

**A HOLISTIC ETHNIC-CENTRIC INTERVENTION
PROGRAMME FOR THE MILIEU-DISABLED
SOTHO PRIMARY SCHOOL CHILD
EXPOSED TO VIOLENCE**

by

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**A thesis submitted in partial fulfilment of the
requirements for the degree**

DOCTOR OF PHILOSOPHY

in the Department of Social Work and Criminology at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

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CO-SUPERVISOR: Dr. H. Hall

December 2015

DEDICATION

This dissertation is dedicated to my beloved husband,
Aiman and our dear son, Alexander.

Thank you for your unwavering love, patience and support
throughout my long years of study. You have sacrificed so much
of our precious quality time together in order for me
to pursue my goal.

You truly are my inspiration and joy.

In loving memory of:

My father, Vlam Kruger (1939-2010)
and my mother-in-law, Suzy Fadel (1940-2012)
who both passed away during my studies.

ABSTRACT

A HOLISTIC ETHNIC-CENTRIC INTERVENTION PROGRAMME FOR THE MILIEU-DISABLED SOTHO PRIMARY SCHOOL CHILD EXPOSED TO VIOLENCE

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Supervisors: Prof. Dr. A. Lombard and Dr. H. Hall

Department: Social Work and Criminology

Degree: Doctor of Philosophy

Violence in milieu-disabled communities is an epidemic that can seriously affect the future health of children in South Africa. South Africa needs a stronger evidence base on the underlying causes of violence in the country to facilitate better planning of target services and to inform the design of intervention programmes (Mathews & Benvenuti, 2014:33). The social welfare sector is specifically challenged by the dearth in the development of indigenous interventions. In order to respond to these challenges the goal of the study was to describe, design and develop a holistic ethnic-centric intervention programme for the milieu-disabled Sotho primary school child exposed to violence. The ecological systems approach (Bronfenbrenner's bioecological model of development) and the Gestalt approach were used as conceptual frameworks to inform holistic ethnic-centric interventions related to children's exposure to violence.

The empirical study was executed in a single geographical area namely, the Soshanguve Township with participants from the Sotho ethnic group. An adapted model of intervention research from Rothman and Thomas (1994) and recent developments by Fraser, Richman, Galingsky and Day (2009) were utilised to guide the process for the development of the intervention design. The exploratory sequential mixed-methods approach was applied, that incorporated both qualitative and quantitative research paradigms in one single study (Creswell & Plano Clark, 2011:411). A collective case study design was chosen for the first phase of the study as it provided an opportunity to utilise multiple case units and sources of data (observational study, focus groups, consultation with experts) to explore and

describe in depth the phenomenon of the milieu-disabled Sotho primary school child exposed to violence (Krysiak & Finn, 2013:165). The one-group, pre-test post-test design, also considered a pre-experimental design due to the absence of a control group - was implemented as a pilot study in the quantitative phase to gain tentative descriptive information for further development of the intervention (Rubin & Babbie, 2013:185).

The qualitative findings contributed to a holistic and a phenomenological understanding of the way that the milieu-disabled Sotho primary school child experienced and gave meaning to his/her socio-cultural ecology of violence. Multiple protective and risk factors emerged that significantly informed the critical target areas that were needed for the design of the intervention programme. The participants in the collective case study were empowered with a voice as experts of their own contextual realities to determine the desired needs for the intervention programme.

It was concluded from the quantitative findings that the intervention programme and measurement instrument will need further refinement through pilot testing and expert reviews. The qualitative findings related to the group process and responses of the children to the programme, however, revealed promising results for future development of the intervention programme. It was, therefore, recommended that the intervention programme be refined to resolve the identified weaknesses and improve on its effectiveness through a balanced consideration of both the quantitative and qualitative findings of the pilot study. It is anticipated that the pioneering research project would stimulate social workers to contribute to the design of culturally sensitive and evident-based intervention models rooted in ethnic children's voices and a holistic understanding of the context of milieu disability and violence.

KEY WORDS

Sotho primary school child, Violence, Milieu disability, Ethnic-centric, Culture, Holistic, Ecological systems approach, Gestalt approach, Intervention programme.

DECLARATION

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Title of thesis: A holistic ethnic-centric intervention programme for the milieu-disabled Sotho primary school child exposed to violence.

I declare that this thesis is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements. I understand what plagiarism is and am aware of university policy and implications in this regard.

ACKNOWLEDGEMENT

“I give thanks to the Lord, for He is good.

His faithful love endures forever.”

Psalm 136:1

This thesis would not have come to realisation without the support and assistance of the following people:

Firstly, I would like to express my immense respect and deep appreciation to Prof Dr. Antoinette Lombard, and Dr. Herna Hall for the countless hours spent in mentorship from the beginning until the completion of this degree. Thank you for guiding me patiently and professionally throughout the process with such commitment, dedication and inspiration.

Eyman Fadel, my remarkable sister-in-law, for her love and consistency in prayer. Thank you for always being a pillar to lean on even if you live very far away.

Antoinette Bailie, my dear friend for her invaluable support, and encouragement. You are a true friend indeed.

I would also like to thank Kana Sekgotha, Tebogo Magwele, Audrey Mokgaladi, Selina Mothiba and Johanna Sawa for their important indigenous expertise and assistance with guidance, translation and interpretation. I learned so much from you.

This cross-cultural research project was an inspiring and educational; yet, a challenging journey where so much was learned from the participants as experts of their own life experiences, needs and aspirations. It was an eye opener to the harsh realities that milieu-disabled children in ethnic context face every day while frequently exposed to violence. I want to express my gratitude to all the participants in the study who accepted me in their community, and for sharing their experiences with me.

ABBREVIATIONS AND ACRONYMS

HIV/AIDS	Human Immune Virus and Acquired Immune Deficiency Syndrome
MDSPSC	Milieu-disabled Sotho primary school children
NGO	Non-governmental Organisation
SACE	South African Council of Educators
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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Appendix 8:	Adult informed consent: Focus group

Chapter 1

GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Violence in milieu-disabled communities is an epidemic that can seriously affect the future health of children in South Africa. Statistics South Africa (2015a:2) reveals that South Africa comprises of a relatively youthful population, of which 30.2 per cent is under 15 years of age. In contemporary South Africa the apartheid legacy fuelled high levels of crime and violence leading to death, disability, psychological trauma and the disintegration of ethnic and social systems (compare New & Cochran, 2007:1194; Connolly & Eagle, 2009:541,542; Jewkes, Abrahams, Mathews, MRC Gender & Health Research Unit, Seedat; Van Niekerk, Suffla, Ratele, MRC Crime, Violence & Injury Lead Programme, 2009:1). Violence against children in South Africa still prevails where children are exposed to various types of violence, including sexual violence; physical abuse; corporal punishment; neglect; and cultural and traditional practises that are harmful to their developmental well-being (Mathews & Benvenuti, 2014:27-30). Jamieson, Stein and Waterhouse (2014:20) observe that although South Africa progressed in terms of implementing international laws in the Constitution and drafting pioneering laws to ensure the protection of children, it is far from complete. Reinforcing these laws also remains a challenge as corporal punishment and unhealthy cultural practises continue as cycles of violence (Mathews & Benvenuti, 2014:28).

Furthermore, contemporary South Africa is still regarded as a country with high levels of poverty and large divides between the poor and wealthy (Crais, 2011:9). Seedat, Van Niekerk, Jewkes, Suffla and Ratele (2009:1011) state that:

The social dynamics that support violence are widespread poverty, unemployment, and income inequality; patriarchal notions of masculinity that valorise toughness, risk-taking, and defense of honour; exposure to abuse in childhood and weak parenting; access to firearms; widespread alcohol misuse; and weaknesses in the mechanisms of law enforcement.

Extreme socio-economic conditions in many settings result in children growing up in communities, homes and schools where they are exposed to high levels of violence (compare Dinan, 2009:109; Chames & Lomofsky, 2014:43). The observable link between poverty and the prevalence of violence deserves an integrated welfare focus for the design of intervention programmes. In the light of the suggested relation between violence and milieu disability, these phenomena were concurrently and holistically explored in the

research study. It has been indicated that children growing up in extreme milieu-disabled communities live with consistent violence that results in trauma and despair which deprives them of healthy and happy childhood experiences (compare Richter, Dawes, Rama & Chandan, 2008:448; Connolly & Eagle, 2009:540). Socio-economic factors such as parental nurturing; social support systems; the type of housing; and the safety of the environment impact collectively on the health and well-being of children (Underdown, 2007:1).

Primary school children in South Africa have been found to be at increasing risk for exposure to violence not just in their home, but also outside the home as they embark on their school career, underscoring the importance of early intervention as a preventative measure (Cluver, Meinck & Omar, 2014:65). Furthermore, they become more susceptible to and "receptive to a host of exclusion practices, such as gender and race, stereotyping, bullying and victimization" (Kolucki & Lemish, 2011:34). Cluver et al. (2014:65) add to the list an increased risk to be exposed to physical and emotional abuse in the home; and/or to be bullied or sexual harassed at school. The authors stress the importance of early intervention with primary school children exposed to violence to prevent the onset of sexual abuse and buffer the impact of violence on holistic growth and development (Cluver et al., 2014:65). The researcher agrees with Kolucki and Lemish (2011:4) on the stance they take with regard to children:

Rather than thinking of children as little people who are in the process of becoming fully grown adults, many global child development experts suggest that we think of them as full human beings in their own right: We need to fully recognise children, in each stage of their development, as having unique needs and skills, as well as personal voices that deserve to be listened to with respect and empathy.

Children in an ethnic context should be given a voice to share their experiences and needs as it relates to milieu disability and violence for the alignment of contextually relevant social work interventions. The reality is that many children are afraid to report incidents of violence against them, especially when the perpetrator is a family member, a powerful member of the community or a police official; and therefore violence against children may remain hidden (Pinheiro, 2006:10). According to Mathews and Benvenuti (2014:27) South Africa lacks efficient research to determine the extent and range of children's exposure to violence. The authors also indicate that a national research study on children is currently in progress that will provide the first national prevalence estimates in 2015 (Mathews & Benvenuti, 2014:27). Social workers and other service providers in the social, educational and health sector should combine efforts to appropriately and innovatively intervene in the lives of children exposed to milieu disability and violence.

Intervening appropriately requires challenging cultural and social norms that sustain cycles of violence (WHO, 2010:6). Dinan (2009:108) explains that existence within a global society requires an understanding and appreciation of not only different cultures, but also the environments that shape the thoughts and behaviour of people.

Mathews and Benvenuti (2014:30) describe violence as an intricate phenomenon with no easy solutions that necessitate a multifaceted approach to influence the interplay of underlying risk factors. The links between violence and the interaction between individual (biological) factors and the broader socio-economic and cultural contexts suggest that the problem of violence must be addressed at the different levels of ecologies if it is to be dealt with effectively (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002:9; Mathews & Benvenuti, 2014:30). In order for the social work profession to respond relevantly to the holistic developmental needs of indigenous children's exposure to violence, the multiple causes of violence and the interaction of risk and protective factors operating within the family and broader community, social, cultural and economic contexts should be assessed based on proper research. The ecological systems approach (see Chapter 3) and the Gestalt approach (see Chapter 4) were implemented in this research study as conceptual frameworks to inform holistic ethnic-centric interventions related to milieu-disabled Sotho primary school children's exposure to violence.

The well-being and healthy holistic development of vulnerable children in South Africa exposed to violence; should receive precedence as a priority area in the development of social work intervention strategies to prevent cycles of violence. The White Paper for Social Welfare (RSA, Ministry for Social Welfare and Population Development, 1997), which is currently under revision, still directs the social welfare sector in ensuring that social welfare programmes should be offered to all South Africans and that the focus remains on the poor, those who are vulnerable, such as young children, and those who have special needs. Chames and Lomofsky (2014:49) promote the adoption of a systems approach by all child-protection actors to facilitate the analysis, planning, and monitoring of early intervention and protection programmes for the development of the infrastructure of child protection.

In Chapter 11 of South Africa's National Development Plan 2030 (2011:377), it is envisaged to create a better welfare system in South Africa that delivers better results for vulnerable groups, with the state playing a larger role compared to now and to increase the supply of four categories of social service professionals. The researcher concludes from the afore-mentioned discussion that there is a political commitment to empower the social welfare sector through enhanced support in order to be more effective as a crucial role player in reflecting transformation and social protection related to vulnerable groups.

Patel (2014:6) challenges social workers to “strengthen the developmental approach to social welfare conceptually and to continue growing innovation – and evidence-based social developmental practice.” The complexity of milieu disability and violence in South Africa and the relation to ethnic components of various sub groups in South Africa deserves a primary focus for the development of relevant and evidence-based intervention programmes.

South Africa recognises 11 official languages (English, Afrikaans, isiNdebele, isiXhosa, isiZulu, Sesotho Saleboa, Sesotho, Setswana, siSwati, Tsivenda, Xitsonga) making it a rainbow nation of diversity and many cultural traditions (South African Yearbook 2013/2014:2,3). The question can thus be posed as to how does the South African social work profession responds to the country’s cultural diversity in the design and development of interventions. In the field of violence some progress has been made with the design of promising indigenous programmes for children such as amongst others the *Thula Sana* project; *Isibindi* model and Stepping Stones adolescent school programme (Van Niekerk & Makoae, 2014:38,39).

Despite some headway that has been made it is indicated that models utilised by social workers are still dominated by the western individualistic paradigm lacking significant relevance or adaptation to the African world orientation of ethnic groups represented in South Africa (Ross, 2010a:44). Mwansa (2012:369) observes that there is a slow growth of indigenous literature reflected in libraries that perpetuates reliance on western models. Social work education and training also does not progressively reflect the incorporation of indigenous worldview orientations (Compare Ross, 2010a:48; Chikadzi & Pretorius, 2011:266; Mwansa, 2012:369). Unlike the western, individualistic world view the African collectivist worldview according to *ubuntu (botho)* values does not view an individual as functioning in isolation, but as mutually dependent on others (Rautenbach & Chiba, 2010:11). Ethnic groups represented in South Africa (including the Sotho group as unit of the study) have their own views on personal social well-being as it relates to their socio-cultural and religious orientations. Attempting to apply western intervention ideas related to child rearing and development, and therapy may undermine and even damage fundamental beliefs, values and practices that sustained many African groups to remain resilient in times of adversity such as the apartheid area. Furthermore, it is indicated that no information exists with regard to the prevalence of harmful cultural practices and the psycho-social impact on victims; and those close to them that requires further exploration (Mathews & Benvenuti, 2014:28). Parada, Barnoff, Moffat and Homan (2011:46) observe that locally generated knowledge has the value of empowering people to become more action orientated when they realise that their knowledge is connected to their own experiences, thoughts, and desires. Schmid (2012:209) explains that a collaborative

participative approach involves the community to determine the needs of service delivery thus, transforming decision-making and service-delivery processes. Therefore, the study was motivated by the need to develop and design a holistic ethnic-centric intervention programme grounded in the conceptual socio-cultural realities of milieu-disabled Sotho primary school children exposed to violence.

Holistic

Holloway (2009:322) explain that holism in social work “is not concerned solely with the whole person, it is concerned with whole systems as well as wholeness in both persons and systems and the interactions between them.” In relation to the study a holistic balanced assessment of both the child (bio-system), as well as the multi-systemic (micro-, meso-, exo- and macro level) environment; and the interactions between them during the life course were incorporated in the study to inform the design of holistic ethnic-centric interventions related to violence. The ecological systems and Gestalt approaches were adopted as holistic conceptual frameworks in the study to ground the phenomenon of violence in its multiple contexts; and to guide the research questions and the design of the intervention programme.

Culture, ethnicity and ethnic-centric

Culture is conceptualised in the context of the study as a system where specific cultural qualities and symbols are integrated in the whole system; and the accumulation of customs and technologies allows for and regulate human adaptation and coexistence (Samovar, Porter & McDaniel, 2010:39). It is considered a unique meaning-making structure whereby different cultures learn to understand their collective (group) systems orientation that supports them to make sense of themselves and how they value and experience the world in which they exist (compare Mokwena, 2007:67; Samovar et al., 2010:22). Culture is dynamic, and is continuously changing through exchanges with the environment as a person progresses through life (compare Mokwena 2007:68; Samovar et al., 2010:38).

Ross (2010b:333) defines **ethnicity** as the “social or cultural heritage that members of a particular group share in terms of customs, language, values, religion, social ties and habits passed down from one generation to the next.” The use of the word ethnic-centric in the study should not be confused with ethnocentrism. The *Oxford Dictionary of Social Work and Social Care* (2013:195) describes ethnocentrism as “the belief that a dominant ethnic group is superior to other ethnic groups and that their perspectives should be adopted at the individual and societal levels.” In context of the study, an **ethnic-centric** approach is pursued to collaborate and empower the Sotho ethnic group as a central influence for the design of the intervention programme. Due consideration is given to the

way they perceive their socio-cultural contextual realities; and the way that global forces and acculturation processes impact on their ethnic meaning making systems over time.

Intervention programme

An **intervention** is described by Beckett (2010:66) as a service offered by a social worker, focused on making a difference in the lives of the service beneficiaries. Krysik and Finn (2013:112) define a **programme** as a series of activities designed to reach precise objectives and to produce change at systems level. The ultimate purpose of an intervention is always to meet the communicated needs of service beneficiaries (Beckett, 2010:145).

In the context of this study, intervention programme refers to a written composition of the prototype holistic ethnic-centric intervention programme based on the empirical findings of the collective case study in the qualitative phase. The programme's contents were significantly aligned with the communicated needs of the participants in the study and incorporated in an explanation of the process indicators, aims, and outlines of the various sessions and activities. This process was directed by the broad goal of enhancing the holistic developmental well-being of the milieu-disabled Sotho primary school child exposed to violence in context of his/her environment.

Milieu-disabled

Townsend (2015:209) defines milieu as a French word meaning 'middle' and, translated into English, it means 'surrounding' or 'environment'. *Milieu* and *environment* are used interchangeably in this research report. The environment (milieu) is considered the holistic total of socio-cultural conditions, circumstances and human interactions that surround people (Kirst-Ashman, 2008:6). The experienced environment or niche refers to different ways that individuals give meaning to their experienced world (Ryke, Strydom & Botha, 2008:22). A phenomenological perception of milieu acknowledges that there are differences in the way that individuals constitute their environments (Zifonun, 2015:104). Milieu in relation to the study refers to the physical environment or systemic context in which a child develops and gives meaning to his/her unique set of experiences. In corroboration with Lauer and Lauer (2006:466) an impoverished (disabling) environment in context to the study indicates a human state in which income and resources are insufficient to meet basic needs, such as food, shelter, medical care and education.

Sotho

The Sotho cluster, as the unit of study is one of the ethnic or indigenous groups of South Africa, and comprises of three broad divisions in terms of language and regions:

- Northern Sotho (Pedi/Sepedi or Sesotho Sa Leboa) mainly spoken in the Northern Province of South Africa, Gauteng, Limpopo and Mpumalanga.
 - Western Sotho (Tswana or Setswana) spoken in the North West province, the Free State and Gauteng.
 - Southern Sotho (Sotho or Sesotho) is the national language spoken in Lesotho; and also in the Free State, the Northern part of the Eastern Cape and South Gauteng.
- (Compare Mwakikagile, 2008:178-186; Bradley, Bradley, Fine & Vidar, 2011:48,49).

In the context of the study “Sotho” thus refers to a person considered to speak either: Pedi, Tswana or Sotho (Southern Sotho) and belong to the Sotho ethnic group.

Primary school child

Terms used synonymously for **primary school child** are middle-childhood or intermediate stage and elementary school child. The primary school phase is identified as being between the ages of 6 and 12 years (Connolly & Eagle, 2009:548), and is thus in the middle-phase of childhood. The study adopted the ages 6 to 12 years (primary school) to represent the development phase of the child participants in the study.

Violence

The United Nations Convention on the Rights of the Child (1989), UN General Assembly Resolution 44/25 describe in Article 19(1) the typology of violence as “ ... all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” Krug et al. (2002:5) in the World Report on Violence and Health build upon the above-mentioned definition and defines violence as “... the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, which either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.” Lampinen and Saxton-Radek (2010:1) conceptualise violence against children as “a broad and multifaceted concept.” In substantiation of the three above-mentioned quotes the researcher considers the typology and conceptualisation of violence to be a complex product of multiple levels of influence on behaviour that seriously affect the holistic developmental well-being of children; and also impacts on the way that they experience and make sense of their world.

1.2 PROBLEM STATEMENT AND RATIONALE FOR THE STUDY

The prevalence of violence in communities in South Africa desensitises children and endorses violence as an accepted practice that has major long-term psycho-social and

health consequences for children (Mathews & Benvenuti, 2014:29). In many communities like Soshanguve Township, where the researcher was an employee, the social work services to assist children exposed to violence have been of nominal value. Unfortunately local social workers employed by Non-Governmental Organisations (NGOs) and the police Child Protection Units are serving large communities and consequently carry extremely high caseloads. This impairs their ability to provide adequate specialised services, especially at prevention level. There are limited therapeutic resources for trauma debriefing for these children living with the high incidence of exposure to violence. They are often referred after long periods of exposure to violence. Some organisations are desperately looking for the establishment and development of the scarce resources. The option to build and develop a network with existing resources for combining strategies must be investigated. Networks should be linked with community goals and participation.

