless he or she has been authorised thereto, whether in general or in any specific case, by a Director of Public Prosecutions as contemplated in section 13(1)(a) of the National Prosecuting Authority Act, 1998 (Act No. 32 of 1998), or a senior member of the prosecuting authority designated thereto in writing by such a Director. 35

(2) The National Director of Public Prosecutions referred to in section 10 of the National Prosecuting Authority Act, 1998, in consultation with the Minister of Justice and after consultation with the Directors of Public Prosecutions, must determine prosecution policy and issue policy directives regarding any offence arising from an incident of domestic violence. 40

(3) The National Commissioner of the South African Police Service must issue national instructions as contemplated in section 25 of the South African Police Service Act, 1995 (Act No. 68 of 1995), with which its members must comply in the execution of their functions in terms of this Act, and any instructions so issued must be published in the *Gazette*. 45

(4) (a) Failure by a member of the South African Police Service to comply with an obligation imposed in terms of this Act or the national instructions referred to in subsection (3), constitutes misconduct as contemplated in the South African Police Service Act, 1995, and the Independent Complaints Directorate, established in terms of that Act, must forthwith be informed of any such failure reported to the South African Police Service. 50



(b) Unless the Independent Complaints Directorate directs otherwise in any specific case, the South African Police Service must institute disciplinary proceedings against any member who allegedly failed to comply with an obligation referred to in paragraph (a).

(5) (a) The National Director of Public Prosecutions must submit any prosecution policy and policy directives determined or issued in terms of subsection (2) to Parliament, and the first policy and directives so determined or issued, must be submitted to Parliament within six months of the commencement of this Act. 5

(b) The National Commissioner of the South African Police Service must submit any national instructions issued in terms of subsection (3) to Parliament, and the first instructions so issued, must be submitted to Parliament within six months of the commencement of this Act. 10

(c) The Independent Complaints Directorate must, every six months, submit a report to Parliament regarding the number and particulars of matters reported to it in terms of subsection (4)(a), and setting out the recommendations made in respect of such matters. 15

(d) The National Commissioner of the South African Police Service must, every six months, submit a report to Parliament regarding-

- (i) the number and particulars of complaints received against its members in respect of any failure contemplated in subsection (4)(a);
- (ii) the disciplinary proceedings instituted as a result thereof and the decisions which emanated from such proceedings; and 20
- (iii) steps taken as a result of recommendations made by the Independent Complaints Directorate.

Regulations

19. (1) The Minister of Justice may make regulations regarding— 25
- (a) any form required to be prescribed in terms of this Act;
 - (b) any matter required to be prescribed in terms of this Act; and
 - (c) any other matter which the Minister deems necessary or expedient to be prescribed in order to achieve the objects of this Act.
- (2) Any regulation made under subsection (1)— 30
- (a) must be submitted to Parliament prior to publication thereof in the *Gazette*;
 - (b) which may result in expenditure for the State, must be made in consultation with the Minister of Finance; and
 - (c) may provide that any person who contravenes a provision thereof or fails to comply therewith shall be guilty of an offence and on conviction be liable to a fine or to imprisonment for a period not exceeding one year. 35

Amendment of section 40 of Act 51 of 1977, as amended by section 41 of Act 129 of 1993 and section 4 of Act 18 of 1996

20. Section 40 of the Criminal Procedure Act, 1977, is hereby amended by the addition in subsection (1) of the following paragraph: 40

“(q) who is reasonably suspected of having committed an act of domestic violence as contemplated in section (1) of the Domestic Violence Act, 1998, which constitutes an offence in respect of which violence is an element.”

Repeal of laws and savings

21. (1) Sections 1, 2, 3, 6 and 7 of the Prevention of Family Violence Act, 1993 (Act No. 133 of 1993), are hereby repealed. 45

(2) Any application made, proceedings instituted or interdict granted in terms of the Act referred to in subsection (1) shall be deemed to have been made, instituted or granted in terms of this Act.

Short title and commencement 50

22. This Act shall be called the Domestic Violence Act, 1998, and comes into operation on a date fixed by the President by proclamation in the *Gazette*.