To hear the collective voice and understand the cultural expectations and norms of the target group is therefore considered a crucial aspect in the alignment of interventions with locally communicated needs (Mwansa, 2012:367; Schmid, 2012:209). Christensen and James (2008:9) observe that “only through listening and hearing what children say and paying attention to the ways in which they communicate with us will progress be made towards conducting research with, rather than simply on, children.” As an outsider with a different cultural background it was required of the researcher to respectfully enter the Soshanguve community and to conduct the research process in close collaboration with the Soshanguve community. Social workers are challenged to obtain a holistic and balanced conceptualisation of risks in assessing needs for the design of interventions for vulnerable groups (Briggs, 2013:213). Furthermore, needs should not be explored in isolation, but with due consideration for the community strengths and the resources (protective factors) available to vulnerable groups. Addressing the problem of violence and assisting the victims is no easy task. Several contemporary social work transformation challenges as contextualised in the introduction above, and professional observation related to the researcher’s professional work in the Soshanguve Township, compelled the researcher to contribute to an enriched evidence base for holistic ethnic-centric social work interventions related to children’s exposure to violence.

Firstly, Mathews and Benvenuti (2014:33) observe that South Africa needs a stronger evidence base on the underlying causes of violence in the country to facilitate better planning of target services and to inform the design of intervention programmes. As outlined above, evidence is lacking with regard to the impact of harmful cultural practices on the victims and those in close proximity that perpetuate cycles of violence (Mathews & Benvenuti, 2014:30). The Global Status Report on Violence Prevention (WHO) (2014:16) emphasises the importance of facilitating changes in cultural norms and values that

support violence as an important strategy in preventing cycles of violence. No literature or articles could be traced from recognised search engines (Human Sciences Research Council; Sabinet) and literature sources such as the South African Yearbook (2013-2014) related to the design of a holistic ethnic-centric intervention for the Sotho milieu-disabled primary school child exposed to violence confirming the need for the study in conducting pioneer research work as it relates to the above-mentioned challenges.

Secondly, it was observed that there is a dearth of indigenous social work interventions. Foreign theories, psychotherapeutic models of intervention in South Africa at present are still dominated by European influences (compare Nicholas, Bawa, Malcolm, Pilay, Mfusi, 2008:211; Chikadzi & Pretorius, 2011:266). The problems presented in this study on the subject intervention programmes for ethnic children and violence, consultation with experts (Boshoff, 2007; Fouché, 2007; Kekana, 2007; Radebe, 2007; Van der Merwe, 2007; Van Moolendorf, 2007; Mfundisi, 2013; Prusent, 2013; Sesanga, 2013) confirmed the dearth in the design of indigenous interventions as it was indicated that most programmes lack cultural application of their processes and techniques based on proper research. A presentation of the intended research study was given to the Christian Social Council management board; the Soshanguve community forum, an open community meeting held at block F, Nafcoc, Soshanguve in 2008 whereby ward counsellors and other members of the community were invited to comment and provide input to the envisaged research project. There was general agreement amongst the participants during these meetings that there is a need for interventions to be more relevant to the contextual realities of indigenous groups in South Africa. Ross (2010a:48) consequently advocates for the development of indigenous models in South Africa based on local knowledge and aligned with the Bill of Rights.

Lastly, Van Niekerk and Makoae (2014:35) observe that the child protection systems in South Africa mainly provide response services, with little attention to primary prevention. It was the premise of this study that involving primary school children and giving them a voice in the design of intervention programmes is a crucial step to early intervention and prevention. Therefore, the understanding of violence from the Sotho primary school child's perspective and factors operating within the family and broader community, socio-cultural and economic contexts were used in this study as an important foundation for the design and development of the holistic ethnic-centric intervention programme within the South African context.

The research questions that guided the qualitative part of the study were:

- How do the factors operating within the family and broader community, namely the socio-cultural and economic contexts contribute to the problem or provide resolutions

that can be utilised for the development of the holistic ethnic-centric intervention programmes for milieu-disabled Sotho primary school children exposed to violence in order to enhance their holistic developmental well-being?

- How does the milieu-disabled Sotho primary school child's experience relating to violence interfere with meeting his/her own holistic developmental needs across the many ecological systems in which he/she is involved?

The following hypothesis and sub-hypothesis guided the quantitative investigation:

Hypothesis:

A holistic ethnic-centric programme where the processes and techniques are specifically adapted for milieu-disabled Sotho primary school children exposed to violence will facilitate the understanding and skills necessary for them to deal with difficult, violent and threatening situations in an appropriate manner that will enhance their holistic developmental well-being.

Sub-hypothesis:

A social work intervention based on a holistic ethnic-centric programme (independent variable) will measurably improve the holistic developmental well-being, therefore emotional, cognitive, spiritual, social and physical functioning (dependent variables) of milieu-disabled Sotho primary school children exposed to violence.

1.3 GOAL AND OBJECTIVES OF THE RESEARCH STUDY

The following goal and objectives were formulated to direct the research study.

Goal of the study

The goal of the study was to describe, design and develop a holistic ethnic-centric programme for the milieu-disabled primary school child exposed to violence.

Objectives of the study

1. To develop a conceptual framework for a holistic ethnic-centric intervention programme with regard to ecological systems and Gestalt models, life experiences and cultural values within a socio-economic and political context of the broader community.
2. To describe, design and develop a holistic ethnic-centric intervention programme for the milieu-disabled Sotho primary school child exposed to violence relevant to the contextual realities of Sotho milieu-disabled primary school children exposed to violence.

3. To administer the intervention programme to a group of milieu-disabled Sotho primary school children; and evaluate the effectiveness of the intervention programme.
4. To provide guidelines, based on the findings and conclusions of the study, for the design, development and implementation of cultural sensitive interventions for the Sotho child.

1.4 COMPOSITION OF THE RESEARCH REPORT

Chapter One presents a general introduction and orientation to the study. It includes a contextualisation of the study topic, the key concepts that ground the study; outlines the rationale and problem statement of the study; describes the aim and objectives of the study and presents a synopsis of the research methodology of the study.

Chapter Two provides an account of the research approach, designs and methodology for the study; presents the ethical considerations relevant to the study and concludes with a discussion of the limitations of the study.

The study adopts two conceptual frameworks. **Chapter Three** presents the ecological systems approach as a conceptual framework that informs holistic ethnic-centric interventions. In **Chapter Four** the Gestalt group play therapy approach is explored as the second conceptual framework that contributes to the understanding of holistic ethnic-centric interventions.

A literature review follows in **Chapter Five** focussing on the impact of exposure to violence and milieu disability on the holistic developmental well-being of milieu-disabled Sotho primary school children through the application of the conceptual frameworks presented in Chapters Three and Four.

Chapter Six includes the presentation and interpretation of data obtained in the qualitative phase as an important foundation for the development of the prototype intervention. The central themes; the sub-themes; categories and sub-categories that emerged from the cross-case analysis in the collective case study were presented; compared and contextualised with existing literature.

Chapter Seven describes the proposed prototype intervention programme based on the empirical findings of the qualitative research phase of the study and guided by the conceptual frameworks of the study.

Chapter Eight presents the processing and assessment of empirical data based on the pilot intervention that was carried out with the participants in the quantitative phase of the research study in order to assess the effectiveness of the intervention for further development.

In the final **Chapter Nine**, conclusions and recommendations are outlined.

Chapter 2

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

The goal of the study was to describe, design and develop a holistic ethnic-centric programme for the milieu-disabled Sotho primary school child exposed to violence. Methods were carefully selected during the course of the research project to be appropriate for the participants involved in the study, the socio-cultural context, and relevant to the research questions posed (Christensen & James, 2008:3). The empirical study was executed in a single geographical area, namely, the Soshanguve Township with participants from the Sotho ethnic group. As mainly Sotho children from vulnerable backgrounds were involved in the research study, special care was taken in (a) risk assessment of the field; (b) considering the ethical implications of participation; (c) giving children a right to be consulted on issues that affect their lives (giving them a voice) and in (d) designing a holistic research study that would place children in context of their environment (Greig, Taylor & MacKay, 2007:186,187). The study was consequently informed by indigenous knowledge to provide the participants with a voice for the design of the intervention programme. In order to execute a culturally relevant research process, the researcher advanced her indigenous knowledge base and made critical modifications to the research procedures to ensure that the language barrier and ethnic components of the study were addressed appropriately (Rubin & Babbie, 2011:120,125).

The Chapter provides an account of the research methodology that was purposefully selected to execute the goal and objectives of the study. Firstly, the research approach is discussed that provides a description of the exploratory sequential mixed-methods approach that incorporated both qualitative and quantitative research paradigms in one single study (Creswell & Plano Clark, 2011:411). The use of intervention research as a form of applied research is then deliberated upon. Discussed next, is the first phase qualitative collective case study design; followed by the second phase that involved a quantitative quasi-experimental design. These sections include an account of the research purpose; sampling strategy; data-collection; analysis and verification and validation methods implemented in the research process. The significant aspects of the pilot study in both research phases are then deliberated upon followed by a discussion of the ethical considerations relevant to the study. The chapter is concluded with a discussion of the limitations of the study.

2.2 RESEARCH APPROACH

Each of the two recognised research approaches: quantitative and qualitative research (Hardwick & Worsley, 2011:5) has its own stance and set of philosophical assumptions on how to conduct research (Newman, 2006:76; Krysik & Finn, 2013:16).

Qualitative research is approached from an interpretivist paradigm that views reality as being socially constructed and consequently attempts to understand the multiple realities of how people interpret and ascribe meaning to their experiences in the world (Merriam, 2009:4-5; Krysik & Finn, 2013:16). This research approach makes use of inductive reasoning where textual data in the form of words and images (e.g. pictures) are collected for the purpose of generating concepts, hypotheses and theories (Merriam, 2009:4-5; Creswell & Plano Clark, 2011:177; Rubin & Babbie, 2011:36). Qualitative approaches facilitate discovery and aim at attaining an in-depth understanding of phenomena in their natural settings, enabling a rich description of phenomena in all their complexities (context) (Rubin & Babbie, 2011:36).

Quantitative research on the other hand has been influenced by a positivist paradigm allowing the researcher to study things that can be objectively measured and aims at producing precise and generalisable statistical findings in numerical format (Grinnell & Unrau, 2011:33; Rubin & Babbie, 2011:79). In a quantitative approach, researchers begin with deductively testing hypotheses and theories that eventually lead to the rejection, reform or confirmation of that theory – thus moving from the general to the specific (Merriam, 2009:5).

A **mixed methods approach** that involves the integration of both qualitative and quantitative data at one or more stages of the research study was chosen for the purpose of the study as each approach could uniquely contribute to an enhanced understanding of the phenomenon (Rubin & Babbie, 2013:47). A mixed methods approach offers a balance between the limitations of one approach with the benefits of the other approach and provides the researcher with an alternative, non-conflicting strategy (Durheim, 2006:47; Krysik & Finn, 2013:18). The exploratory sequential two phases mixed methods approach was identified as the most proficient for the purpose of the research study (Creswell & Plano Clark, 2011:411; Delpoit & Fouché, 2011a:441). Grinnell and Unrau (2008:558) describe a two-phase model as “combining interpretive and positivist approaches in a single study where each approach is conducted as a separate but a distinct phase of the study.” Delpoit and Fouché (2011a:441) indicate that this approach is uncomplicated to implement and report, but can be time consuming. The study was firstly approached with a qualitative phase that involved collecting and analysing primary data for generating theory or building specific theoretical constructs, followed by a quantitative phase of data

collection and analysis to increase the generalisability of the initial qualitative findings (Creswell & Plano Clark, 2011:411). Figure 2.1 explains the exploratory sequential stages of the mixed methods approach as applied to the research study.

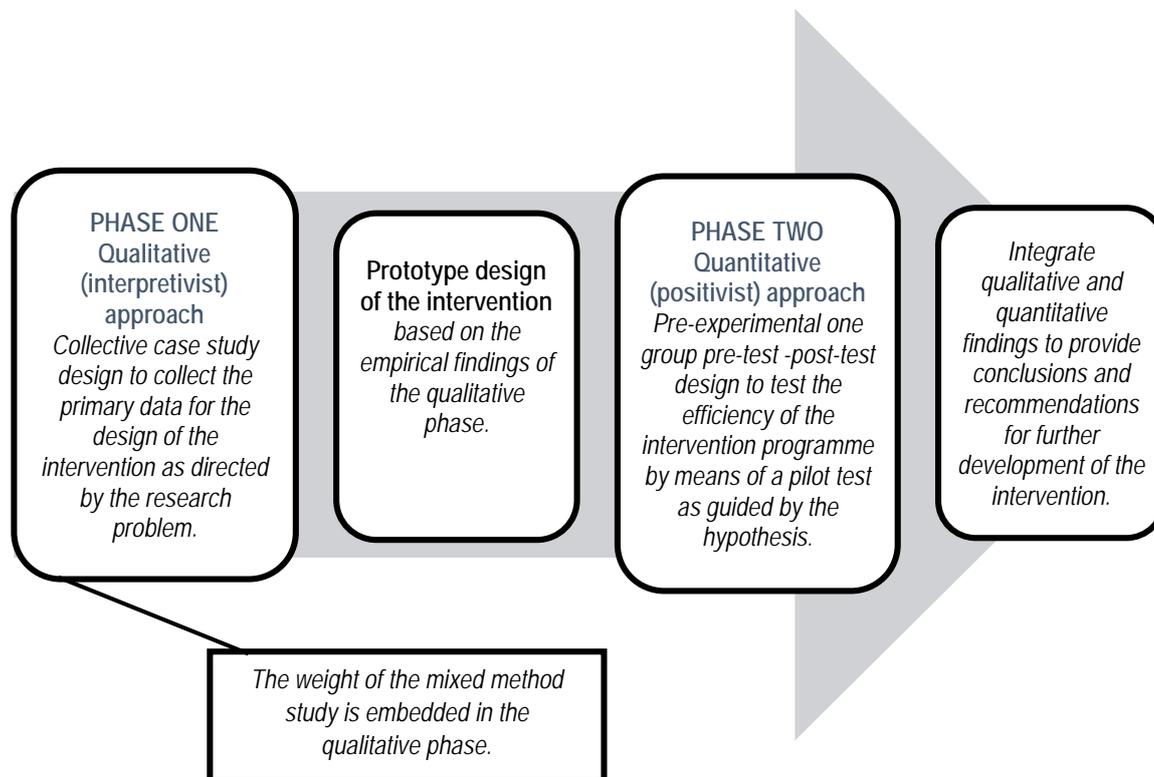


Figure 2.1: Exploratory sequential mixed methods approach

(Adapted from Creswell & Plano Clark, 2011:411)

As indicated in Figure 2.1, the sequential type of mixed methods approach was chosen for the study as it was firstly required to address the research questions in the qualitative part of the study, crucial for the prototype intervention design before endeavouring to measure or test the efficiency of the intervention (hypothesis) in the quantitative phase (Delpont & Fouché, 2011a:441; Thomas, Nelson & Silverman, 2011:373). The qualitative phase of the study accordingly provided the primary data (weight) for generating theory or building specific theoretical constructs (Hesse-Biber & Leavy, 2011:71). This approach also fitted well with intervention research that involves creative (qualitative) as well as evaluative processes (quantitative) that usually result in two products: a detailed description of a new programme (or service) and secondly an evaluation of the efficiency of that programme or service (Fraser, Richman, Galinsky & Day, 2009:4).

2.3 TYPE OF RESEARCH

As motivated in Chapter One (see 1.2) a literature review and consultation with experts and with the Soshanguve community revealed the need for the design and development of intervention programmes for children exposed to violence specifically adapted for the culturally diverse South African context. Applied research is a means for social workers to address the immediate and specific needs of practitioners through developing practical solutions to social problems (or programmes), and apply it in practice for the enhancement of a specific client system (compare Adler & Clark, 2011:11; Grinnell & Unrau, 2011:20). The data gathered from research studies should aim at refining practice and also expediting an understanding of the experiences of service beneficiaries, empowering communities, and improving social policy (Csiernik, Birnbaum & Pierce, 2010:10). Through maintaining a strength-perspective the research study aimed at acquiring a holistic ethnic-centric understanding of the developmental experiences of milieu-disabled Sotho primary school children exposed to violence in order to execute the objective of designing, developing and evaluating a holistic ethnic-centric social work intervention.

Intervention research is considered "... a process of creating and testing change strategies, and these change strategies often arise from the adoption of existing interventions" (Fraser et al., 2009:11). The ecological systems and Gestalt approaches (see Chapter Three and Four) were critically evaluated and presented as conceptual frameworks for existing intervention approaches that hold the qualities of holistic ethnic-centric practice that could be adopted for the design and development of a social work intervention programme for the milieu-disabled Sotho primary school child.

Rothman and Thomas (1994:50) acknowledge that one of the challenges in intervention design and development is that it makes the time duration of a research study considerably longer and it therefore may exceed the expected time frames for graduate students' theses or dissertations. Due to time constraints and the multitude of data that the study produced it was decided to terminate the study after the pilot phase. The last two phases as proposed by Rothman and Thomas (1994:28) namely, evaluation and advance development and dissemination are hence not implemented in the research study. The pilot phase involved the pre-experimental design to test the efficiency of the intervention for further development of the intervention in follow-up studies. The research project consequently contributed to a piloted detailed description of the problem and programme which included the programme rationale; and session by session contents of the proposed programme for milieu-disabled Sotho primary school children developed and designed in the qualitative phase. In addition the researcher also explored some culturally appropriate play techniques for the design of the intervention programme.

An adapted model (see Figure 2.2) of intervention research derived from the six-phased model of Rothman and Thomas (1994) and recent developments by Fraser et al. (2009) were used to guide the unfolding process for the development of the intervention design as indicated at the commencement of the subsequent chapters.

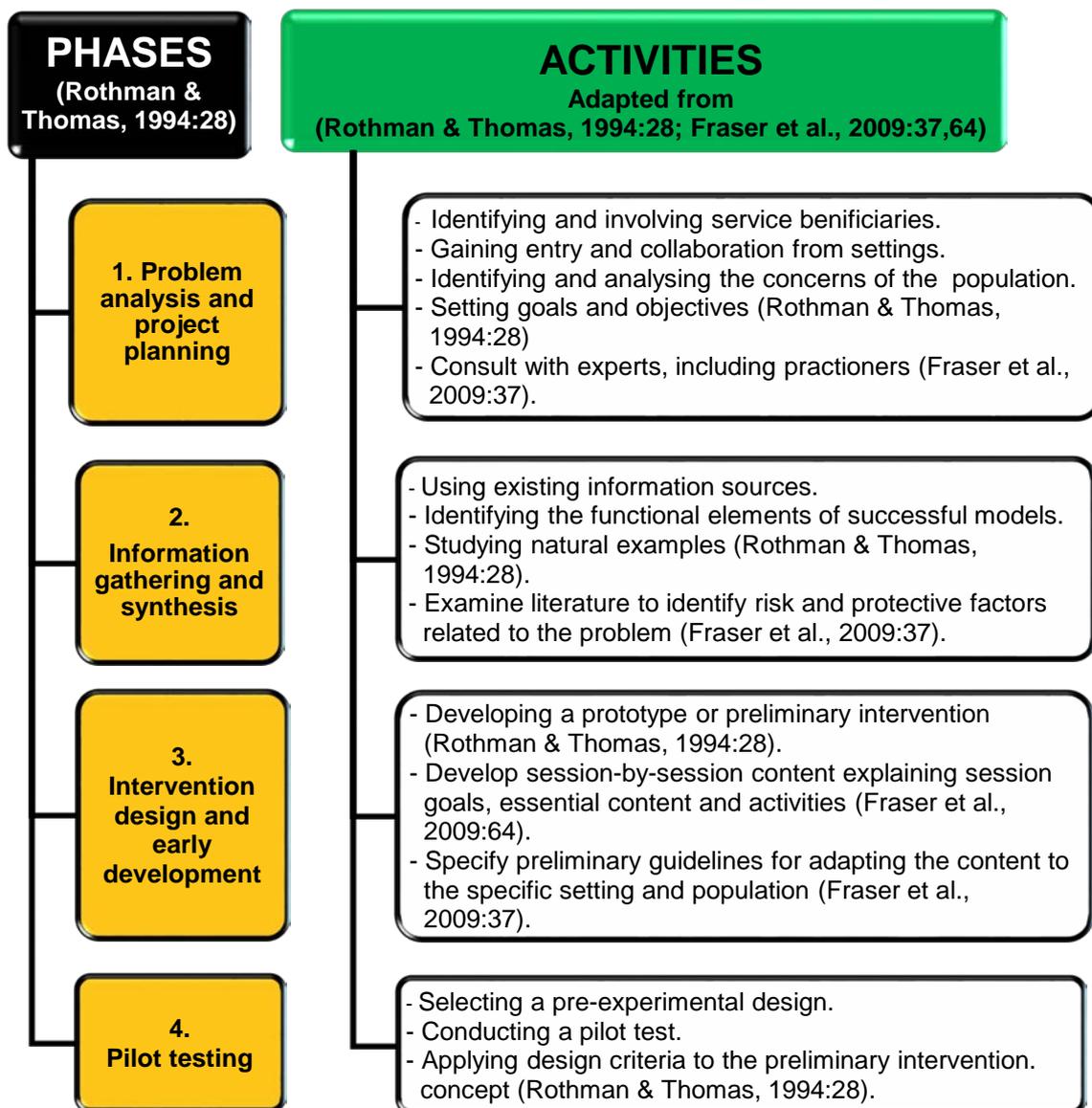


Figure 2.2: Phases and activities in the intervention research process

(Rothman & Thomas, 1994:28; Fraser et al., 2009:37,64)

As specified earlier (see 2.2) intervention research often requires a mixed method research approach in the process of designing and developing proficient interventions (Fraser et al., 2009:79). For the qualitative phase, a collective case study design (Fouché & Schurink, 2011:322), and for the quantitative phase a pre-experimental design (Rubin &

Babbie, 2013:186) were selected that guided the research process for the development and design of the intervention programme (see 2.4 & 2.5).