APPENDIX 3

LETTER OF CONSENT



Löre Hartzenberg

BA B Ed (Psych) M Ed (CO) *Cum Laude* M Ed (Ed Psych) DTE

PR No.: 8641935

OPVOEDKUNDIGE SIELKUNDIGE
EDUCATIONAL PSYCHOLOGIST

RESEARCH PROGRAMME: LETTER OF CONSENT

I am currently doing a doctorate study (Ph.D. Educational Guidance and Counselling) through the University of Pretoria, with the aim of developing a cross-cultural trauma-counselling programme for children and adolescents of families in crisis.

You are invited to participate in this study, and the service that is provided to the Child and Family Care Society of Pretoria. If you agree to participate, you and your child will become part of a group of participants in this project. The knowledge obtained through this study will be helpful to counsellors working with children and adolescents who have experienced trauma within the family, with the intention that better services can be offered to families in need.

A major benefit of your participation is that your child will be offered counselling and therapy by a qualified therapist. Intervention will be in the form of art therapy, which is known to significantly facilitate healing after trauma experiences. There will be 6 therapy sessions, lasting an hour per session.

Any information obtained in connection with this study will remain strictly confidential and will only be available to the research team consisting of the social worker, therapist and researcher. Your name, and your child's name, will not appear on any research form, and participation is totally anonymous.

If you have any questions concerning the research you are free to contact me at any time. Your signature below indicates that you understand your rights in the research and are unreservedly participating in this study.

AGREEMENT:

Your signature indicates that having read the information provided above, you have agreed to participating in the research programme, and that you have received a copy of this form.

Signature

Date



APPENDIX 4

INTERVENTION CHECKLIST



DATE OF INTERVENTION ____/____/____

SURNAME _____ FIRST NAMES _____ M F AGE ____years ____months

INTERVENTION GOALS: _____

ART DIRECTIVES: _____

ART MATERIALS: _____

**TASK
ORIENTATION**

| | | |
|---|-----------|---------------------------------------|
| Waits for direction | 1 2 3 4 5 | Impulsive |
| Calm and focused | 1 2 3 4 5 | Restless / agitated |
| Follows instruction | 1 2 3 4 5 | Cannot follow instruction |
| Confident in abilities / venturesome | 1 2 3 4 5 | Concerned about possible mistakes |
| Takes time to complete tasks | 1 2 3 4 5 | Hurries through tasks |
| Works independently | 1 2 3 4 5 | Requires assistance and structure |
| Adaptable to various directives and materials | 1 2 3 4 5 | Cannot adapt |
| Appropriate concentration | 1 2 3 4 5 | Appears distracted |
| Intentionally well directed | 1 2 3 4 5 | Gives up easily |
| Shows own initiation | 1 2 3 4 5 | Waits for counsellor to initiate |
| Values / proud of own performance | 1 2 3 4 5 | Devalues / criticizes own performance |
| Approaches tasks with confidence | 1 2 3 4 5 | Lacks confidence and cannot decide |

continued....



PRODUCT / CONTENT

TITLE _____

CONTENT AFFECT _____

THEMES _____

| | | |
|---|-----------|---|
| Image reflects current feelings / situation | 1 2 3 4 5 | Does not reflect current feelings / situation |
| Positive images | 1 2 3 4 5 | Negative images |
| Values / proud of own performance | 1 2 3 4 5 | Devalues / criticizes own performance |
| Coherent / integrated images | 1 2 3 4 5 | Disjointed / fragmented images |
| Spontaneous and free | 1 2 3 4 5 | Lacks spontaneity |
| Evidence of own expressive language | 1 2 3 4 5 | Relies on stereotypical images |
| Presence of a metaphor or theme | 1 2 3 4 5 | Theme is simple and concrete |
| Able to relate to self or own situation | 1 2 3 4 5 | Unable to discuss or describe / no self-association |

DEVELOPMENTAL

Age-appropriate expression 1 2 3 4 5 Regressed expression

Developmental level _____

continued...