2.4 QUALITATIVE COLLECTIVE CASE STUDY DESIGN

Krysiak and Finn (2013:165) describe a case study as “the rich, detailed, and in-depth description and analysis of a single unit or small number of units.” When involving multiple cases (more than one person or a site) that share commonality in a research study it is referred to as a collective case study (Fouché & Schurink, 2011:322; Hesse-Biber & Leavy, 2011:274; Compton-Lilly, 2013:56). Mills, Eurepos and Wiebe (2010:582) describe the multiple- or collective case study design as “research in which several instrumental bounded cases are selected to develop a more in-depth understanding of the phenomenon than a single case study can provide.” Adler and Clark (2011:174) observe that the unique feature of a case study design lies in the holistic emphasis whereby a researcher attempts to understand the case as a whole. Compton-Lilly (2013:56) explains that the focus of a collective case study is to improve the understanding of the researcher as to the different ways people experience or give meaning to specific situations or a phenomenon and how this may impact contextually. Cross-case analysis in a collective case study design has the advantage that comparisons as well as variances can be drawn amongst cases enhancing the validity and the generalisability of findings for the proposition of theories (Mukherji & Albon 2010:86-87; Johnson & Christensen, 2012:398).

In context of the conceptual framework presented in Chapters Three and Four the collective case study design was well suited for the research project as it facilitated an exploration and description of the complexity of the phenomenon (milieu-disabled Sotho primary school children’s exposure to violence). Riley and Masten (2005:22) recommend that the design of more effective interventions for children at risk requires a closer awareness of “context in all its manifestations, including how the individual child interacts with multiple levels of context on the road of resilience.” Leone and Mayer (2004:146) observe that the context of violence points to processes of human interaction driven by perception, cognition and communication. Considering the socio-cultural context of milieu-disabled Sotho primary school children and their interactive involvement, capabilities, perceptions and experiences in their context is crucial to comprehending violence. As multiple cases and sources of data were utilised in the collective case study, the phenomenon could be explored from different angles in order to obtain a contextual understanding of the experiences and meaning making processes of milieu-disabled Sotho primary school children and their exposure to violence for the design of the intervention programme. Utilising a case study design, however presented the researcher with some challenges.

Case studies can be time consuming due to long hours of field work and are consequently also costly; may lack representation of the context if cases were not selected correctly and the amount of data gathered can complicate the analysis process (Merriam, 2009:51,52; Yin, 2009:14,15). The researcher had to travel a long distance to reach the research site and work collaboratively with the Sotho facilitators and to ensure participant feedback to increase cultural validity, which made the research project very labour intensive, time consuming and expensive. Taylor (2013:131) also cautioned that case study design lacks conformity of design and the researcher consequently was very much dependant on her creativity to design and substantiate how case study methods and processes relate directly to the research goal and questions of the study. The researcher consequently read extensively to learn about case study design which was helpful, but at the same time confusing due to the great variations in design (Stake, 2006; Merriam, 2009; Yin, 2009). The extensive amount of data obtained in the collective case study and rich ethnic-linguistic descriptions were found to prolong and complicate the analysis process and hence required a careful and thorough data reduction process in collaboration with the participants, Sotho interpreters and ethnic consultants in order to accurately describe data as it relates to the context of the study.

2.4.1 Research purpose of the qualitative study

The purpose of the qualitative collective case study design was exploratory-descriptive. Guided by the conceptual framework of the study a collective case study in collaboration with the Soshanguve community was conducted to answer the research questions:

- How do the factors operating within the family and broader community, namely the socio-cultural and economic contexts contribute to the problem or provide resolutions that can be utilised for the development of the holistic ethnic-centric intervention programmes for milieu-disabled Sotho primary school children exposed to violence in order to enhance their holistic developmental well-being?
- How does the milieu-disabled Sotho primary school child's experience relating to violence interfere with meeting his/her own holistic developmental needs across the many ecological systems in which he/she is involved?

The case study design seemed to be well-suited for exploratory purposes as little is known about the phenomenon and the researcher first had to seek a beginning or in-depth understanding of the phenomena (Grinnell & Unrau, 2011:477; Rubin & Babbie, 2011:136). The unstudied phenomenon of milieu-disabled Sotho primary school children exposed to violence was firstly explored in a more unstructured and naturalistic way before attempting to provide a more in-depth description for the design and development of the intended intervention programme. The second research purpose of description included providing rich detail of the meaning the participants attach to their everyday life in

the context of the study (Krysik & Finn, 2010:13; Rubin & Babbie, 2010:42). The risk and protective factors operating within the family and the broader community, socio-cultural and economic contexts were explored in order to describe how these factors contributed to the problem or provide resolutions that could be utilised for the development of a holistic ethnic-centric intervention programme for milieu-disabled Sotho primary school children exposed to violence. In addition ethnic play patterns and the application of Gestalt play therapy techniques were explored to determine the value of adapting and developing it for the design of the holistic ethnic-centric intervention programme. The following sampling strategy was followed to advance an in-depth exploration and description of cases.

2.4.2 Sampling strategy

The research was conducted intensively in a single geographic area in the Soshanguve Township - one of the local districts of the city of Tshwane 25 km north of the executive capital city of South Africa, Pretoria (see map 2.1), Chris Hanu, Klipfontein, Plastic view, Soshanguve East and South with their blocks and extensions; and the Tswaing nature reserve constitutes the geographical area of Soshanguve (Statistics South Africa, 2011).

MAP 2.1 Geographic location: Soshanguve Township



Source: (<http://mapsof.net/map/south-africa-gauteng-map>)

Soshanguve Township was established for black families away from the main cities in 1974 and derives its name from an abbreviation for **Sotho**, **Shangaan**, **Nguni**, **Venda**, being the spoken languages at this township (Shackleton, Pasquini & Drescher 2009:184). Sotho- speaking people represent the largest ethnic population group as indicated by Statistics South Africa (2011): 28.20% Northern Sotho (SePedi); 16.70%; West Sotho (SeTswana) and; 8.03% Southern Sotho (Sesotho). Other African population groups represented in Soshanguve include: Tsonga; Zulu; Ndebele, Tshivenda and Siswati. The Soshanguve Township provided an opportunity for the researcher to study the research population: milieu-disabled Sotho primary school children exposed to

violence within the context of their natural environment. In other words, to gain a better understanding of the holistic developmental context in which they live and give meaning to their experiences.

The population in the study can be described as a hidden population as violence relates to socially rejected or hidden activities that make cases difficult to locate if they are not known (Neuman, 2006:240). Further complicating right of entry is the acceptance of harmful cultural practices that may support violence as an acceptable norm to solve conflict (Himonga, 2008:84). Rubin and Babbie (2014:130) inform that in recruiting a representative sample and retaining participation of minority and oppressed populations can pose challenges to researchers and therefore requires a culturally sensitive research approach and process. In order to gain entry to the Soshanguve community and access to the research participants for the sample it was important to build a trusting relationship with key gatekeepers (Krysiak & Finn, 2010:111). As former manager of the Christian Social Council (Non-Governmental Organisation) in Soshanguve the process of entry was facilitated by means of an existing relationship with gatekeepers and organisations, allowing the researcher to purposefully and sensitively identify and select participants in collaboration with the Sotho co-facilitators and the community.

Purposive sampling as a form of a non-probability sampling beneficial for exploratory and descriptive studies was utilised whereby the samples in the qualitative phase were selected based on the judgement of the researcher about the units that were most representative of the interest of the study, and useful for providing typical, divergent and rich detailed data about the phenomenon (Newman, 2006:222; Csiernik et al., 2010:75; Rubin & Babbie, 2010:148; Strydom & Delpont, 2011:392). Csiernik et al. (2010:63) describe the unit of analysis as the entity (sample) that holds the characteristics of interest to the researcher in the study. In social work practice the case refers to a particular unit of analysis (e.g. individual, couple, family and agency) from which data are gathered (Grinnell & Unrau, 2011:559).

According to Merriam (2009:49), collective case studies are distinguished from single case studies as it may have embedded sub-cases or sub-units that represent the context (Merriam, 2009:49). Saini and Shlonsky (2012:131) suggest that the characteristics and boundaries of the case or cases should be clearly defined in order to collect data that are relevant. Stake (2006:23) provides important selection criteria for case units that include: the case relevance to the quintain (larger group of cases); the diversity that cases provide across cases; and the opportunities the case provides to learn about the complexity and context of the phenomenon. Keeping the above-mentioned criteria in mind the following units of analysis were purposefully selected, each with their specific frame (boundary)

contributing to a collective in-depth understanding of the holistic and ethnic experiences of the population: milieu-disabled Sotho primary school children exposed to violence for proposing theory for the design of the intervention programme.

2.4.2.1 Case unit one: Naturalistic observational study of milieu-disabled Sotho primary school children

The first case unit involved an observational study of milieu-disabled primary school children at a primary school in the Soshanguve Township. The school faced a number of socio-economic and environmental challenges such as high rates of violence and milieu disability as shared by the school's principal that were of interest to the research study. According to the vice-principal of the school most of the pupils come from impoverished backgrounds and are mainly orphans or foster children due to the HIV and AIDS endemic¹. The case was framed (bounded) as indicated in Table 2.1 below:

Table 2.1: Sample frame: Case unit one

Unit focus:	<ul style="list-style-type: none"> An observational study at a primary school in Soshanguve to gain a naturalistic, holistic understanding of the ethnic experiences and behaviour of Sotho primary school children and their exposure to violence.
Sample:	<ul style="list-style-type: none"> Primary school children (main focus of observation). Principal, teachers and other employees of the school. Visitors at the school. People and activities visible outside the school premises.
Time duration:	<ul style="list-style-type: none"> Four months during first break time (1 hour) once a week to minimise disruption during school hours.
Research field:	<ul style="list-style-type: none"> A primary school in block LL, Soshanguve Township.
School population:	<ul style="list-style-type: none"> The school consists of a total of 1 123 primary school pupils (principal).
Ethnic representation:	<ul style="list-style-type: none"> Sotho pupils denote 90% of the school population and the rest of the school population consists of either Tsonga or Zulu pupils (principal).
Settings observed:	<ul style="list-style-type: none"> All playground areas and sport facilities within the school. Movement and activities near the classrooms. Area (outside the school fence) visible while standing in the school ground.
Behaviours and or activities observed: (observation guide for field notes)	<ul style="list-style-type: none"> Social interactions of children. Non-verbal/verbal expressions of children. Differences in behaviour between boys and girls. Visible expression of violent behaviour (verbally and/or non-verbally). Reactions to expressions of violence (victims) or onlookers. How behaviour is dealt with by teachers. Presence of teachers during break time. Activities and behaviour. Use of native language and ethnic play patterns and games. Remaining flexible and open to other themes and categories that naturally occurred in the process of observation.

¹ To protect the identity of the school, the name of the principal and the school where the research was conducted are not indicated.

2.4.2.2 Case unit two and four: Milieu-disabled Sotho primary school children exposed to violence

Central to the research design was to include children “as active participants and collaborators” acknowledging their intrinsic know-how that they could bring to the research project (Sargeant & Harcourt, 2012:45). Case units two and four can hence be described as fundamental case units for the study. Two focus groups with milieu-disabled Sotho primary school children exposed to violence were conducted at the offices of the Christian Social Council (CSC), Soshanguve. Different groups of participants were selected for the focus group and the research was also conducted at different time frames within the research project. The child participants selected for the two focus groups shared social and cultural experiences (age, social class, ethnicity, and educational background) as well as the specific area of concern (exposure to violence and milieu disability). Although the participant sample was replicable in the sense of the characteristics they shared, the unit focus and the approach to each case differed and thus, supported the researcher in exploring new concepts, similarities and divergence across the two cases. Follow up groups to clarify findings and explore areas of interest were conducted until data saturation was reached (Holosko, 2010:348). As the follow-up groups were scheduled at different time frames of the research process and all the participants’ attendance could not be assured, the group was compiled with participants who were available to attend. The following sampling frame was utilised for the two case units of study:

Table 2.2: Sample frame: Case unit two and four

Unit focus:	<ul style="list-style-type: none"> • Case unit 2: How milieu-disabled Sotho primary school children exposed to violence experience and give meaning to the phenomenon of violence in the context of their interactions with the environment. • Case unit 4: Exploring what culturally relevant play materials and modifications of Gestalt techniques can be utilised for the design and development of a holistic ethnic-centric intervention programme with milieu-disabled Sotho primary school children exposed to violence.
Unstructured discussion and activity guide:	<ul style="list-style-type: none"> • Exploring how primary school children perceive and experience violence in the context of their environment and how it relates to their holistic developmental well-being. • Determining which ecological systems, milieu-disabled Sotho primary school children perceive as worthy of trusting that can be utilised for the intervention programme. • Exploring their views on what should be incorporated in the intervention programme. • Utilising several research stimulus activities (see 2.4.3.2).
Sample:	<ul style="list-style-type: none"> • Milieu-disabled Sotho primary school children between the ages of 6 to 12 years still residing with their parents or caregivers. Boys and girls were proportionally involved in the study.
Research field criteria:	<ul style="list-style-type: none"> • The participants had to be residents in any of the blocks (NN, MM, JJ, G, SS, GG and or DD) in the Soshanguve Township that served as an indicator for their milieu-disabled background and probability of exposure to violence.

Table 2.2: Sample frame: Case unit two and four (continued)

Sample size involved:	<ul style="list-style-type: none"> • Focus group 1: Twelve children were involved. • Focus group 2: Ten children were involved.
Ethnic representation:	<ul style="list-style-type: none"> • Belonging to the Sotho ethnic group - either speaking Sotho (Southern Sotho) Pedi (Northern Sotho) or Tswana (West Sotho).
Time duration:	<ul style="list-style-type: none"> • Until data was saturated (Holosko, 2010:348). • Focus group one (6 hours) – One day. • Focus group two - 12 hours within a period of two days (Breakfast, break-time and lunch included). • Follow-up group for participant feedback and further exploration (lunch included) - 4 hours within a period of one day. • Second follow-up group - 3 hours. • Second follow up included a section where boys and girls were separated in two groups to explore some gender issues - 2 hours.

2.4.2.3 Case unit three: Collective needs assessment with indigenous community experts

If an intervention is to be meaningful, consideration should be given to the context that should include consideration of community needs, culture and tradition to be accepted in the community (Visser, 2007:33). The researcher therefore embraced the contributions of the community through working collaboratively with indigenous community experts at various system levels who shared close geographic proximity (Soshanguve) and collective interests (personal experience, expertise of working with victims) in the field of violence for the design and development of the holistic ethnic-centric intervention for the milieu-disabled Sotho primary school child exposed to violence. The focus group consisted of indigenous community experts representing:

- Multiple disciplinary systems operational in Soshanguve (social worker, metro official, clinic sister, teacher, pastor, care worker at a shelter).
- Traditional community systems (community leader, former traditional healer).
- Personal experience (women exposed to violence).

Unfortunately the traditional healer could not attend the focus group. A follow-up interview was hence conducted with a former traditional healer who is presently practicing pastoral care and was willing to share her experiences and thoughts on the questions outlined in the discussion guide. Although the primary purpose of studying this case unit was to assess the participants' collective perceptions of the various contributing risk and protective factors to the phenomenon and intervention strategies to address the problem, it was also possible to explore indigenous ways of perceiving and dealing with the phenomenon. Table 2.3 describes the sample frame for case unit three.

Table 2:3: Sample frame: Case unit three

Case focus:	<ul style="list-style-type: none"> Collective problem and needs assessment for the design and development of the holistic ethnic-centric intervention programme.
Interview schedule with semi-structured questions	<ul style="list-style-type: none"> What do you think are the root causes of the high rates of violence in South Africa? What role does culture and particularly the Sotho culture play in the phenomenon of violence? What role does milieu disability play in the creation of violence? In what way are children developmentally affected or impacted upon by violence? What are the risk factors for milieu-disabled Sotho primary school children at the following systems levels (biosystem, micro-, meso-, exo- and macro level)? What protective factors can be utilised to address these risk factors for the design of an intervention programme for milieu-disabled Sotho primary school children exposed to violence? Do you know of any intervention programmes or models in general for children exposed to violence? How would you evaluate the effectiveness and the limitations of those programmes? How do you envision an intervention programme for milieu-disabled Sotho primary school children exposed to violence? What elements should such a programme contain? Who should be the role players and partners in the execution of such a programme?
Research field:	<ul style="list-style-type: none"> Indigenous experts either living or working in the Soshanguve community.
Sample size involved:	<ul style="list-style-type: none"> A total of eight participants were involved in the focus groups and one in an unstructured interview due to the fact that the participant could not attend.
Ethnic representation:	<ul style="list-style-type: none"> Indigenous adult community experts (consultants) in the field of violence either through personal experience, knowledge of working with victims or own personal experience.
Time duration:	<ul style="list-style-type: none"> Focus group session – 4 hours within a period of one day (lunch excluded). Follow up telephonically - 9 hours. Interview with former traditional healer - 3 hours

2.4.2.4 Secondary data

The researcher also made use of secondary data to increase understanding, to find alternative explanations for data and to ensure the cultural sensitivity of the research. A team of indigenous consultants from the community (including the Sotho interpreters) were employed throughout the study to assist with interpreting data in a culturally sensitive way (Liamputtong, 2008:6). Unstructured interviews were also conducted with key informants (external experts) in the field of violence. This information was collected in an informal and unstructured way by making brief notes (Holosko, 2010:350). Additional literature reviews (including updated newspaper editorials) were conducted to explore the data obtained.

2.4.3 Qualitative data collection methods

This sub-section explains the logic behind the selection of data methods (as directed by

the research design) and provides a detailed account of the way data was collected. True to a case study design multiple methods of data collection were utilised in the qualitative phase of the study that ultimately provided the theoretical base for the design of the intervention programme (Walliman, 2006:46). The primary qualitative data collection methods included participant observational studies and focus groups. These methods were designed in a way that the data obtained was “open-ended ... and participant influenced” while maintaining an awareness of the participants’ welfare throughout the research process (Sargeant & Harcourt, 2012:45; O’Reilly, Ronzoni & Dogra, 2013:202). The data collection process began with participant observational studies where the phenomena could firstly be observed in a naturalistic manner.

2.4.3.1 Participant observation

The aim of participant observation is to observe “activities, events, people, interactions, meaning and/or worldview through the collaboration with individuals and/or organizations” (Holosko, 2010:349). This method is also referred to as fieldwork and has an holistic, unstructured and interactive nature that affords itself to studies of events, behaviour or experiences in the natural, everyday set-up of a particular community or situation (compare Grigsby, 2010:428; Clark, 2011:46; Strydom, 2011a:330). The researcher was motivated to choose participant observation as the data collection method due to the potential it has to be modified and adopted for child-centred research, allowing the observation and analysis of the dynamic interactions between the child and his or her environment and their roles as social actors (Clark, 2011:42). Grigsby (2010:248) describes the strength of participant observation as the “comprehensive nature of its perspective” whereby simplification of social realities is avoided by the “researcher’s exposure to ‘the ‘whole’ of the data.” Guided by the research questions and the ecological system framework of the study this data collection method contributed to a more naturalistic, in-depth contextual (holistic) understanding of the ethnic experiences and behaviour of Sotho milieu-disabled primary school children and their exposure to violence.

Participant observation however is rarely the only method used in a research study and accordingly the researcher supported the observations with the focus groups as part of the collective case study that provided access to other important areas that were not agreeable to observational studies (Bryman, 2012:497). The long duration of observational studies and South African Teachers’ Strike in 2010 posed practical challenges to the researcher’s time frames and budget that required a stricter time frame boundary and minimal structuring without comprising the naturalistic experience in the later stages of the observation (Strydom, 2011a:336,338). The following application and modifications were made to the research procedures in order to ensure proper entry to the research field and culturally sensitive observations.