INTERACTION

| | | |
|---|-----------|---|
| Maintains own physical / personal space | 1 2 3 4 5 | Goes into others personal space inappropriately |
| Independent in work | 1 2 3 4 5 | Dependant on counsellor help / feedback |
| Responds / accepts limits | 1 2 3 4 5 | Difficulty in responding to limits |
| Active | 1 2 3 4 5 | Withdrawn |
| Responds to counsellor | 1 2 3 4 5 | Unresponsive / mute |
| Has appropriate closure at the end of session | 1 2 3 4 5 | Difficulty leaving the session |

COMMENTS: _____

SESSION EVALUATION: _____

RELEVANT CROSS-CULTURAL ISSUES / PROBLEMS: _____



APPENDIX 5

PTSD DIAGNOSTIC CRITERIA



Diagnostic criteria for Posttraumatic Stress Disorder

- A. The person has been exposed to a traumatic event in which both of the following were present:
- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 - (2) the person's response involved intense fear, helplessness, or horror. **Note:** In children, this may be expressed instead by disorganized or agitated behavior
- B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 - (2) Recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.
 - (3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** In young children, trauma-specific reenactment may occur.
 - (4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 - (5) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
 - (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
 - (3) inability to recall an important aspect of the trauma
 - (4) markedly diminished interest or participation in significant activities
 - (5) feeling of detachment or estrangement from others
 - (6) restricted range of affect (e.g., unable to have loving feelings)
 - (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
- (1) difficulty falling or staying asleep
 - (2) irritability or outbursts of anger
 - (3) difficulty concentrating
 - (4) hypervigilance
 - (5) exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at least 6 months after the stressor



APPENDIX 6



TABLE 1.1 INTERPRETIVE PARADIGMS

| PARADIGM / THEORY | CRITERIA | FORM OF THEORY | TYPE OF NARRATION |
|-------------------------------------|--|--|--|
| <i>Positivist / Post positivist</i> | Internal, external validity | Logical-deductive scientific, grounded | Scientific report |
| <i>Constructivist</i> | Trustworthiness, credibility, transferability, conformability | Substantive formal | Interpretive case studies |
| <i>Feminist</i> | Afro centric, lived experience, dialogue, caring, accountability, race, class, gender, reflexivity, praxis, emotion, concrete grounding. | Critical, standpoint | Essays, stories, experimental writing |
| <i>Ethnic</i> | Afro centric, lived experience, dialogue, caring, accountability, race, class, gender. | Standpoint, critical, historical | Essays, fables, dramas |
| <i>Marxist</i> | Emancipatory theory, falsifiable dialogue, race, class, gender., | Critical, historical, economic | Historical, economic, Sociocultural analysis |
| <i>Cultural studies</i> | Cultural practices, praxis, social texts, subjectivities | Social criticism | Cultural theory as criticisms |
| <i>Contextual</i> | Non-interpretative Non verbal Contextual Accommodative Cultural awareness | Inductive Integrative | Case studies Image-making |



APPENDIX 7



| | POSITIVIST CASE STUDY PARADIGM (Yin) | CONSTRUCTIVIST CASE STUDY PARADIGM (Guba & Lincoln) | PRAGMATIC CONTEXTUAL CASE STUDY PARADIGM |
|---|---|--|--|
| INTRODUCTION: FOCUS OF THE STUDY | Theory to be empirically and scientifically tested | Focus of the study is: <ul style="list-style-type: none"> • Conceptual problem • Programme to be evaluated • Policy option | Problem to be solved <ul style="list-style-type: none"> • The particular client • Particular psychological or social problem, which is the focus of the study • The guiding conception (C4 model), as informed by previous research • The programme for improvement that flows from this conception (model) |
| RESEARCH METHOD | SETTINGS, MEASURES AND PROCEDURES FOR THEORY TESTING | CASE CONTEXT, STAKEHOLDERS AND PARTICIPANT OBSERVER ROLE | CASE CONTEXT, PROGRAMME DESCRIPTIONS, STAKEHOLDERS AND OUTCOME MEASUREMENTS |
| <ul style="list-style-type: none"> • Setting • Rationale for choosing the study situation • Data collection procedures | <p>Controlled, laboratory-like setting</p> <p>Logically reflective of the theoretical hypotheses to be tested</p> <p>Operationalized, quantitative measures and procedures used for testing hypotheses associated with the study's theory</p> | <p>Naturalistic case situation</p> <p>Explanation of why the conceptual problem was chosen for the evaluation</p> <p>An inductive approach that assumes the researcher needs to discover what questions to ask. The procedures emphasise the researcher as "human instrument", building on tacit knowledge and focussing on qualitative interaction with research participants</p> | <p>Naturalistic case situation in which the programme is implemented, including the case's context, research assistants, staff and organisations</p> <p>Rationale for choosing the case study</p> <p>The measures and procedures employed to assess programme Researcher as human instrument building on tacit knowledge and focussing on qualitative interaction with research participants</p> |