- **Adaption of the research procedure**

The Primary School in Soshanguve was purposively selected for the participant observation research as the school voluntarily consented and fitted the sampling frame that linked appropriately with the research goal and questions. The Christian Social Council (CSC), Soshanguve had a standing relationship with the school, and they voluntarily agreed to participate in the study. A letter was also written to the Department of Education requesting authorisation of permission which was granted (see Appendix 1). The primary school provides education for the 'poorest of the poor' children in the Soshanguve Township. Entry to the field setting was gained respectfully by means of developing field relationships (DeWalt & DeWalt, 2011:212). A meeting with the principal and teachers was conducted to inform them about the purpose of the research and to build trusting relationships. They were provided with an opportunity to ask questions, to share their ideas of school interventions and to express their concerns and limitations in addressing the problem of violence within the school system. The researcher at all times remained culturally sensitive and respectful of disciplinary boundaries set within the school ensuring that there was a minimal disruption in school routine. Due to budget and time constraints data was collected over a period of four months through observing milieu-disabled Sotho primary school children during their break time at the various designated play areas at the school.

Two Sotho co-observers/interpreters (male and a female) were orientated towards the study in advance, and were also involved in the participant observation process to facilitate smooth entry, on-site translation and valid cultural interpretation of events and behaviours as they naturally happened. As the co-observers were Sotho speaking and some of the children knew them they were comfortable and natural around the co-observers, and for this reason also welcomed the researcher. Because of the language barrier, and the children's spontaneity around the co-observers, the researcher encouraged the co-observers to do most of the participating activities with the children such as playing games and conducting informal interviews as they occurred naturally.

The researcher, at those times usually remained the outside objective observer contributing to cheering and making side comments while taking field notes and making video recordings. At times the researcher fully participated when children would begin a conversation in English or voluntarily approached the researcher. These opportunities were utilised to conduct informal interviews to gain more in-depth insight. The researcher also initiated some humour by repeating some of the chanting or singing games in Sotho usually leading to loud laughing of the participants and rephrasing the correct version back to the researcher. At times the researcher and the two co-observers sat somewhere

quietly, only observing the children whereby the Sotho co-observers would translate what they heard and saw from an ethnic perspective that was also reflected upon in the field notes. The researcher and co-observers' roles can therefore be described "on a continuum of total involvement on the one hand to total observation of the other" (Strydom, 2011a:340). The school community was properly and gradually prepared for termination and the researcher exited the research field in a constructive way ensuring that no harm would come to the participants and securing that future research relationships would not be compromised (DeWalt & DeWalt, 2011:212; Strydom, 2011a: 336).

- **Data sources and documentation method**

It was important to keep the observation process as natural as possible and therefore the minimum structure was employed (Strydom, 2011a:331). Although an observation guide (see Table 2.1) of behaviours was utilised at the later stages of observation to facilitate a more focused observation as part of the broader collective case study, there were no limits set on remaining open to the natural flow of experiencing and observing (Strydom, 2011a:336). Field notes, written during and sometimes directly after an observational study, were the primary documentation method utilised by the researcher and the co-facilitators. One set of field notes was kept jointly by the two Sotho co-observers and one by the researcher that were combined in electronic format after each observation that reflected all the inputs. Parts of the participant research were also recorded on video with prior permission and back-ups were made. The video camera with a "zoom-in function" allowed the provision of data that involved a broad scope of behaviour happening during break time that was viewed after each field work session with the two Sotho co-observers. Due to the contrived reactions of the children at times it was decided to limit video recordings in order to facilitate a more natural response of the research participants. Video recordings were mainly used to capture informal interviews and for capturing songs and play activities that are not always possible to capture precisely with field notes. The Sotho facilitators ensured that all significant verbatim quotes of the informal interviews and what was heard in Sotho during the observation were correctly recorded and translated. Verbatim transcription was cross-checked with the video recordings in order to ensure the correct capturing of data. The second data collection method involved focus groups.

2.4.3.2 Focus groups

The focus group method requires a skilled moderator who directs a group of five to twelve people towards an open-ended discussion of a predefined subject whereby all participants are actively encouraged to interact, participate and openly share their feelings and ideas in a relaxed environment (compare Krysik & Finn, 2010:105; Rubin & Babbie, 2011:469; Whittaker, 2012:51). Utilising focus groups had several advantages for the research

project.

The collective nature of focus groups offers a safe environment for vulnerable and or marginalised groups (including children) to express their needs and concerns as they may find other forms of research intimidating (Goodman & Evans, 2010:365; Liamputtong, 2011:118). The use of focus groups as a data-collection method is beneficial for producing information about collective views and is also helpful for exploring and understanding the meaning-making processes of participants on issues and themes without placing pressure on them into making decisions or reaching a consensus in the group (Hardwick & Worsley, 2011:86; Liamputtong, 2011:118; O'Reilly et al., 2013:211). A further advantage of utilising focus groups for the study was the application possibility for child participants or individuals with a low level of education who are unable to complete reporting questionnaires (Goodman & Evans, 2010:365). In utilising focus groups a "holistic picture of children's culture and language" could be obtained and multiple perspectives on various themes could be acquired (O'Reilly et al., 2013:211). Focus groups, however presented several challenges applicable to the study.

The first challenge was making a decision with regard to sampling a diverse or homogenous group as this may impact on the group dynamics and the quality of data (Gibbs, 2012:188). In present time research diversity in groups is welcomed with due consideration of the impact of power on group dynamics and if diversity or homogeneity will best answer the research question (Gibbs, 2012:188). The researcher purposively sampled mixed-gender focus groups on the basis of the collective characteristics that they shared (experiences as Sotho primary school children related to violence and milieu disability) and with the intention to observe and learn how gender differences, also those imposed by culture may feature in the group. Throughout the study the researcher remained sensitive to any discomfort that this diverse compilation might cause participants. In the participant follow-up groups the researcher made an effort to separate the girls and boys and also to explore the gender issues in greater depth that became evident during the focus group.

Rubin and Babbie (2011:470) and O'Reilly et al. (2013:211) caution that the researcher should take cognisance of power and control issues in the group where the most outspoken participants may dominate the discussion. The facilitator should be aware of possible confluence and ensuring participation of shy and withdrawn participants. O'Reilly et al. (2013:211) indicate that focus groups with children should provide a sense of balance between adult authority and reassuring children of their equal status in the group – in other words the importance of their voice. Sotho children with a collectivistic orientation due to their status or place in the hierarchical structure of power will tend to

keep quiet until asked by an adult to respond (Ross, 2010b:342; Frew, 2012:243). In the beginning phases of the focus group discussion it was therefore important to encourage and probe participation through “making the rounds” without pressurising and by means of “ice-breaker” techniques. In the middle and end phases the children participated more spontaneously and interactively with each other.

Focus group facilitators should also guard against over-directing the group through maintaining a fine balance between keeping the discussion flowing and controlling the group to get through the topics within the time schedule available (Hardwick & Worsley 2011:95; Rubin & Babbie, 2011:470). The fact that “on the spot translation” was done, prolonged the time duration considerably, compelling the researcher at times to direct a more focused discussion with participants. It was, however, important in the research for the participants to lead as much as possible in their own language if they wished to do so in order to give them a voice. Therefore, what could not be covered fully in the first focus group was explored in the follow-up groups with the child participants until data was saturated (Holosko, 2010:348).

Sanz (2008:102) lastly points out that focus groups with children require of the researcher to design a focus group in a way that provides a relaxed, child-friendly atmosphere where children feel secure to freely express themselves and interact with each other. Scott (2008a:104) also informs that structured questions are not developmentally appropriate with younger children due to their limited cognitive and language skills at that age. Several modifications were needed to ensure child-centred and ethnic-sensitive focus groups.

- **Adaptation of research procedure**

Two focus groups involving milieu-disabled Sotho primary school children in the Soshanguve Township were conducted in a child-friendly and unstructured manner, employing creative activities in order to facilitate a more playful, spontaneous, rich and in-depth discussion of their holistic developmental experiences and meaning-making processes related to violence. Liamputtong (2011:143) suggests that when conducting focus groups with poor and marginalised groups it is generally recommended to build in participatory activities (Liamputtong, 2011:143). Discussion and visual stimulus can assist children to feel at ease and also facilitate spontaneous child-centred conversation (verbally and non-verbally) (King & Horrocks, 2010:76). The researcher planned and designed several creative research stimulus activities that included the following:

- Research stimulus 1: How do you feel about your community?
- Research stimulus 2: Whom will you trust?
- Research stimulus 3: How much violence do you experience?

- Research stimulus 4: How do you feel about violence?
- Research stimulus 5: Things I like and don't like about my culture.
- Research stimulus 6: Animal Totem and Sotho blanket (*kobo*)

Several activities were also utilised (music and song writing, clay modelling, drawing, puppetry, storytelling, drama and acting out games) to create a relaxed atmosphere, stimulate group discussion and explore themes. The inclusion of games and activities in the focus group prolonged the child participants' concentration span, sustained their interest and facilitated better participation and inter-group interaction (Liamputtong, 2011:118). These activities were piloted with the Sotho facilitators and ethnic consultants before the focus group. A flexible approach was followed to ensure the flow of the group process and to remain open for themes emerging naturally from the interactive discussion and activities in the group. The researcher acted as the moderator of the groups but also engaged two co-facilitators to assist with the group (Liamputtong, 2011:118). Although the focus group was conducted in English (as the researcher could not speak Sotho) it was necessary to involve interpreters as facilitators for the participants who mostly preferred to express themselves (with the exception of a few) in their own language. Two Sotho-speaking co-facilitators (male and female) assisted the researcher with "on the spot translation" in the focus group with children and they were also permitted to lead the discussion at any time during the duration of the group activity in order to ensure the flow of the group process and to make sure that important ethnic cues were explored and clarified when needed. The co-facilitators were orientated before the study and also signed a consent form with a confidentiality clause to protect the privacy rights of the participants (see Appendix 2). As the time duration exceeded the proposed time frames for focus groups due to translation, the researcher ensured snack and lunch breaks and plenty of active engagement in the group.

A third focus group was conducted with community indigenous experts in the field of violence to do a collective problem and needs assessment for the design and development of the intervention programme. An interview schedule (see Appendix 3) guided by semi-structured questions were utilised to stimulate interactive discussion in the group while remaining flexible to emerging themes. The interview schedule was refined in consultation with the Sotho facilitators and research supervisors at the University of Pretoria. Although the participants in the group were adults and most of them able to communicate well in English the researcher did not wish to limit them if they had preference to express themselves in greater depth in their own language. It was also important that the discussion points were narrated in a way that increased understanding. The two Sotho interpreters were hence engaged to assist with translation when needed, while the researcher acted as the primary moderator throughout the group.

2.4.4 Collective case study analysis

Csiernik et al. (2010:4) inform that a case study analysis should not be conducted in isolation but through a mutual collaborative research process where open communication channels are maintained. The analysis process was consequently done in collaboration with the two Sotho co-facilitators, indigenous informants and through obtaining continuous feedback and reviews from participants and experts. The collective case study analysis process was guided by an analysis framework developed through comparing analytical strategies as proposed by several authors and personal initiative (Unrau, Gabor & Grinnell, 2007:342; King & Horrocks, 2010:150; Smith & Davies, 2010:145-158; Marshall & Rossman, 2011:167; Schurink, Fouché & De Vos, 2011:397-423; Gray, Midgley & Webb, 2012:426; Creswell, 2013:177-179; Longhover, Floersch, & Hoy, 2013:45). The following analytical steps were implemented but should be seen as “interrelated and forming a spiral of activity as related to analysing” (Creswell, 2013:177).

- **Preparing and organising data**

A wide variety and volume of qualitative data were collected that included videos, audio tapes, photographs, drawings, research stimulus activities and textual data in the form of field notes. It was therefore a first crucial step to organise the data by means of labelling, transcribing, consolidating and securing the storing of data into clearly identified electronic text file units that could easily and safely be accessed by the researcher in preparation for the reduction, presentation and interpretation of data (Smith & Davies, 2010:146-147; Creswell, 2013:182).

The videos recorded during the participant observation were viewed with the two Sotho co-observers and observations and indigenous meanings were explored and transcribed in electronic format. A verbatim “word-for-word” description of the video material of the focus group sessions was conducted with the assistance of the two Sotho facilitators who did an “on-the-spot translation during the focus groups” and which were constantly verified with an external Sotho translator through watching, listening and pausing several times (Schurink et al., 2011:402). This was done shortly after the field observation. The videos were compared with the audio tapes available to ensure validity of data or to clarify auditory unclear data. The researcher also did follow ups with the Sotho translators and the participants when data was not audible or unclear. Unclear text data that could not be verified was marked in the text with red to be discarded. In cleaning up and transcribing data the researcher ensured a culturally sensitive approach. The visual data that included drawings and research stimulus activities were consolidated into electronic format and analysed to facilitate accessibility and to ensure that the visual data were utilised to the fullest and appropriately in relation to the textual data context.

- **Making sense of data**

The researcher read through the data several times, played and replayed the video and audio recordings and re-examined the projections and visual materials extensively to gain an enhanced understanding of the data that was gathered; and to determine the quality of the data (Unrau et al., 2007:342; Schurink et al., 2011:402). The open-coding process hence began through re-reading of field notes and transcription where memos (short phrases, ideas, key concepts) were made of general or initial impressions and themes emerging naturally from the raw data in each case unit (Creswell, 2013:183). Reading through the data of each case unit several times facilitated the next step in the analysis process of reducing data by temporarily blocking out unclear or incomplete data.

- **Reducing data**

Data reduction was guided by the research question and conceptual framework of the study and included a process of selecting, focussing and conceptualising key data without losing content meaning (Simons, 2009:120). This was done in order to reduce the large amount of textual data in a transparent way into “manageable bits or representations” of the whole (Longhover et al., 2013:45). By utilising the copy paste function in the Word document a folder was opened called “snippet responses” which represented the essence of the reduced data of each case unit in a single document whereby unclear or incomplete data was blocked out. The next step in the data reduction process was to code data into constructs and to identify themes or patterns that can describe the phenomenon (Royse, 2008:276).

- **Coding and developing a thematic framework**

The coding of data involved the selection and separation of data of every case unit into meaningful parts (Boeije, 2010:94,95). Looking for patterns in the data by means of coding was done manually through maintaining a focus on the relevance of meaning of the text itself (spoken words of participants or written account) as well as the greater context (“pool of meaning”) for the research study (Carey, 2013:188). Firstly, the researcher searched for patterns and themes within each case unit (referred to as a “within-case analysis”) in order to determine the relationship of data with the research context (King & Horrocks, 2010:150; Creswell, 2013:101). The initial open coding began as a broad layer of coding organised around a few themes that became more focused as the researcher considered the relevance to the research goal and problem and theoretical framework of each case unit (Carey, 2013:188).

Gaining holistic meaning “within cases” was important for the second phase “cross-case analysis” where the themes across the full data set were compared to determine the similarities but also the differences across cases (King & Horrocks, 2010:150; Creswell, 2013:101). The cross-case analysis was conducted by means of merging the themes and sub-categories that became figure in the “within case analysis” in one folder under the broad thematic framework consequently facilitating a holistic picture of the case as a whole (King & Horrocks, 2010:150; Creswell, 2013:101). In order to maintain the holistic equilibrium between the “within-case analysis” and the “cross-case analysis” (King & Horrocks, 2010:150; Creswell, 2013:101) the researcher made use of a self-designed spread-sheet with the option to indicate case unit representation by means of a x and ✓ as indicated in Table 2.4 that provides a summarised example. The heading represents the main theme, the second heading the sub-theme, the first column indicates the categories; and the last four columns indicate the case units representative of the research population as explained previously (see Tables 2.1 - 2.3). The last column represents consultations with external experts in the practise.

Table 2.4: Example of cross case analysis

THEME 3: RISK FACTORS FOR MILIEU-DISABLED SOTHO PRIMARY SCHOOL CHILDREN'S EXPOSURE TO VIOLENCE					
Sub theme 3.2: Microsystem risk factors					
Categories:	Case unit 1	Case unit 2	Case unit 3	Case unit 4	External experts
• Stress associated with poverty	✓	✓	✓	✓	X
• Inadequate supervision and monitoring	✓	✓	✓	✓	✓

The data obtained was verified with the participants and Sotho co-facilitators. The last step in the analysis process was to refine the themes and organise them for presentation in the research report.

- **Fit verbatim quotes within the holistic thematic framework**

Shkedi (2005:21) indicates that although collective case studies deal with several case narratives and present them collectively, each single case narrative is described with its unique features and context. The researcher made use of embedded verbatim quotes representative of all the case units to illustrate and support or provide concrete evidence of themes supporting the meanings gained in the words of the participants (Delpont & Fouché, 2011b:427). Long quotes were also used, but sparingly due to space constraints when a participant's words may contain many different ideas that added richness to the context to the study (Delpont & Fouché, 2011b:427).

- **Write and present the final case analysis report**

Luton (2010:150) explains that a way to provide the readers with a sense of the case(s) is to provide “thick description” – detailed sensorially rich, observationally and experientially focused description...and presenting the voices of the participants.” An attempt was made in the final case analysis report “to reconstruct the participants’ realities and portray the multiple viewpoints existing in the case” (Johnson & Christensen, 2012:398). This was done by means of organising the report with the meaningful themes, sub-themes, categories and sub-categories developed from the in-case and cross-case analysis as it relates to the research context (Delpont & Fouché, 2011b:427). These themes were then supported with verbatim quotes or voices from each case unit. Drawings of the child participants were also used to enrich the presentation of data. Themes were compared with literature findings and alternative explanations were highlighted. The analysis report was finalised by drawing conclusions and explaining the findings and relevance for the design of the intervention programme.

- **Data verification and validation**

Krysik and Finn (2013:432) describe data verification as “the process of checking to see that the data has been entered and coded correctly.” The following validation strategies were followed to ensure the trustworthiness, applicability and consistency of data collected during the collective case study:

- **Triangulated data:** Different kinds of data collection methods and human resources were used to collect, explore, analyse and synthesise the data in order to enhance the credibility and transferability of findings, referred to as data triangulation (Csiernik et al., 2010:184; Marlow, 2011:227; Schurink et al., 2011:420).
- **Prolonged and persistent field work:** The researcher spent much time in the field to gain entry, trust and participation of the community, learn about the culture and to ensure that data was saturated by means of persistent follow-up research (Csiernik et al., 2010:183; Holosko, 2010:348).
- **Participant feedback:** Royse (2008:281) explains that a way to check for reliability of data is to verify and/or confirm certain observations again at a later time with the initial participants or with different participants within the same culture (indigenous informants). The researcher ensured that data findings were verified with the participants, Sotho co-facilitators and indigenous experts through continuous feedback loops and follow-up groups until data saturation could be obtained.
- **Direct verbatim quotes:** In the in-depth description of data the researcher made use of directly transcribed verbatim quotes of the participants represented in the various

case units. A strength perspective ensured that participants were given a voice and that the strengths and needs of participants were reported in an unbiased way for the purpose of resource development (Chapin, 2011:19,20).

- **Cultural validity:** The researcher worked hard at building a trusting relationship with the participants and to establish good rapport (Liamputtong, 2008:5). This was achieved through working collaboratively with the community and indigenous consultants, and in facilitating feedback loops from the participants. Linguistic clarification was sought from interpreters and participants by means of seeking explanation of their “metaphors, analogies” and “indigenous key words” to gain a contextual understanding of the meaning participants attach to these words (Welman et al., 2005:211-213). Non-verbal data (expression, movement and environment) was also sensitively explored in consultation with indigenous informants and the participants (Liamputtong, 2011:179).
- **Data was not reported falsely:** Data was not used in a phony manner to support findings as a constant attempt was made to report the similarities as well as the divergent findings across cases. Negative or exceptional cases diverting from the normal patterns that emerged during the analysis process were examined and reported in context of the study (Marlow, 2011:227).

2.5 QUANTITATIVE PHASE: PRE-EXPERIMENTAL DESIGN

Because of the absence of a control group a pre-experimental design was selected and implemented as a pilot study to gain tentative descriptive information for further development of the intervention (Rubin & Babbie, 2013:185). The design has the significance of facilitating a quantitative measurement of the changes and improvement in the functioning levels of the participants that occur in the course of administering the intervention programme (Fouché, Delpont & De Vos, 2011:147,148; Marlow, 2011:96; Rubin & Babbie, 2013:185). This type of design was applicable as random sampling was not feasible owing to the nature of the phenomenon and ethical objections (Fouché et al., 2011:145; Grinnell & Unrau, 2011:156; Krysik & Finn, 2013:200).

2.5.1 Sampling strategy

The sample represents a small group of participants or subsets a researcher selects from a larger pool, generalised to the population (Neuman, 2006:219; Carey, 2013:41). The sample selected from the population was: Sotho milieu-disabled primary school children (between the ages 6-12 years) exposed to violence. Purposive or judgemental sampling as a form of non-probability sampling was utilised in this phase of the study, as the researcher did not know the size of the entire population (milieu-disabled Sotho primary school children exposed to violence) and was not able to gain access to the whole

population (Rubin & Babbie, 2013:171). As indicated earlier (see 2.4.2), the population of the study could be considered “hidden” and involved young children representing a minority ethnic group. Although twenty children were recruited, only sixteen children attended and were subjected to the concept intervention programme for a period of seven weeks (twice a week) to determine the effect on their holistic developmental well-being. The sample size (16) limits it as representative of the population from which it was drawn and the generalisability of the study. To increase generalisability the same experiment was conducted twice: one group, with eight female child participants and one group with eight male child participants. Prior consent and assent were obtained from the participants and their caregivers (see Appendices 4a & 4b).