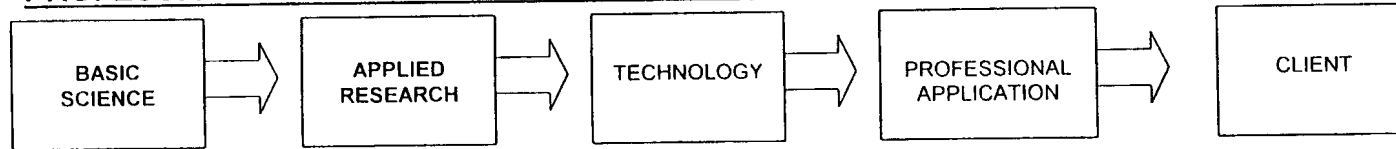
| RESEARCH DESIGN | | | |
|--|---|---|--|
| <ul style="list-style-type: none"> • Construct validity | Theoretical construct validity showing the correctness of the operational measures in reflecting the theoretical concepts | N/A | Programme process and goal construct validity. Triangulation is used, i.e. multiple and converging performance indicators are employed to add validity to the programme goals and process (scoring protocol). |
| <ul style="list-style-type: none"> • Validity within the study | <i>Internal causality validity</i> | <i>Credibility:</i> Prolonged engagement, persistent observation, and triangulation in information gathering process by using multiple methods, multiple data sources, and multiple investigators. | <i>Internal-functional validity:</i> Functional relationships between the programme intervention variables and client outcome variables <i>Internal-connectedness validity:</i> Presenting convincing logic and reasonableness concerning the relations among the various components of the case study, i.e. C4 model, C4 programme, reflections and conclusions <i>Credibility:</i> Prolonged engagement, persistent observation, and triangulation in information gathering process by using multiple methods, multiple data sources, and multiple investigators. |
| <ul style="list-style-type: none"> • Applicability to other sites | <i>External validity:</i> identifying the domain to which the study can be generalised | <i>Transferability:</i> providing a thick description from which generalisability can be derived | Transferability is not an aim in itself as each case is seen in a unique context, which cannot be generalised. |
| <ul style="list-style-type: none"> • Reproducibility of the research process | <i>Reliability:</i> demonstrating the repeatability of the measurement process | <i>Dependability:</i> establishing the process of how the study was conducted is documented in such a way that this process can be tracked and reconstructed by a research auditor | <i>Dependability:</i> employing the hermeneutic paradigm (to discover / reveal) for tracking the process by which the case study was conducted |