The social workers at the Christian Social Council, Soshanguve assisted the researcher by means of purposive sampling (see 2.4.2) to select the participants for the quantitative phase of the study from their existing caseload that matched the following sampling criteria.

Table 2.5: Sampling frame: Pre-experimental design

Age group:	<ul style="list-style-type: none"> Primary school children between the ages of 6 to 12 years.
Ethnic and linguistic representation:	<ul style="list-style-type: none"> Representative of the Sotho ethnic group either speaking Pedi (North Sotho) Tswana (West Sotho) or Sotho (South Sotho). Basic communication skills in English were required as far as possible although the intervention was conducted in Sotho with the help of a Sotho interpreters and the translation of research material.
Geographical location:	<ul style="list-style-type: none"> The participants had to reside in any of the following blocks: NN, MM, JJ, G, SS, GG and DD in the Soshanguve Township that served as an indicator for their milieu-disabled background and exposure to violence. They also had to be service beneficiaries of the Christian Social Council, Soshanguve from where they were purposively selected.
Other sampling criteria:	<ul style="list-style-type: none"> Must have been exposed to some form of violence for a period of one year or more. They still had to be residing with parents or caregiver(s). Children in residential care due to statutory intervention were thus not considered for the study. It had to be ensured that the participants were not involved in any other intervention during the time of the research.
Time duration:	<ul style="list-style-type: none"> The participants had to be available twice a week for a period of seven weeks (two-hourly sessions).

2.5.2 Research purpose

In the quantitative phase of the study a hypothesis and sub-hypothesis guided the investigation:

Hypothesis:

A holistic ethnic-centric programme where the processes and techniques are specifically

adapted for milieu-disabled Sotho primary school children exposed to violence will facilitate the understanding and skills necessary for them to deal with difficult, violent and threatening situations in an appropriate manner that will enhance their holistic developmental well-being.

Sub-hypothesis:

A social work intervention based on a holistic ethnic-centric programme (independent variable) will measurably improve the holistic developmental well-being, therefore emotional, cognitive, spiritual, social and physical functioning (dependent variables) of milieu-disabled Sotho primary school children exposed to violence.

The purpose of the quantitative phase of the study involved describing how much change occurred in the holistic developmental well-being of Sotho milieu-disabled primary school children exposed to violence after the administration of the independent variable (holistic ethnic-centric intervention) (Krysiak & Finn, 2010:136). The variable, children's holistic developmental well-being are defined next as two concepts:

Holistic developmental: This is the holistic (complex) balance of the Sotho milieu-disabled primary school child's physical, cognitive, emotional, social and spiritual development in the context of their interactions with the environment.

Well-being is strongly linked to happiness and life satisfaction (Mathews & Izqueirido, 2010:7). In short, well-being could be described as how the milieu-disabled Sotho primary school child holistically feels about him or herself and his/her life.

The experiment hence involved a measurement for describing the emotional, cognitive, spiritual, social and physical functioning (well-being) of milieu-disabled Sotho primary school children exposed to violence before and after administering the intervention to determine the efficiency of the proposed intervention programme constructed in the qualitative phase. The following pre-experimental design was used.

2.5.3 One-group pre-test post-test design

The one-group pre-test post-test design is also known as a before-and-after design because it includes a pre-test preceding the administration of the intervention or programme followed by a post-test that provides the basis for comparison (Neuman, 2006:255; Grinnell & Unrau, 2011:278; Vogt & Johnson, 2011:268). A questionnaire with a three-point Likert Scale was used as data collection method, deliberated upon under point 2.5.4 (Delpont & Roestenberg, 2011:208,212; Rubin & Babbie, 2013:122).

The pre-test involved a questionnaire with a three-point Likert response scale that provided a baseline for the holistic developmental well-being of the group before the

introduction of the independent variable (intervention programme). A post-test (questionnaire with a three-point Likert response scale) followed after administering the intervention to determine precisely how the independent variable affected the holistic developmental well-being of the group. The second measurement was therefore compared with the first measurement to determine the changes in the holistic developmental well-being, thus measuring the emotional, cognitive, spiritual, social and physical well-being (dependant variables) of milieu-disabled Sotho primary school children exposed to violence (compare Neuman, 2006:255; Fouché et al., 2011:147-148; Grinnell & Unrau, 2011:278; Vogt & Johnson, 2011:268). Figure 2.3 provides a visual representation of how the design was applied to the study:

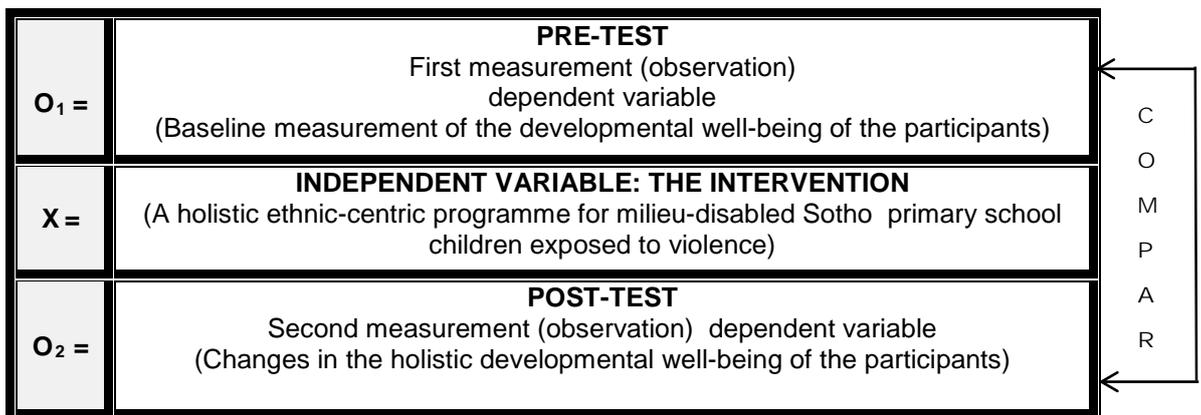


Figure 2.3: One-group pre-test post-test design

(Adapted from Neuman, 2006:255; Fouché et al., 2011:147-148; Grinnell & Unrau, 2011:278; Vogt & Johnson, 2011:268)

The same experimental design was conducted twice: firstly with a group of eight Sotho milieu-disabled primary school boys exposed to violence and secondly with a group of eight Sotho milieu-disabled primary school girls exposed to violence in order to draw comparisons of the impact of the intervention also in terms of gender.

However, cognisance should be taken that this type of design cannot randomly assign subjects to different groups and there is no control group, posing a threat for internal and external validity (Fouché et al., 2011:145; Marlow, 2011:93). Although this type of design is considered useful when implemented as a pilot study to measure changes that occur after an intervention, as mentioned earlier it has no comparison group and cannot provide with certain results about other factors or causes (extraneous variables or events) that might have led to the changes in the participants (Leedy & Ormrod, 2005:236; Marlow, 2011:96; Rubin & Babbie, 2013:185).

2.5.4 Quantitative data collection method

A questionnaire with a three-point Likert response scale, also called a summated-rating scale was chosen for the quantitative pilot study (Delpont & Roestenberg, 2011:212). Summated scales also known as questionnaire type scales involve a cluster of statements or questions (items) that the participants are requested to answer (Grinnell & Unrau, 2011:203). The value of this type of scale for the study was that it could assist in evaluating programmes through measuring the degree of satisfaction indicated by the participants (Grinnell & Unrau, 2011:203). A rating scale is especially useful when behaviour, attitude or other phenomenon of interest needs to be evaluated on the continuum to say 'adequate or inadequate' (Leedy & Ormrod, 2005:185-186). The Likert Scale is a type of measure that presents respondents with statements and usually has a standard set of response choices; for example: strongly agree; agree; disagree or excellent to poor (Monette, Sullivan, DeJongh, 2011:504; Delpont & Roestenberg, 2011:208, 212; Rubin & Babbie, 2013:122). Grinnell and Unrau (2011:203) indicate that "a total composite score of all the questions is obtained to indicate the individual's position on the variable of interest."

- **Application and modification**

As Sotho primary school children were involved in research, their developmental level, limited language skills and ethnic characteristics were crucially and cautiously considered. The questionnaire with the three-point Likert response scale was modified with pictures/emoticons and traffic light colours providing the child participants in the group with an opportunity to identify their level of agreement by means of pictures and colours instead of words (Mathews & Kostelis, 2011:89). Participants had to react to statements by making a cross over the picture that best represented their attitude on the scale to determine the effect of the intervention programme on the holistic well-being and development of the respondents. Mathews and Kostelis (2011:89) observe that children struggle developmentally to differentiate between "strongly agree and agree" and therefore a three-point system is suggested to omit confusion. Within the Sotho language degrees of emotions are also not commonly found (Mothiba, 2011; Sawa, 2012).

With the help of the Department of Statistics at the University of Pretoria and the supervisors at the University, the researcher developed a series of questions related to the variable starting with three times more statements than needed for the final questionnaire (Monette et al., 2011:343). Thereafter, vague and irrelevant statements were deleted (Singh, 2007:75). The development of the questions were guided by the conceptual frameworks (Chapters Three and Four), the literature review (Chapter Five) and the synthesis of the qualitative collective case study (Chapter Six). The questionnaire was then translated into Sotho (see Appendix 5) and pre-pilot tested with four milie-

disabled Sotho speaking children exposed to violence at a primary school in Pretoria elaborated upon in point 2.6.

2.5.5 Quantitative data analysis method

The analysis process was conducted in collaboration with the Department of Statistics at the University of Pretoria. Neuman (2006:344) describes the first step in analysing quantitative data is to code it by systematically reorganising raw data into a computer-readable format. Neuman (2006:344) further describes the coding procedure as "...a set of rules stating that certain numbers are assigned to variable attributes." The raw data needs to be cleaned and then entered in an error-free way so that it forms a complete set of data that the data analysis software programme (Excel) can access and process (Monette et al., 2011:369-398). The questionnaires were checked for questions where a single clear response could not be identified. Thereafter, every answer was coded and then entered into the data base. The captured data base was checked again for errors in the entering process. The merged pre- and post-scores of the children were then analysed, followed by a Wilcoxon matched pairs statistical test which is a non-parametric equivalent of the matched or paired t-test that showed the differences between the pre- and post-test scores (*Dictionary of Research Methodology and Statistics in Applied Linguistics*, 2012:708). The condensed data were presented in statistical form by means of tables (Leedy & Ormrod, 2005:285; Neuman, 2006:343).

2.5.6 Data validation and reliability

Marlow (2011:93) indicates that the researcher should take cognisance of the internal threats (history, maturation, testing, instrumentation, regression to mean, interactions of selection and other threats) when utilising a one-group pre-test post-test design. Because the researcher could not utilise a comparison group the number of dependant variables were increased to enhance the interpretation of results through utilising a measuring instrument (Likert Scale) with several domains (physical, cognitive, emotional, social and spiritual) measuring the holistic developmental well-being of milieu-disabled Sotho primary school children (Gliner, Morgan & Leech, 2009:57). To increase generalisability the same experiment was conducted twice: one group, with female child participants and one group with male child participants as explained earlier. Furthermore, the measuring instruments were translated and pilot tested with a small sample representative of the population prior to implementing the pre-experimental design to ensure the reliability and cultural validity of the measuring instrument (see 2.6).

2.6 PILOT STUDY

Pilot studies were conducted in both phases of the research to consider the feasibility and

accessibility of the research project; to build the necessary relationships for entry to the research field and for ensuring participation; and to test and refine certain aspects of the final study (Yin, 2011:37; Melnyk, Morrison-Beedy & Moore, 2012:52). The following aspects of the pilot study were addressed (Strydom, 2011b:236-246; Strydom & Delpont, 2011:394-396).

- **Feasibility study**

The feasibility of the study in terms of goals and objectives, research population, procedures of data collection process and the practical logistics (human resources, time, transport and finance) relating to these aspects was pilot tested before embarking upon the research (Strydom, 2011b:239). Entry to the research field was gained respectfully by means of forming collaborative relationships and through obtaining permission through the right channels. Participation was gained through negotiating and orientating participants to the study and by means of assessing the risks involved for each participant (Newman, 2006:389). Pilot testing the feasibility of the research in both phases of the research hence involved a continuous culturally sensitive effort to assess the research methods and procedures for obtaining and maintaining participant and community cooperation.

- **Placing and reviewing literature in context of the study**

True to a collective case study design a comprehensive, inter-disciplinary literature review conversant with existing, up-to-date and relevant knowledge was conducted before doing empirical research as the theory was intended to guide the research study in an explanatory way (Yin, 2009:3; Fouché & Schurink, 2011:306). The literature study ultimately formed the conceptual framework (see Chapters Three to Five). Literature sources utilised included: articles, books, journals, dictionaries, dissertations and theses. Other literature sources included media briefs, forums and newspaper editorials. The literature resources related to various social and health science disciplines: social work, anthropology, psychology, sociology, criminology, education, theology and nursing. All available literature relevant to the study was explored on a continuous basis until the necessary framework of knowledge was established in order to connect the conceptual framework and empirical findings of the study in a meaningful way for the design and development of the holistic ethnic-centric programme for milieu-disabled Sotho primary school children exposed to violence.

- **Consultation with experts**

As part of the pilot study experts were utilised to the fullest for their invaluable source of knowledge (Strydom, 2011b:238; Strydom & Delpont, 2011:395). Due to the cross-cultural nature of the study and the “hidden population” in the study it was essential to draw on the

ethnic expertise of people within the community to ensure entry, participation and culturally sensitive research. Indigenous community experts (living and working in Soshanguve) as well as external experts in the field of violence were consulted by means of personal interviews for their instrumental input in doing a situation analysis and need assessment. Two Sotho-speaking interpreters residing in Soshanguve were involved throughout the study for consultation and the enhancement of ethnic-sensitive research practice. They were adequately orientated prior to the research study.

- **Testing the measuring instrument**

Krysiak and Finn (2013:260) promote the value of doing pilot studies relating to the development of an instrument beforehand as a means for researchers to evaluate the: (a) clarity of the instructions; (b) participants' understanding of the measure and level of difficulty to complete; (c) the time duration for administering the measure and (d) crucial for assessing the accuracy of translation. It also provided an opportunity for the researcher to note any non-verbal behaviour on the part of respondents that may possibly signify discomfort or embarrassment about the content or wording of the questions (Welman et al., 2005:148). Strydom (2011b:243-244) in addition, mention the importance of assessing the suitability of the sampling frame, the effectiveness of the training and instruction of the field workers and the analysis of data that was of importance to the success of the study.

During the quantitative phase the measuring instrument, a questionnaire with a three-point Likert Scale was developed in consultation with the two Sotho facilitators, and then refined in collaboration with the Department of Statistics at the University of Pretoria. A pre-pilot test of the questionnaire with three-point Likert scale translated in Sotho was conducted at a primary school with four milieu-disabled Sotho-speaking children exposed to violence non-randomly and purposively selected by the researcher in consultation with the principal. The participants were only requested to provide extensive feedback on their understanding and use of language in the questionnaire (Strydom, 2011b:240). The scale was then refined for the pilot test. The Sotho co-facilitators and indigenous experts were also consulted in this regard.

During the qualitative phase of the study testing of observation measures are difficult to implement due to the broad scope of the investigation and will thus be equivalent to repeating the main investigation (Strydom & Delpont, 2011:395). The two Sotho facilitators and other ethnic experts were consulted to ensure the relevancy and cultural appropriateness of the interview schedule and the research stimulus activities planned for the focus groups. Thereafter, the necessary amendments and Sotho translations were made. The researcher attempted throughout the research project to act in a culturally

sensitive way and to reflect on her actions and ethical conduct in order to protect the participants and avoid scientific misconduct (Neuman, 2006:130; Wassenaar, 2006:61; Strydom, 2011c:114).

2.7 ETHICAL CONSIDERATIONS

The study was ethically cleared by the University of Pretoria (see Appendix 6). During the research project the following ethical aspects were considered: avoidance of harm to participants; informed voluntary consent and assent; the right to privacy, maintaining privacy and confidentiality; reporting of results; actions and competence of the researcher and co-facilitators; compensation of participants; and translating and transcribing of material.

- **Avoidance of harm to participants**

The researcher acknowledges that, in cross-cultural studies of violence, especially when minors are involved special caution should be taken to ensure the physical and emotional safety of participants. Participants were protected from exposure to any preventable physical or emotional harm and/or were not left in a state of physical injury or psychological discomfort (Leedy & Ormrod, 2005:101; Neuman, 2006:131; Strydom, 2011c:115). Neuman (2006:132) describes psychological harm to participants as exposure to unnecessary stressful, embarrassing, anxiety-producing or unpleasant situations, and contributing to a loss of self-esteem. To decrease the risk of harm, the researcher in liaison with the school and social workers at the Christian Social Council, Soshanguve and weighed each case for their potential harm against the potential benefits (Neuman, 2006:135).

As the research topic contained the potential for opening up sensitive subjects the researcher throughout the research project strived to minimise the aftermath effects of the research on the participants by remaining sensitive to any signs of discomfort the participants' experienced during the research process (Leedy & Ormrod, 2005:101). McLaughlin (2012:66) however, cautions that the researcher's role should not be confused with that of adviser, counsellor or social worker and suggests refraining from giving advice and commenting favourably and or unfavourably on participants' decisions. The researcher consequently ensured the allocation of competent professionals that could assist with support and advice if a participant should become distressed (McLaughlin, 2012:66). Participants were invited to engage in therapy with a Sotho-speaking social worker at the Christian Social Council, Soshanguve to relieve any emotional discomfort they might experience and to ensure that they are still willing to voluntarily participate.

- **Informed voluntary consent and assent**

All research participants were made aware of their right to be informed about the purposes, methods and risks associated with the research, and their freedom to voluntarily consent without threat or force to participate in the research (compare Leedy & Ormrod, 2005:101; Neuman, 2006:135; Reamer, 2010:568). The researcher accordingly was obliged to provide a comprehensive explanation in clear and understandable language of the whole research project, without unnecessary pressure or interference in the lives of the participants (Strydom, 2011c:118). Prior voluntary consent and assent following culturally sensitive procedures in spoken and written form were acquired from all the participants (see Appendices 7a, 7b & 8). The listed appendices were all also translated in Sotho². As video or audio tape recordings were used in the study, such use was revealed beforehand, and permission was obtained from the participant to utilise the equipment. Permission was also obtained to use photos and children's drawings in the presentation of research data. This was addressed in the consent and assent forms. The researcher's name and contact details were provided, as well as an indication of where/how to obtain the necessary information on participant's rights or questions about the study.

The Sotho interpreters were utilised to ensure that information were translated in simple written and spoken form in a way that could be understood. The parents and/or caregivers (required for their consent to the involvement of their child) were also involved in a debriefing session where they were allowed to ask questions and clarify misconceptions they might have regarding the study. Questions that were asked by parents or caregivers were mainly about the means of communicating with the children (the language to be used and the techniques), and the practical arrangements such as the venue and transport. The translators assisted in translating the answers provided by the researcher. All participation was voluntary, and the participants were allowed to withdraw from the study at any time. The necessary permission to transport the children was also obtained from the parents and caregivers. For the participant observation permission was obtained beforehand from the school involved and from the Department of Education³.

- **Maintaining privacy and confidentiality**

The researcher endeavoured in writing the research report to narrate it in a way that readers may not become aware of how a particular participant has responded or behaved, unless written permission has been given beforehand (Leedy & Ormrod, 2005:102).

² The translations in Sotho are not included in the thesis due to volume constraints, but is available from the researcher.

³ The permission letter from the school is not included in the thesis to protect the school's identification.

Participants were given a contractual agreement that they would not be identified in the report or any subsequent publication (McLaughlin, 2012:70). During the qualitative research phase, focus groups were in action, so anonymity could not be assured, seeing that the participants actually saw and heard other members. Some of the children also knew each other from school. In an attempt to protect the child participants' privacy the researcher provided the children with an opportunity to individually allocate a super hero name that was utilised throughout the duration of the focus group. The participant's privacy and confidentiality was also assured in the storage of data by means of assigning a research code to all the participants for marking or referencing visual data. During the study, data was stored in a filing box in a safe place and the electronic data was accessed by means of a password. The co-facilitators and external interpreter were also requested to sign a consent form with a confidentiality clause. All the collected data, transcriptions, audio and visual tapes and informed consent letters will be stored in the Department of Social Work and Criminology at the University of Pretoria for 15 years.

- **Reporting of results**

Ethical publishing practices involve appropriate ascribing of authorship to a publication as well as acknowledgement and rejection of any form of plagiarism (Bryman, 2012:125). Cognisance was taken of the ethical issues arising after data collection and analysis which comprises of reporting results, disclosing results and acknowledging contributions (Reamer, 2010:574). Strydom (2011c:126) furthermore suggests that the findings should be presented to the public in a clear, objective, accurate and unambiguous way and should reflect honesty about the shortcomings and errors in their research. Data validation and verification procedures were executed as far as possible. The shortcomings and limitations of the study were also communicated (see 2.8).

- **Actions and competence of the researcher**

Strydom (2011c:124) emphasises that researchers should ensure that they are ethically responsible and sufficiently skilled to perform the investigation especially in undertaking sensitive investigations across cultural boundaries. The author especially warns against judgements made regarding the cultural aspects of communities. The significance of this cross-cultural research was greatly dependent on the researcher's initial knowledge of the culture and her ability to enter, maintain and exit the research field in a culturally sensitive manner. This was achieved through forming collaborative and trusting relationships with gatekeepers and research participants in order to involve them as active participants in the research. This meant that the researcher had to be aware of the ethnic participants cultural strengths and differences, as well as being in touch with her personal feelings, possible prejudices and shortcomings concerning these sensitive matters.

The researcher's cultural background is very important. As the researcher is an Afrikaans-speaking, white female, the ethical question can be posed as to how she was accepted by the community in the intended research. The researcher has work experience in several cross-cultural settings: Giyani Township as a child care worker (four years); Cairo, Egypt (eight years), in a very poor community called Hagana; did her Master's degree with two Zulu-speaking children and was the manager of the Christian Social Council, an NGO in the Soshanguve Township for four years. The researcher thus, learned the skill of being culturally sensitive and has a good understanding of the research field, culture and social and economic difficulties in the township. The researcher due to her previous work as manager at the NGO was also accepted in the community and had access to human resources and networks without posing a threat to the community.

To address the language barrier of not being able to communicate in Sotho, two culturally competent Sotho interpreters were selected from the Soshanguve community. The female interpreter has an honours degree in Psychology and is working presently at the Christian Social Council, Soshanguve and the male interpreter is a trained child-care worker working at a shelter in Soshanguve. They were properly orientated towards the study before the commencement of the study. Throughout the study they played a fundamental role and were appropriately compensated and acknowledged. An external Sotho translator was also involved to go through the transcribed material as an objective observer.

Neuman (2006:523) is adamant that researchers should teach, practise, and provide services only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience. Reasonable steps should also be taken when attempting new techniques to ensure the researcher's competence. For the benefit of the study, there must be adequate supervision and consultation with other professionals when necessary. The researcher acknowledges her lack of research experience related to quantitative research and therefore approached the Department of Statistics of the University of Pretoria for research support with conducting the second quantitative phase of the study. As the researcher has not yet conducted intervention research, the intervention research method, as indicated by Rothman and Thomas (1994) and Fraser et al. (2009), was carefully studied, along with case study examples. The researcher submitted herself to the constant guidance and direction of the two supervisors at the University of Pretoria and updated them of her progress and requested meetings when brainstorming was needed or when the researcher felt she needed more guidance.

- **Compensation of participants**

Strydom (2011c:122) with regard to the issue of compensation is of opinion that the participants should not feel obliged to partake in the research due to the compensation provided. Rubin and Babbie (2014:132) agree and cautions researchers when conducting studies with minority, impoverished groups as compensation might be a strong inducement to participate. The authors, however, advise that without compensating too much, compensation would be a means (incentive) to contribute to the community by means of money, food or other goods in kind (Rubin & Babbie, 2014:132). As all the children participating in the focus group were milieu deprived, lived far away from the research venue and spent long hours in the focus group the necessary transport, meals and snacks were provided at the expense of the researcher. After completion of participation in the group they received a small incentive in the form of a bag with the logo “peace instead of violence” and a certificate to motivate them for the way forward.

- **Translating and transcribing of material**

Gray et al. (2012:426) explain that in conducting cross-cultural research the accuracy of translation should be ensured and the cultural validity of interpretations in order to overcome methodological dilemmas. The two Sotho interpreters were involved throughout the research project and assisted with on-the-spot translation that was video recorded and transcribed word for word after the research was conducted. An external translator was also involved to check objectively the transcribed narration against the video recordings. The stance that the researcher took in transcribing and cleaning the data was representative and respectful of the worldviews and opinions of the participants (Marshall & Rossman, 2011:167). Care was taken to remain culturally sensitive and to avoid making generalisations, ascribing labels to behaviours, values and belief systems of the participants (Delva, Allen-Meares & Momper, 2010:5). The participants were given a voice through richly using their verbatim quotes in reporting the findings of the collective case study. A strength perspective ensured that participants were given a voice and that the strengths and needs of participants were reported in an unbiased way for the purpose of resource development (Chapin, 2011:19,20).

2.8 CHALLENGES AND LIMITATIONS OF THE STUDY

The following challenges and limitations were experienced in the study:

- The intervention research study was costly, time consuming and challenging due to the type of research (intervention research with a mixed methods approach); sample size in the collective case study, varied data methods and cross-cultural nature that required additional modifications and research measures in terms of translation and participant feedback. The study was therefore prolonged considerably leading only to

a pilot test of the intervention.

- The sample was restricted to the Soshanguve Township and the findings related to the risk and protective factors can therefore not be generalised to other ethnic groups and geographical areas in South Africa. In order to test the generalisability of the intervention programme the researcher envisages to also pilot test the intervention programme in other milieu-disabled communities with Sotho children in order to determine the generalisability of the intervention programme for further refinement. Ultimately, it is hoped to test the intervention with other African ethnic groups within the South African context.
- Although ten boys and ten girls (20 in total) were recruited to be involved in the pilot study, only sixteen attended making the sample size very small. Nor did all the indigenous experts attend the focus groups and one was hence accommodated through an individual interview.
- Although the four children that participated in the pre-pilot tests to refine the questionnaire represented the population of study as they also resided in Mamelodi (a township), a limitation was, however, that the school where they are attending is situated in a middle class area and the children may have been more literate than children in township schools. The pre-pilot test only involved evaluating their understanding of the questions and scale but did not involve exposure to the intervention.
- Extensive precautions were taken to address the language barrier in the cross-case study through: (a) utilising two Sotho interpreters (male and female) who were familiar with the context; and (b) one external Sotho interpreter who objectively verified the transcriptions and (c) continuous feedback loops with indigenous consultants and participants to verify findings throughout the study. The language barrier, however, came to the fore at the pilot study when the group intervention programme was implemented to facilitate the process for individual and group development. The flow of the group process was disrupted by the translation and the delayed response of the researcher to the needs expressed by an individual and the group as a whole through for example paraphrasing or reflecting back what was said. This factor might have impacted on the outcomes of the intervention efficiency test (see Chapter 8, 8.5).

2.9 SUMMARY

Chapter Two provided an account of the research methodology that was selected to execute the goal and objectives of the study. An exploratory sequential mixed-methods approach to the study was proposed that utilises the benefits of both research paradigms in one single study. The rationale for utilising intervention research as a type of applied research was presented as the need for the social work profession to respond to the

needs of ethnic service beneficiaries in South Africa in designing and developing interventions related to the phenomenon of violence. Proceeding in two phases the interpretative qualitative approach firstly provided the means to study the phenomenon of violence in a natural context to acquire an in-depth understanding of the meanings that milieu-disabled Sotho primary school children attach to their lives necessary for generating theoretical constructs for the intervention design. A qualitative collective case study design was chosen as it provided an opportunity to utilise multiple cases and sources of data to explore and describe the phenomenon from different angles for an enhanced contextual understanding. The second positivist quantitative phase included measuring the efficiency of the intervention developed in the qualitative phase by means of a pilot one group pre-test post-test design to provide recommendations for further development of the intervention. Crucial aspects of the qualitative and quantitative pilot study conducted prior and during the research study were then conversed. The cross-cultural nature of the study and the involvement of minors from marginalised groups in the study required several ethical considerations that were also conveyed in this chapter. The limitations of the study concluded the chapter.

Chapter Three presents the ecological systems approach as a conceptual framework that informs holistic ethnic-centric interventions.

Chapter 3

ECOLOGICAL SYSTEMS APPROACH: A CONCEPTUAL FRAMEWORK FOR HOLISTIC ETHNIC-CENTRIC INTERVENTIONS

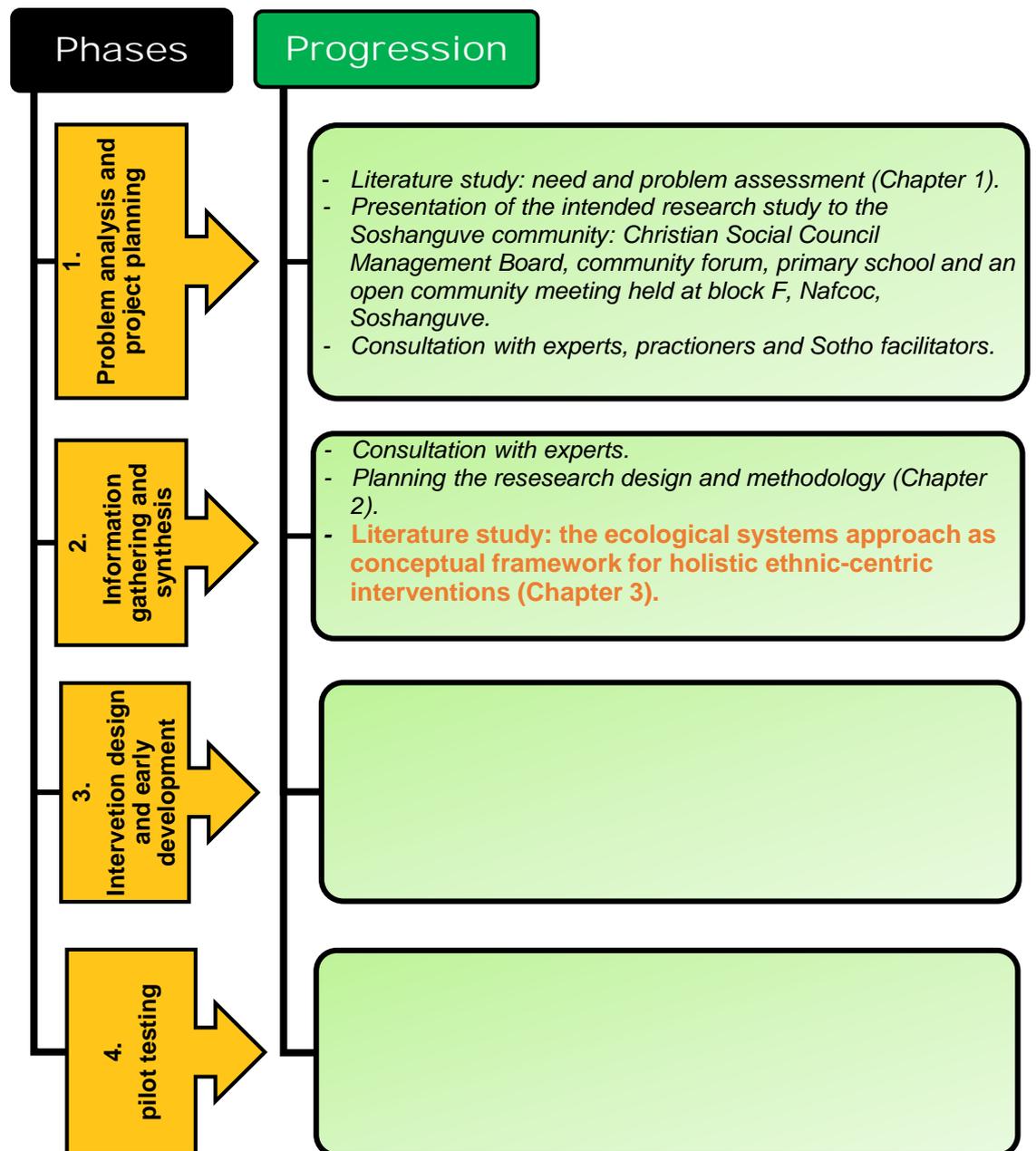


Figure 3.1: Progression of phases in the intervention research process

(Adapted from Rothman & Thomas, 1994:28; Fraser et al., 2009:36)

3.1 INTRODUCTION

Violence and its effects, especially on children remain one of the most prominent concerns in South African Society. Kaldine (2007:250) observes that “violence in South Africa has permeated all levels of society and a conscious effort needs to be made not only to halt physical violence and crime, but also to change the violent mind set of South Africans.” The experiences of the milieu-disabled Sotho primary school child exposed to violence cannot be viewed in isolation because they exist within complex systems made up of their immediate environment, social networks and cultural communities within a broader socio-political structure. Perceiving children in context allows for the possibility to recognise the unique influence and relevance of the immediate environment and interconnecting systems on their life situations and how strengths within them can be mobilised to support positive change, as well as how deficits and problems may be addressed (Baldwin & Walker, 2005:45). Bohart and Watson (2011:122) point out that people should always be viewed in context and “their behaviour arises both from their ‘personalities’ and from their relationships in their ‘ecological niches’.” Both the child and the surrounding environment are considered as active change agents collaborating to produce development.

Ferguson (2008:20) reminds professionals to consider the unique, holistic character of social work as being more than the sum of its parts. The social work profession has historically pursued theory that provides a contextual understanding of human behaviour referring to environment and the individual as units that cannot be separated from each other (Gitterman & Germain, 2008:51; Greene, 2008:8). Social workers should become more mindful of the relationships between people and the environmental forces impacting on their lives (Kirst-Ashman & Hull, 2009:280). In the 1970’s the ecological systems (ecosystems) approach emerged as a framework for social work and has been widely considered the “best available conceptual map to help practitioners understand clients and their needs” (Turner, 2005:111). This approach significantly advanced social workers understanding of the way people and their environments shape one another (Turner, 2005:112; Greene, 2008:168). It connects with the social work profession’s undertaking of serving people and promoting responsive environments that support healthy human development and contentment in social functioning (Gitterman & Germain, 2008:51). The focus of an ecological systems approach is to give consideration to the conditions in the environment that can be enhancing of children’s healthy holistic functioning (Gray, 2010:82). Bronfenbrenner (1979:22) suggests in his bioecological model that the natural environment is a major source of influence on the developing child. The ecological systems approach provides a conceptual framework whereby an individual within a family

“could be understood within the context of transactions with a variety of biological, psychological and historical environments” (Rasheed, Rasheed & Marley, 2011:36).

The Chapter presents the ecological systems approach as a framework, and in particular Bronfenbrenner’s bioecological model for describing holistic ethnic-centric interventions. It is not intended to provide a comprehensive description of ecological systems theory but rather to incorporate aspects relevant to the study and for the design of a holistic ethnic-centric intervention programme. Firstly, central concepts to the study will be elucidated. The chapter then proceeds with a discussion of conceptual ecological systems concepts necessary for comprehending Bronfenbrenner’s bioecological model of child development that follows. A discussion of ecological systems assessment tools and intervention guidelines concludes this chapter.

3.2 CENTRAL CONCEPTS

In this section concepts central to the study are described for the purpose of clarification of the following: ecological systems approach, empowerment and strength perspective, ethnicity and culture, and life course.

3.2.1 Ecological systems approach

Adapting concepts from both the general systems and ecological approach has led to the establishment of a theoretical base for the conceptualisation of an ecological systems approach (Turner, 2005:112; Healy, 2005:136; O’Donoghue & Maidment, 2005:36). The general systems approach guided theory and practise in social work providing a meta-framework for understanding organisational qualities of social systems of any size and the dynamic interaction of its members (Greene, 2008:167). The concepts of wholeness, sub- and supra-systems, entropy; boundaries, homeostasis, equilibrium, equifinality and feedback are concepts borrowed from general systems theory (Healy, 2005:135-136; O’Donoghue & Maidment, 2005:40-41; Visser, 2007:23-29; Greene, 2008:173-179). Gitterman and Germain (2008:53) describe the ecological approach in social work as the emphasis on the “reciprocity of person-environment exchanges, in which each shapes and influences the other over time.” Central to the ecological view of development are the concepts of life course, relatedness, competence, role, environment, habitat, niche and adaptation (O’Donoghue & Maidment, 2005:39-40; Greene, 2008:209-213).

The ecological systems approach resolved the social work profession’s predicament of how to address the person as well as the environment and therefore is also referred to as the person in environment approach (Kerson, 2004:43). In taking an ecological systems stance the nature of person-environment behaviours are considered “proactive, inseparable, and multisystemic” (Greene, 2008:206). Social work practise occurs at the

interface between human systems and their environment (individuals, groups, families, organisations or communities) and focus on the reciprocal influences happening between them that provides direction for social work goals and intervention strategies (Jackson, Pitner, Holschuh, Takashi & Waller, 2013:134; Zastrow & Kirst-Ashman, 2010:24). The ecological systems approach serves as a broad framework for generalist social workers to enhance their understanding of both social welfare problems and individual needs and to guide different intervention approaches in helping service beneficiaries (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2012:46).

There are numerous versions of ecological systems' approaches, they mainly all emphasise the importance of assessing service beneficiaries in the context of their social environments (O'Donoghue & Maidment, 2005:36-37; Jenson & Fraser, 2011:17). Siporin (1975) and Bronfenbrenner's (1979) ecological systems' model (recently renamed the bioecological model) and Meyer's (1983) ecological systems approach are examples of theories that joined ecology to a systems theory base (O'Donoghue & Maidment, 2005:36-37). Bronfenbrenner's bioecological model of child development in particular was identified as a beneficial contextual framework for gaining a holistic, ethnic-centric understanding of the reciprocal interactions between children and the environment during their life span (development). The model represents child development as multi-layered and pictures the child at the "heart of the process of development" (Waller, 2009:11). It is proposed that the development of a child is affected by: (a) the interaction between the biological and psychological characteristics of the child; (b) the conditions in their multi-level environment; and (c) the dynamic interactions occurring between any of these components (Parrish, 2010:204; Jenson & Fraser, 2011:17). An ecological systems approach addresses features of psychological, social, emotional and biological development (Rathus, 2011:21). A developmental framework assists the social worker to remain aware of the role of individual development and helps seek solutions that are developmentally and contextually appropriate to family, community and culture (Bragin, 2011:377). Models of development and human behaviour integrated within an ecological systems' approach hence forms the basis of social developmental practise with children and families (Segal, Gerdes & Steiner, 2010:179).

Utilising an ecological systems' developmental framework as proposed by Bronfenbrenner is useful for exploring the unique context of the milieu-disabled Sotho primary school child exposed to violence and their development at multiple layers of the environment. It considers both individual- and environmental processes and the interactional processes between the two. Focusing on the interface permits social workers to make a holistic assessment of what is happening between children's exposure to violence and their

environments and how these processes inform a better person-environment fit in child development over time. The ecological systems perspective in coherence with the social work profession also proposes a positive view of people's capabilities and is concerned with empowering service beneficiaries to develop capacities and strengths that will improve their social functioning (Lewis & Greene, 2009:240; Ambrosino et al., 2012:23).

3.2.2 Empowerment and strengths perspective

Healy (2005:158) considers it the responsibility of social workers to challenge themselves and others (formal and informal networks) in adopting a positive and optimistic view of service beneficiaries that requires being sceptical about labels that construct them as being incompetent or incapable of enhancing their well-being. A strength perspective is closely related to empowerment and seeks to "identify, use, build and reinforce the strengths and abilities people already have" (Zastrow, 2010a:77).

Through this perspective service beneficiaries are viewed as specialists holding the knowledge and the capacity to accomplish the needed changes (Paulin, 2010:3). Empowering the service beneficiary in ethnic context requires that social workers should communicate to them that they are experts of their own lives through a collaborative process to determine their goals for interventions (Birkenmaier, Berg-Weger, Dewees, 2014:88). Social workers should remain aware of the need to respect the service beneficiaries' own experience and act in an advisory rather than a directive role with natural environments (Lewis & Greene, 2009:243). Kandrak (2010:44) encourages social workers to "talk in the language of strengths, possibilities, aspirations and hopes." The emphasis is hence not on viewing service beneficiaries' pathology or deficits, but to discover their strengths, capacities and resources for the enhancement of psycho-social functioning (Healy, 2005:158). Collective action is required in communities facing poverty and underdevelopment in order to best meet prevailing needs, and therefore empowerment practice should focus on both the individual and the wider environment (Cox & Pawar, 2006:97).

Power is related to the goodness-of fit between a child and the environment and whether environments can be nutritive to offer the child the necessary resources, security and support to enhance their holistic developmental well-being and that of the community (Greene, 2008:206). A strength perspective promotes that individuals have an internal locus of control to determine their course of action rather than being passive receptors of others (Parrish, 2010:26). Internal resources denotes the psychological and developmental capacities and perceptions that are shaped in a child's life over time with the backing of external support systems such as adults, peers, neighbourhoods and

communities that comprises the child's world (VanderVen, 2008:3). Through empowering and strengthening children's capacities their natural resilience processes can develop to help them cope with adversities in their lives. Studies have shown that between "one-half and two-thirds of children" exposed to violence overcome the odds and turn risks into resilience (McCue, 2008:25). A resilience approach offers a framework to conceptualise and explain the dynamics of adversities and children's responses to it and hence directs interventions with children living in adverse conditions (Besthorn, 2005:123). Ambrosino et al. (2012:64) maintain that a strength perspective supports the concept of resilience described as the capacity of a system to adapt effectively to adversity.

Social workers should always consider individual needs in broader context and prioritise it in collaboration with community needs (Teater & Baldwin, 2012:54). Resources should be assessed holistically with the goal of developing resources and influencing policies to empower service beneficiaries (Hepworth, Rooney, Rooney, Strom-Gottfried, 2013:448). Each environment may vary, yet they all contain valuable resources, people, and opportunities that can empower and strengthen individuals, groups and communities for the enhancement of child development (Rapp & Goscha, 2012:33).