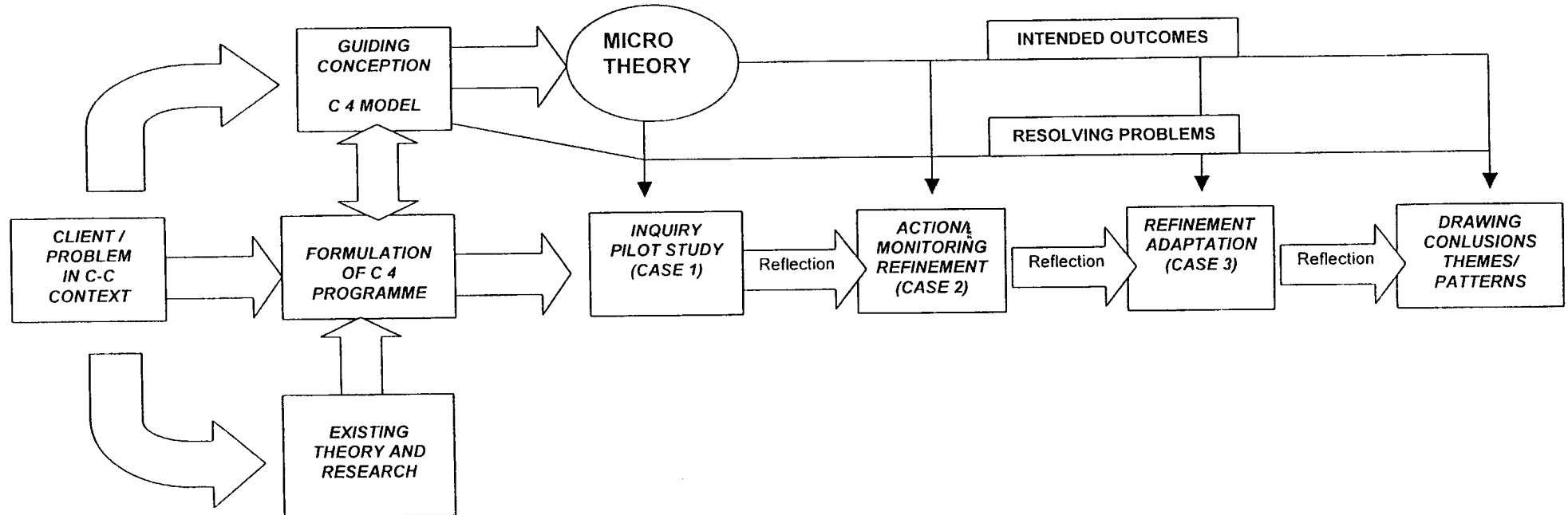
| | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> • Addressing the researcher's interest and values • authenticity | <p>Researcher objectivity: "value neutrality" of the researcher</p> <p>N/A</p> | <p>Confirmability: assuring that data, interpretations and outcomes in the research are rooted in contexts and persons, apart from the researcher.</p> <p>Methodological hermeneutics, applying interpretative principles to qualitative understanding of human behaviour in a particular setting; includes inseparability of fact and value, detail and context and observation and theory.</p> | <p>Researcher bias reduction: showing how the researcher's own personal culture and values that could interact and interfere unduly with the design and conduct of the study are reduced by the non-interpretive and non-verbal approach.</p> <p>Confirmability: assuring that data, interpretations and outcomes in the research are rooted in contexts and persons, apart from the researcher.</p> <p>Ontological hermeneutics addresses the role of interpretation in the nature of human existence itself. It views the fundamental role of "being-in-the-world / trauma" as that of individuals who can understand and interpret (for themselves) in the context of engaged practical activity in the intervention programme.</p> |
| <p>RESULTS</p> | <p>Theory-relevant quantitative results of the study that shed light on the testing of the study's theory.</p> | <p>"Grounded theory" that emerges from the researcher's participant observers role. The theory emerges as the researcher elicits the construction of the various stakeholders about the subject of the study. Facilitating of mutual dialogue and critique of these constructions. Works toward a negotiated consensual construction among stakeholders.</p> | <p>Programme summarises data that shed light on the process and effectiveness of the programme, using data-analytic techniques, such as "pattern-matching", "goal-attainment" and that which seems to make the programme more, or less successful, including emergent analysis techniques as grounded theory. Dissemination of results for use in the community for which its intended, to empower beneficiaries.</p> |
| <p>DISCUSSION</p> | <p>Implications for general, nomothetic theory; reviews results and discusses their implications for viability of the originally introduced general theory.</p> | <p>Ideographic discussion of the individual case. In an evaluation the emphasis is on empowering stakeholders, rather than on the substance of the findings of the study per se.</p> | <p>Reviews the study in terms of its relevance to similar settings and for confirming the usefulness of the original guiding concept (model) and for suggesting adjustments to make the programme more useful.</p> |



PROFESSIONAL/RESEARCH ACTIVITY AS APPLIED IN THIS STUDY (From: Fishman, 1999)



PRAGMATIC RESEARCH ACTIVITY AS APPLIED IN THIS STUDY (Research-Innovation Process, de Vos 1998)



Rationale:

- The need to solve a particular problem within a specific context comes first
- Theory and research is directed by the problem at hand
- Theories and research must deal with problems as they holistically present themselves within the specific context
- Actual cases (clients) should be starting and ending points of pragmatic psychological research that claims to be effective in contributing to real-life problems and empowering clients
- Develops a database of accumulated case studies which guides the researcher/counsellor in dealing with the problem
- Shift of focus from the researcher's reality as the one of importance to the client's view / interpretation of reality