Empowerment practice thus, should be directed by the goal of collaborating with service beneficiaries in ethnic context as experts of their experiences in order to ensure that communicated needs and goals are incorporated in social work interventions. It involves identifying and enhancing the strengths, skills and competence of the milieu-disabled Sotho primary school child and his/her community to cope more effectively with the impact of milieu disability and violence in their daily lives. Through this empowerment process children should be connected with their internal (self) strengths and with external (wider environmental) resources in order to facilitate resilience and a better person--environment fit essential for gaining existential meaning in life or finding their ecological niche. Ethnicity and culture contribute significantly to the process of strengthening and empowering children on their pathways of development.

3.2.3 Ethnicity and culture

Berns (2013:22) refers to ethnicity as "an *ascribed* attribute of membership in a group in which members identify themselves by national origin, culture, race, or religion." Ethnic identity reflects a person's assimilation of group patterns through the recognition of beliefs, feelings and actions as their own (Henderson & Thompson, 2011:48). Beliefs about mental and physical health, styles and ways of coping and seeking help are all shaped by ethnic identity (Henderson & Thompson, 2011:48). Weisner Matheson, Coots and Bernheimer (2005:43) observe development to follow paths guided by culture and

society that is actively selected and engaged in by parents and children within a specific cultural ecology.

The focus of this study is directed towards gaining an understanding of the socio-cultural experiences and meaning-making processes of primary school children as members of the Sotho ethnic group in the course of their development. Sotho children's self-regulating processes are steered by their own African, collectivistic cultural orientation or worldview that significantly impacts on the way they develop and make sense of their experiences in the environment (compare Wissing, Wissing, Du Toit & Temane, 2006:15; Smit, Cronje, Brevis & Vrba, 2007:253). African or collectivistic cultures favour an interdependent self that is characterised by closeness and reciprocal dependence of its members whereby members are socialised to value social confluence before individual goals (Shaffer, 2006:29). The African sense of self is consequently "reciprocally in service of the community and cannot be understood in isolation from this context" (Kaldine, 2007:73). African lifespan development is viewed as "a holistic, lifelong process of learning and change" (Fasokun, Katahoire & Oduaran, 2005:77). Children are socialised and educated to participate in esteemed cultural and economic activities at different life stages in order to take responsibility for their roles (Maunganidze, Kasayira, Mudhovozi, 2011:325).

Seriti (shade/shadow) and *botho* (humanness or the art of being a human being) philosophy guide the cultural processes of the Sotho ethnic group and the way that they behave and view their environment that is briefly conversed (Rathete, 2007:14; Boon, 2007:31; Bordas, 2007:227). *Seriti*, reflects a person's moral weight, influence, personal goodness, power, humanity and prestige (Boon, 2007:31; Bordas, 2007:227). A *seriti* of a person grows as he/she shares humanity and increases in goodwill, but decreases when a person does wicked things demonstrated in the Sotho saying *O thlosa seriti* (you are taking away your shadow) (Boon, 2007:31; Bordas, 2007:227). *Seriti* can only exist in the context of others and the community as it offers an integration of a person's spirituality in response to others (Bordas, 2007:227). Rathete (2007:14) explains that *seriti* as a concept should include *botho* in order to be appropriately conceptualised, as a person only requires *seriti* when he/she learns how to be a human being in his/her own culture. *Botho* or more widely known as *ubuntu* (Zulu) hence is a philosophy that "defines the worldviews, allegiances and relations that individuals should develop and nurture in order to create harmony within and around them" (Ndura, Bangayimbaga & Bandeba, 2012:300). Desmond Tutu (archbishop of South Africa) says:

A person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when

others are humiliated or diminished, when others are tortured or oppressed, or treated as less than who they are (Tutu, 1999:31).

The principles of openness, sharing and welcome promoted by *botho* welcome orphans and problem children within the community and everyone becomes the father and mother of these children (Boon, 2007:28). Even those who are poor feel obliged to share the little they have with strangers and with those who are hungry (Mwakikagile, 2010:193). These collectivistic strengths should be utilised in intervention programmes. Fava and Fava (2011:272) observe that collectivist cultures promoting interdependence are inclined to represent their environment holistically, attribute power to the group and assess behaviour according to situational factors. Social workers involved in social development activities with African cultures should be mindful of cultural factors influencing behaviour, and encourage communal cooperation and kinship bonds for the development of community infrastructures (Osei-Hwedie & Rankopo, 2010:216). The guiding existential principles (*seriti* and *botho*) of Sotho people discussed above emphasises the ethnic group's interdependent relationship with their environment and the meaning that they give to maintaining harmonious, reciprocal relationships for the enhancement of the community. The ecological systems approach provides an ideal means to examine these socio-cultural reciprocal relationships between Sotho children and their developmental ecological niches.

Culture does not exist in isolation but coexists at various levels of ecological systems (Greene, 2008:251). Haviland, Prins, McBride and Walrath (2011:35) view culture as “an integrated and dynamic system of adaptation that responds to a combination of internal factors (economic, social, ideological) and external factors (environmental and climatic).” Greene (2008:251,252) states that culture cannot be reduced to a stereotype of groups since people live in a world of socially constructed meaning, termed culture (Greene, 2008:251,252). Culture is hence a learned behaviour representative of the social environment in which a child grows up whereby children and adults are socialised into the norms, values and ideals of the society (Cross & Gore, 2012:590; Berns, 2013:23). The process of meaning making predominantly stems from culture, allowing the individual to enhance their own limited self towards a wider vision as reality (Fava & Fava, 2011:274).

Greene (2008:251) says that the “construction of meaning is embedded within cultural traditions and language.” Culturally meaningful systems fulfil two functions: a directive function that guide persons in their behaviour processes and a suggestive function by creating the rules for how a person feels, and how to derive meaning from situations in their lives (McCubbin & McCubbin, 2005:40). These authors explain that culture contributes to producing cultural units that provide a framework for explaining the world by

means of rituals, tested patterns of behaviour and role modelling (McCubbin & McCubbin, 2005:40). Meaning-making consequently emerges from the context of person and environment transactions and these are continuously transformed through those interactions (Greene, 2008:251). Lewis and Greene (2009:235) hence urge social workers to remain sensitive to the cultural backgrounds and the life experiences of ethnic minority clients and focus on intervention efforts at various systems' levels. Doel, Shardlow and Johnson, (2011:265) state that "...being able to look at the world from the point of view of others" is an indispensable aspect of social work.

An ecological systems approach provides a framework to address aspects of culture related to the Sotho child at several levels of the environment: bio- micro-, meso- exo- and macro level (see Figure 3.2). Although 'culture' comes into the model specifically at the macro level, it permeates all other levels of Bronfenbrenner's bioecological systems model of development. Kağitcibaşı (2007:36) explains that though the child's interaction and experiences are mainly with systems in close proximity, effects of the more embedding system and culture as a whole are assimilated in the model.

The chronosystem (time dimension) of Bronfenbrenner's bioecological systems model assists the social worker to recognise how a child's cultural orientation and belief systems are shaped and changed over time. In a culturally diverse society such as South Africa it is important to recognise processes of acculturation and the impact it has on the Sotho child's sense of ethnic identity over time. Henderson and Thompson (2011:49) describe acculturation as "the process of becoming like an additional culture." Chrysochoou (2004:20) in this regard emphasises the significance of understanding the challenges members of non-dominant groups face in relation to the acculturation process: how change and foreignness is managed; the way their status is assessed and the threats to their identity as well as the challenges to their values and self-knowledge. An ecological systems approach provides a multilevel framework to conceptualise the complexity of the socio-cultural context of Sotho children and the impact it has on their development over time.

3.2.4 Life course

The ecological systems approach emphasises the different socialisation contexts that provide the child, adolescent, adult and aged person with different physical, cognitive and social substances (Bernstein, Mortimer, Lutfey & Bradley, 2011:40). Elder and Shanahan (2006:679) describe the course of development as "embedded in a dynamic system of social interchanges and interdependencies across and within levels." Thies (2006:61) explains that in the course of human development "the individual and environment are

intricately integrated with one another, forming an organised whole.” Life course is concerned with the timing of life events in relation to social structures and historical changes affecting them (Greene, 2008:209). Gitterman and Germain (2008:57) describe life course assessments as incorporating the following elements of value for a social worker:

- Providing an alternative for shaping children into pre-determined developmental stages, life-course assessments allow for individual, personal and collective life experiences.
- Believing in the self-regulating and self-directing nature of human beings as they grow and develop promotes a positive view of people’s capabilities and focus on their strengths.
- Emphasising environmental diversity (economic, social, political and historical) that also considers the effects of poverty and prejudicial discrimination on the course of development permits the social worker to explore milieu disability and violence in a broader sense.
- Considering newly emerging family forms and structures and their unique tasks and developmental issues in addition to those faced by traditional structures and forms allows for recognising changes in ethnic groups (Sotho) and their culture over time.
- Observing changing values and norms within the community, society and in the world and critically considering the significance of global influences on the environment.

Life course assessments are concerned with the multi-level context of development and how these different levels reciprocally interact with each other to either optimise or hinder holistic development of children. A life stage perspective facilitates an understanding of the different ways that violence impacts at different developmental stages on children’s psycho-social functioning; and demonstrates how early exposure to violence may perpetuate cycles of violence (Mathews & Benvenuti, 2014:28).

3.3 THEORETICAL ECOLOGICAL SYSTEMS CONCEPTS

As explained above (see 3.2.1) the theoretical concepts of the ecological systems approach were adapted from the general systems- and ecological systems models. In this section relevant concepts from both approaches will be integrated which will serve as an essential foundation for the presentation of Bronfenbrenner’s bioecological model of child development. This foundation includes characteristics and functions of social systems and person and environment interactions.

3.3.1 Characteristics and functions of social systems

Systems approaches contribute significantly to understanding characteristics and functions of social systems and the concepts of wholeness; social system structure; proximal and reciprocal interactions; role; boundary and feedback are specifically relevant to Bronfenbrenner's bioecological model.

3.3.1.1 Wholeness

Wholeness or holism is considered a key principle in all systems theories (Jackson, 2010:134). Bronfenbrenner's model perceives development "in *system terms*, where any given variable is linked to a whole ecological chain of associated influences" (Hook, 2009:502). A system is an organised whole (holistic) that is more than the sum of its individual parts as all parts of the organisation are interconnected (Zastrow, 2010b:49; Kirst-Ashman & Hull, 2012:137; Goldenberg & Goldenberg, 2013:112). The person and the environment form a unitary ecological system (context) that share a reciprocal influence on each other where everything in a system constantly influences everything else (interdependent) (Greene, 2008:206; Rothery, 2008:96). The parts of the whole are in constant interaction and change in one part of a system causes change throughout the system (Coulshed & Orme, 2006:55). In conclusion, systems should be examined as holistic entities. The person and environment form a holistic system that reciprocally impact on each other. Viewing the milieu-disabled Sotho primary school child in context directs social workers to focus on the transaction between the child and his/her environment rather than viewing either the child or the environment in isolation from each other and hence supports holistic interventions.

3.3.1.2 Social systems structure

Kirst-Ashman and Hull (2012:137) explain that social systems are composed of people, affect people and can be referred to as a network of interrelated relationships. Carter (2011:23) considers energy and the organisation of energy as the main characteristics of social systems. Greene (2008:171) explains that systems include "structure, a capacity for performance, and relative stability, and exist over time and space." Structure includes the number, types, and interconnectedness of ties; and content describes the kind of assistance a person gives and receives (Lewis & Greene, 2009:233). A system consists of various parts or subsystems that are relating and interacting with one another. Sub systems are parts or components of larger systems which may for example include parents, siblings, one parent and one child, child and caregivers that are related and interact with one another (Harold, Colarossi & Mercier, 2007:11; Visser, 2007:23; Carter, 2011:243). Supra systems include the larger, more encompassing whole like a nation or culture that contain smaller subsystems of which the focal system is a part (Harold et al.,

2007:11; Visser, 2007:23; Greene, 2008:193; Carter, 2011:243). A familiar demarcation of systems in social work involves the designation of particular social systems being micro-, meso- and macro level depending on size and complexity (Friedman & Allen, 2011:7). The structured levels described by Bronfenbrenner (1979) (see Figure 3.2) as the environment or ecology (context) of development are similar, but more comprehensive and serve as an example of how the proximal and reciprocal interactions in different systems affect the development of children in their life course.

3.3.1.3 Proximal and reciprocal relationships

Relationships are defined as the reciprocal, dynamic interpersonal connection between two or more persons or systems characterised by patterns of communication, emotional exchanges and behavioural interaction (Shaffer & Kipp, 2010:13; Zastrow & Kirst-Ashman, 2010:23). Proximal processes refer to the environmental interactions or those closest (face to face) to the individual (e.g. family, peers) (Berns, 2010:2). These processes are considered the “basic mechanisms that account for growth.” (Newman & Newman, 2015:299). Bronfenbrenner and Morris (2006:798) observe that proximal processes not only involve human interaction but also interaction with objects and symbols in the environment that invite attention, exploration, manipulation, elaboration and imagination in children. The authors explain that interactions should include the following features to be considered as a complete proximal process: (a) demonstrate stability over extended periods of time; (b) happen frequently; (c) allow for active participation of the individual and (d) grow progressively more complex (Bronfenbrenner & Morris, 2006:798). Reciprocity refers to the way that the action of one member of a system affects and is affected by the action of the other member (Rew, 2005:77). Kearns (2012:390) observes that every aspect of behaviour is influenced by culture that manifests in child-rearing beliefs and practises to promote adaptation to the environment.

3.3.1.4 Role

In Bronfenbrenner’s bioecological model the microsystem contains patterns of activities, interpersonal relationships and roles experienced by the developing child considered important (Hook, 2009:505). Each individual occupies a certain position and role within a specific social setting (system) and is consequently expected to engage in patterns of behaviours and relationships with others in that system (Rew, 2005:77; Shaffer & Kipp, 2010:12). A role is considered culturally established behaviour and conduct expected of a person in any designated interpersonal relationship in anticipation of efforts and reactions of the ethnic group (Greene, 2008:211; Zastrow, 2010b:23). Role performance or social participation is also strongly linked to a person’s sense of self-esteem; their feelings, emotions, perceptions and beliefs are keys to role performance (Greene, 2008:211).

Newman and Newman (2012:45) propose` four measures utilised to analyse role performance: (a) the number of roles occupied by an individual; (b) the intensity or identification with role involvement; (c) the amount and time that a role demands of a person and (d) the extent to which expectations are structured or flexible to improvisation. Roles are interactional and attention is also paid to the boundaries between individuals as they fulfil their various roles within the system (Van Wormer & Besthorn, 2011:18).

3.3.1.5 Boundary

A boundary is described as imaginary open borders/dotted lines or as an invisible line of demarcation that separates an individual, a system, sub-system and a system from the environment (everything external) (Greene 2008:176; Goldenberg & Goldenberg, 2013:101). Boundaries therefore help define the individual independence of its separate members as well as differentiate subsystems from one another (Rothery, 2008:96; Goldenberg & Goldenberg, 2013:101). Friedman and Allen (2011:7) maintain that “access to a person beyond the boundary is through various forms of communication, through the five sensory modalities or through microorganisms that find ways of permeating the outer shell, or skin of a person.” Differentiation between systems depends on the amount of information and energy that is permitted to pass through a given system that determines its permeability (Rothery, 2008:96; Friedman & Allen, 2011:8). Energy and activity is crucial for the survival of a system (Carter, 2011:30). Systems are dependent on a flow of energy, with outputs relying on fresh inputs and too much exporting can lead to a state of disorder, entropy (Friedman & Allen, 2011:8). Zastrow and Kirst-Ashman (2010:24) describe entropy as the “tendency of a system to progress toward disorganization, depletion and death.” When a system imports more than it exports, it is referred to as negative entropy a state of system growth and development (Zastrow & Kirst-Ashman, 2010:25; Friedman & Allen, 2011:8).

Open systems allow for continuous exchange of information and resources (energy) within systems to and from the outside through permeable boundaries and contain the capacity for self-regulation to bring about change, to differentiate and specialise (Van Wormer et al., 2007:18; Greene, 2008:176,177). In closed systems the boundaries are impermeable, thus restricting contact and there is no exchange of energy and information between the system and the environment (Goldenberg & Goldenberg, 2013:102; Visser, 2007:24). Boundaries therefore reflect the limits of interactions between components and are determined by the intensity and frequency between systems components (Carter, 2011:286). The social worker assesses children’s system boundaries to determine how their holistic development is either enhanced or delayed through permeable/impermeable boundaries. Newman and Newman (2012:53) reveal that boundaries within the family

determine inclusion or exclusion of others in the family, the way information is supported and confirmation is sought and the ways that new members are incorporated in the family. Collins, Jordan and Coleman (2013:86) explain that the nature of family boundaries are differentiated “according to definitions based on culture and lifestyle.” Cultures may for example vary in their patterns of child rearing, assigned family member roles and care of the aged that needs to be considered in culturally competent social work practise (Hepworth et al., 2013:190). An important task for ethnic groups is also to cope with enculturation and acculturation processes in order to maintain optimum family functioning and ethnic identity as a family (Collins et al., 2013:95). Family members of the Sotho group are hence defined by their own ethnic boundaries but also in context of their adaptive acculturation processes. Boundaries play an important role in regulating the interaction or communication flow between systems necessary for healthy development. The degree of interaction and the accessibility to the outside environment is influenced by the permeability/impermeable of system boundaries.

3.3.1.6 Feedback

The exchange of information between the system and its environment is synchronised by a process called feedback (Friedman & Allen, 2011:8). Through the support of positive and negative feedback cycles or loops, a living system can regulate itself and also adapt to circumstances that are changing (Visser, 2007:26; Goldenberg & Goldenberg, 2013:99). Negative feedback involves problematic functioning - the system can choose to correct any deviations or mistakes and return to a more homeostatic state. Positive feedback involves receiving information about what a system is doing correctly in order to maintain itself and thrive (Zastrow & Kirst-Ashman, 2010:24). According to Visser (2007:26) feedback about the current system can be utilised as input to determine further action as the system can activate remedial measures to achieve ideal functioning. It is a way of evaluating whether the systems outputs are compatible with perceived outcomes (goals) that the system has established for itself (Brandell, 2011:8). In a family, positive and negative feedback loops sustain the qualities of a system: power, hierarchy, conflict level and autonomy and dependency amongst members. Ethnic groups with collective orientations maintain high levels of interdependence that influence the way that they regulate themselves to get their needs met (Fasokun et al., 2005:75). An ecological systems approach informs that the holistic functioning of the milieu-disabled Sotho primary school child exposed to violence will improve when they become more actively aware of their own processes, resources and needs through feedback mechanisms in the environment.

3.3.2 Person and environment interactions

Greene (2008:212) views the environment as a complex network of forces that work to shape the behaviour and development of the individual in a particular setting. The purpose of an ecological systems approach is to assist social workers to “customize their intervention to the person, the environment or the interaction between the two” (O’Donoghue & Maidment, 2005:31). Relevant to Bronfenbrenner’s model are the concepts of habitat, environment and niche, adaption and environment fit and the risk-, resilience- and protection framework.

3.3.2.1 Habitat, environment and niche

The habitat refers to a person’s physical and social setting within their cultural context (Greene, 2008:212). When a habitat provides a wealth of resources needed for growth and development a person can thrive and achieve a state of holistic well-being (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2010:15). According to Dowd, Singer and Wilson (2006:xii) poverty is associated with a variety of factors that can contribute to violence and perpetuate poverty in return. In an ecological systems approach the environment is hence viewed in a broader sense of a person’s habitat or physical environment (Rasheed et al., 2011:35). The environment is considered the holistic total of socio-cultural conditions, circumstances and human interactions that surround people (Kirst-Ashman, 2011:6). In Bronfenbrenner’s model the environmental context encompasses the total of multi-level systems in which the child is embedded (see Figure 3.2). O’Donoghue and Maidment (2005:40) perceive environments to hold “dynamic and interactive features that are “mediated through place, time and space, as well as human beings’ perceptions, structures, relationships and meaning-making activities.” Kirst-Ashman and Hull (2009:279) believe that the way people experience their environment has a significant influence on their sense of hope for the future as well as their level of trust in institutions (including social workers).

The experienced environment or niche refers to different ways that individuals give meaning to their experienced world (Ryke, Strydom & Botha, 2008:22). A person’s niche involves his/her place and status within the habitat as a result of the individual’s accommodation to the environment (Hepworth et al., 2010:15). Within the context of child development the niche is seen as the child’s place within a particular community as determined by the multiple cultural influences on his/her development predominant in that community (Shaffer, 2006:27). Ryke et al. (2008:22) explain that a niche assessment aims at providing a context to appraise people’s environmental strengths, risks and stressors founded on their own subjective experience and understanding in collaboration with

another person (social worker). Kağıtcıbası (2007:37-38) emphasises three essential components in the developmental niche that surround the child:

- The physical and social environment that children interact with on a daily basis (climate, nutrition, household, family size and language).
- Customs and child-rearing practises of parent's or caregivers (daily routines, play- and work patterns and caretaking behaviour).
- The psychology of parent's or caregivers (beliefs, values and ethnic orientations) (Kağıtcıbası, 2007:37-38).

Hepworth et al. (2010:15) indicate that one of the developmental tasks of the maturing child is to find his/her niche in society which is essential to developing self-respect and a stable sense of identity. A niche can be either favourable or unfavourable for individual growth and development (Greene, 2008:212). Being able to find 'ones niche' therefore presumes that opportunities corresponding with human needs must exist in society (Hepworth et al., 2010:15). Children in ethnic context living in milieu-disabled communities often lack these essential opportunities or resources in their ecological niches to satisfy their most basic needs. The health and happiness referred to as 'goodness of fit' (person-environment fit) is a critical aspect of the ecological niches each person occupies (Turner, 2005:112).

3.3.2.2 Adaption and person-environment fit

In Bronfenbrenner's model children are seen as active participants in their development. Stress and coping with stress are perceived as normal processes in order to grow and develop (Coulshed & Orme, 2006:54). Carter (2011:258) describes adaption as "an action by the system to secure or conserve energy from the environment." The self-regulating ability of a system to maintain balance or adapt to the environment through changes in its structure leads to states of homeostasis (Visser, 2007:26; Friedman & Allen, 2011:9). Greene (2008:213) asserts that the concept of adaption in which the person and environment mutually influence and respond to each other to achieve the best possible match or person-environment fit is central to the ecological systems view of development. Gitterman and Germain (2008:54) explain that person-environment fit involves a reciprocal process that can result in a good fit when there is a good match between the organism and the environment and a poor fit when the match is poor. Children should master their ability to make confident decisions, to trust their judgement, to achieve self-confidence and to produce the desired effects on the environment through utilising resources and supports (Greene, 2008:211). However, when the personal and environmental exchanges are not positive they are described as dysfunctional and have the potential to inhibit, frustrate, damage and oppress both human and environmental

potential (O'Donoghue & Maidment, 2005:39). Two factors determine 'goodness of fit' namely; demand and resource or support factors that are specifically relevant to the process of adaptation to achieve a person-environment fit (Rothery, 2008:104).

- **Demand factors**

Lack of fit between the child and the environment can be the reason of many environmental demands that requires an adaptive response and may lead to psychological and emotional stress (Healy, 2005:136-137; Gitterman & Germain, 2008:2). These demands may include amongst others (a) difficult life transitions and traumatic events (such as violent exposure); (b) harsh social and physical environments (milieu disability) and; (c) dysfunctional interpersonal processes in families and groups (Gitterman & Germain, 2008:xi). Hostile environments where there is a lack of environmental support hinder development and ability to cope with the demands (Greene, 2008:216). Children should be assisted through stressful life transitions to deal with traumatic events in a manner that their adaptive capacities are supported, strengthened and the environment's responsiveness is increased (Gitterman & Germain, 2008:194). The environment also provides the resources that can help the child cope with demands creatively and adapt to achieve a good person-environment fit (Rothery, 2008:105).

- **Resource or support factors**

Greene (2008:216) observes that minority individuals as well as their families learn adaptive strategies to both cope and develop competencies in their children. Greene (2008:216) furthermore suggests that nurturing environments offer the necessary resources, security and support at appropriate times and in various ways. Rothery (2008:105-106) places support or resources in four categories:

- Emotional support includes safe and accepting relationships that can provide opportunities to a person to discuss his/her feelings with regard to the demands in his/her life, especially at a time of feeling vulnerable and alone.
- Informational support is described as sources of knowledge necessary for a person to competently deal or cope with particular demands.
- Concrete instrumental support includes assistance in the form of goods and services such as housing or food.
- Affiliation support refers to roles in which a person feels competent and valued and with which they can meaningfully affiliate.

Sotho primary school children's responses to deal with the demands and challenges within their environment may promote or hinder their development and the way trauma related to exposure to milieu disability and violence are managed. Essential to this study is thus facilitating a holistic assessment of the risks, protective and resilience factors at

various system levels that affect the onset and persistence of milieu disability and violence in Sotho primary school children's lives.

3.3.2.3 Risk, resilience- and protection framework

An ecological systems approach provides a context to understand the needs, risks, protection and resilience that arises over the course of a child's development (Baldwin & Walker, 2005:40; Jenson & Fraser, 2011:17). Risk factors can be described as individual and environmental forces that can increase the probability that a child will experience adversities (poverty/violence) (Bragin, 2011:377; Jenson & Fraser, 2011:10). O'Daugherty Wright, Masten, and Narayan (2013:17) distinguish between three kinds of risk factors:

- Cumulative risks: (a) the presence of multiple risk factors; (b) multiple occurrences of the same risk factor; and (c) the accumulating effects of on-going adversity (homeless families, poor health, poor health care, poor schools and exposure to negative events).
- Proximal risk: factors experienced directly by child (e.g. witnessing domestic violence).
- Distal risks: arising from a child's ecological context but mediated through proximal processes (e.g. high rates of violence in communities).

Resilience is the capacity to survive and prosper psychologically in the midst of risks (Bragin, 2011:377). Besthorn (2005:123) describes resilience as a "dynamic concept that reflects a finely tuned balance between stress and coping and suggests developmental characteristics that are responsive to improvement over time through successful experiences with positive protective and supportive factors." Resilience in children can hence be enhanced by encouraging constructive and positive environments for children to neutralise risks in children's lives. Resilience consequently follows when protective measures are sufficient to counter risks (Bragin, 2011:377). Protective factors are viewed as individual characteristics and environmental conditions or characteristics that interact with specific risk factors present in either the child or the child's environment (Gitterman & Germain, 2008:2; Bragin, 2011:377; Jenson & Fraser, 2011:13). Protective factors operate to: (a) reduce or buffer the impact of risks in the child's life; (b) disturb potential destructive chains of risks (continuing cycles of violence) and; (c) prevent or block the onset of risk factors (Jenson & Fraser, 2011:13). Resilience should be contextually understood as reciprocal interaction of individual, family, socio-cultural, and institutional influences during the course of development and across generations (Walsh, 2016:21). Social relatedness refers to the individuals' capacity to form and maintain connected relationships and are considered a crucial aspect of resilient adaptive behaviour for the enhancement of healthy development (Greene, 2008:210; Kent, 2012:120). A systemic view to resilience suggests that social workers should determine the goodness of fit

between children and their environments and consider if it provides opportunities or challenges (Greene, 2008:323).

The discussion informs that risks, resilience- and protective factors should be viewed as being unique to each child's context and are influenced by both the characteristics of the child and the environment and the interaction between the two. The milieu-disabled Sotho primary school child exposed to violence in the process of development faces a number of unique environmental forces that should be explored through an ecological systems risk, protection and resilience framework in order to determine the impact of these factors on his/her development. Internal and external resources are required to deal with risk factors. A strength and empowerment approach assists social workers to connect internal and external resources of children in order to develop their protective resources and empower them to become more resilient in the face of adversities as they progress in life. The theoretical ecological systems concepts conferred in this former section support Bronfenbrenner's bioecological model of child development which will be discussed next.

3.4 BRONFENBRENNER'S BIOECOLOGICAL MODEL

This section does not intend to provide an all-inclusive discussion of Bronfenbrenner's bioecological model but serves as a conceptual framework for investigating the risk, protection and resilience factors at the various systems' levels and the way that they impact on the holistic development the milieu-disabled Sotho primary school child. Bronfenbrenner introduced the bioecological model to explain development and growth of children and expanded on the theory several times over the years (Bronfenbrenner, 1974, 1977, 1979, 1989, 1993; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006) (cited in Bjorklund & Blasi, 2012:68). The ecology of human development is described by Bronfenbrenner (2005:107) as the:

[S]cientific study of the progressive, mutual accommodation, throughout the life course, between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as the process is affected by the relations between these settings, and by the larger contexts in which the setting is embedded.

Berns (2016:20) explains that the model facilitates an understanding of how children and their environments interact to produce developmental outcomes. Bronfenbrenner's bioecological model consists of four main components (process, person, context and time or PPCT) and the interactions between them that highlight the complexity of developmental processes as characteristics of person and environment interactions in the course of development (Spencer, Harpalani, Fogley, Dell'Angelo & Seaton., 2003:125;

Sigelman & Rider, 2009:10; Evans, Forney, Guido, Patton & Renn, 2010:160). The bioecological model conceptualises development as taking place within a social ecology (context) which contains various systems that can be generalised to any cultural group (Rew, 2005:77). Bronfenbrenner's (1979:209-259) model describes the environmental context or the natural ecology of child development as a set of nested structures (micro-; meso-; exo-; macrosystems) embedded in each other within which the child participates. Higher systems levels (exo- and macro level) contain the lower systems levels (micro- and meso level) and all these systems are reciprocally interacting with each other (Visser, 2007:25). The chronosystem represents the dynamic effect that time has on other developmental systems whereby changes in the child or in the ecological context can impact on the path that development is expected to take (Shaffer & Kipp, 2010:65; Hook, 2009:507). Bronfenbrenner's bioecological model is visually presented in Figure 3.2 below:

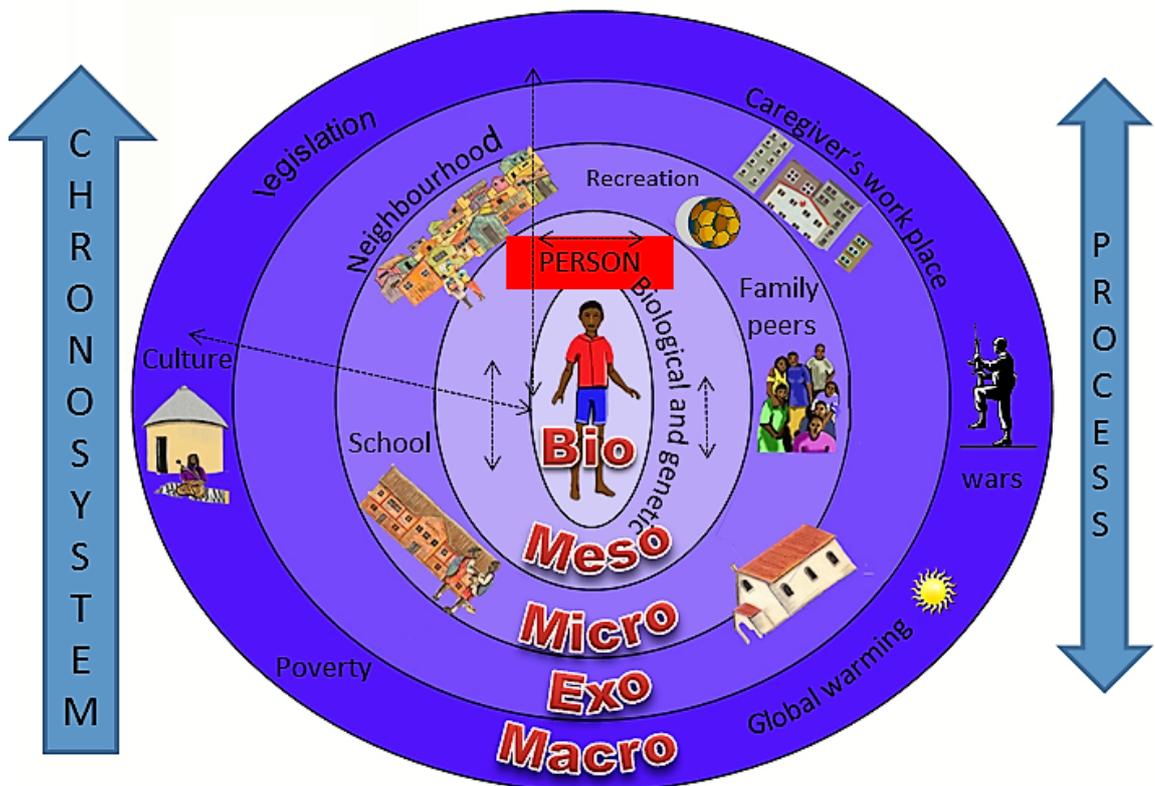


Figure 3.2: Bronfenbrenner's bioecological model of development

The preceding introduction and visual illustration of Bronfenbrenner's bioecological model provides a frame of reference for the discussion to follow.

3.4.1 Process (P)

Focusing on the process of development forms the core of the model and comprises of particular forms of interactions or exchanges of energy between the child and the

environment referred to as proximal processes operating over time (Bronfenbrenner & Morris, 2006:795). As a process-orientated (non-stage) theoretical approach to development it examines the reciprocal role of person-environment (nature-nurture) interactions during the life course (Greene, 2008:209). In this model behaviour is seen as not only an outcome of development but is concurrently perceived as the source and process of development (Rew, 2005:76). The process of development is created by a fusion or integration between the active changing person and the active and changing context in which a person is embedded (Lerner, Lewin-Bizan & Warren, 2011:44; Bjorklund & Blasi, 2012:68). How children regulate themselves to adapt to changes to achieve a person and environment fit plays a significant role. The 'process' hence refers to the proximal, interrelated dynamic interactions (reciprocal relationships) that happen between children and the environment over the life course as well as the modifications needed for a better environment fit.

3.4.2 Person (P)

An ecological systems approach pictures the child (person) at the centre or heart of the multi-layers of human and natural systems that surround them (Lerner, 2005:xv; Woodhouse, 2006:419; Waller, 2009:11). In ecological systems approaches people are seen as active, dynamic and reciprocal inter-actors with their environment, having individual views, feelings and important networks within the progression of development (Statham, 2007:125; Zastrow, 2010b:49; Lerner et al., 2011:43). Children influence their environment and in the same way the physical and social environment influence children (O'Donoghue & Maidment, 2005:40). Lerner et al. (2011:43) observe that children are consequently products of development and also indirect producers of their environments, both forming a network of interdependent effects. The 'person' dimension of the model refers to the holistic total of "biological, cognitive, emotional and behavioural characteristics of the child" (Lerner, 2005:xv). It suggests an appreciation of each child's uniqueness within their specific experiential endowment, history and genetic constitution but at the same time emphasise that all human children share common needs that should be satisfied (Sommer, Samuelsson & Hundeide, 2010:87). Turner (2005:112) also highlights the importance of balancing demands and resources or supports as facilitated by individual differences in perception and capability to achieve a good fit.

3.4.2.1 Biosystem

The bio-system was added as an addition to the other environmental systems stressing the relevance of biological and genetic factors (nature) on child development (Tudge, 2008:70). "Nature" refers to the internal processes of children directing development according to their genetic code (Rathus, 2011:28). No particular characteristic of the

person can exist in isolation, but the holistic sum (biological, cognitive, emotional and behavioural) of personal characteristics develops meaning and expression through contact with the environment (Greene, 2008:208-209). The person's biologically determined characteristics hence interact with environmental forces to shape development (Ambrosino et al., 2012:64). Bronfenbrenner and Morris (2006:795-796) describe three types of personal characteristics that are most influential in shaping development:

- Demand characteristics: described as “stimulus characteristics” that act as an immediate stimulus (first impression) to another person influencing them to act in a certain way which can either foster or disrupt operation of proximal processes (e.g. appearance, skin colour).
- Resource characteristics: also referred to as “bioecological resources” that contain those characteristics of a person relating partially to mental and emotional resources, e.g. skills, past experiences, material resources, caring parents) necessary for effective functioning of proximal processes at a given stage of development.
- Natural (disposition) characteristics: Two children may share the same resources but differences in their characteristics (temperament, motivation, persistence) will determine their motivation to succeed and persist in their life course (Lerner, 2005:xvi; Bronfenbrenner & Morris, 2006:795-796; Tudge, 2008:70).

Genetic characteristics may compromise child development because it affects the regularity or quality of proximal processes that function within the microsystem (Bronfenbrenner, 2005:1). The same individual characteristics apply to the microsystem (e.g. parents, siblings, peers and teachers) that reciprocally interact with the child. Rothery (2008:99) explains that the purpose of an ecological systems approach is to determine what an individual needs and what he/she can change to make life more successful and gratifying. In order to connect with children as professionals an appreciation and understanding of their meaning-making experiences in the world and their relationships with their family members are necessary (Paulin, 2010:3). As discussed in 3.3.2.1, it is about gaining an understanding of children's experienced environment or niche. Bronfenbrenner (2005:5) explains that experience refers to the realm of subjective feelings including anticipations, hopes, doubts or personal beliefs. Children thus behave according to their subjective or phenomenological perceptions of the world (Bjorklund & Blasi, 2012:68). As children participate interactively in their developmental processes their abilities, motivation, knowledge and skills to actively engage with 'self' and other increases (Bronfenbrenner & Morris, 2006:798). The social worker should gain a phenomenological understanding of the milieu-disabled Sotho primary school child experiences of 'self' and their environment; and assess their capacities to adapt to the demands of adversities in

which they live. Socio-cultural expectations also unceasingly influence children's behaviour and it is essential for social workers to expand their knowledge base of Sotho children's collective cultural orientations. A strength and empowerment approach is promoted that appreciates the concept of resilience (Ambrosino et al., 2012:64). Resilience in children seems to play an important role in adapting in the environment as the strengths and resources enable them to respond positively to stress situations, even in the face of adversities and to recover and grow from these experiences (Benard, 2006:196; Veltkamp & Lawson, 2008:138). Rothery (2008:99-101) in this regard lists the following individual deterrents that can affect successful adaptation in the environment:

- Creativity and choice: Children should understand that they hold the potential for creative choice to also actively influence their environments.
- Beliefs: Sustaining beliefs and incorporating optimistic and hopeful life interpretations will ultimately motivate a child to want to change. These beliefs include: (a) beliefs about the 'self' and that life has value and meaning for them; (b) a positive view and relationship with others that creates a sense of belonging and trust; (c) values that gives personal direction; (d) spirituality as a source of existential meaning making and lastly, (e) an understanding of their roles - what is expected of them and their rights and responsibility in this regard.

For children growing up in milieu-disabled communities, the challenges in the environment may, however, overpower their coping approaches (Lewis & Greene, 2009:238). It is of equal importance to strengthen their connections with the external environment as resilience is also influenced by environmental protective factors (caring relationships, high expectations of children and opportunities for participation and contribution) (Benard, 2006:200-202). Creating accessible and child-friendly reporting systems and services for child beneficiaries in ethnic context will motivate them to seek assistance and to be provided with opportunities to strengthen their connection with the environment for the enhancement of their natural resilience processes.

The discussion informs that in Bronfenbrenner's bioecological model of development the person (child) plays an active role in his/her development and becomes the centre of the intervention process. Children are assessed on the basis of describing their experienced environment (world) as they give meaning to it. Each child is unique and his/her genetic and socio-cultural orientation determines how he/she makes sense of the world during the life course. However, it was argued that all children have needs and strive to satisfy those needs and the provision of resources in the environment hence play an important role. Children cannot act in isolation and it is important to understand how the child's nature (genetics) impact upon the environment (nurture) in a way that intensifies/reduces the

risks of being exposed to violence or becoming a perpetrator of violence. Biological characteristics of a child, the context of development and the transactions between them should be considered when exploring risk and resilience (protective factors) relating to milieu disability and violence.

3.4.3 Context (C)

The context or ecology of human development is described as the nested levels or systems (micro-, meso-, exo- and macrosystems) (Lerner, 2005:xv). It is within this multi-level context that individual behaviour takes place, and where a person plays a significant role in evaluating and interpreting their context (Shaffer, 2006:24-25). Utilising a bioecological approach requires of social workers to gain a comprehensive understanding of a child and his/her situation (context of development) (Segal et al., 2010:176). The first basic structure or innermost layer to the child, the microsystem comprises of the child's roles, activities and interpersonal face-to-face (proximal) relationships with significant others experienced by the developing child in a specific small setting (Greene, 2008:232).

3.4.3.1 Microsystem

Sigelman and Rider (2012:9) describe the microsystem as “an immediate physical and social environment in which the person interacts face-to-face with other people and influences and is affected by them.” The microsystems level contains important socialisation agents (family, school, peers, religious affiliation, community and neighbourhood) that apply their influence in different ways and at different times in child development (Berns, 2010:46). The quality of interaction of these microsystems with the child will have an effect on how the child grows; the more encouraging and nurturing these relationships and places are, the better the child will be able to grow (Berns, 2013:18). Furthermore how children act or react to these people in the microsystems will affect how they are treated in return (Shaffer & Kipp, 2010:63). The microsystem significantly contributes to support in the form of caring human relationships and resources needed for protection and healthy development of children (Connolly & Eagle, 2009:552).

Greenspan and Wieder (2006:xii) observe that multiple interactions with caregivers that involve exchange of emotions as well as provide an important sense of relatedness are crucial to child development. The family, as the primary social agent provides nurturance, affection, and a variety of opportunities and therefore has the most significant impact on the child's development (Berns, 2013:18). The family composition, structure and interaction patterns are crucial for the survival, protection, health, education and development of children (Desai, 2010:17). Woodhouse (2006:419) observes that an ecological systems approach “look at the world through a child's eyes, seeing as family

those individuals whom the child knows as family.” The extended family structure is an essential factor that needs to be considered in social work interventions with ethnic minorities (Lewis & Greene, 2009:232). The Sotho child's collective family structure and parenting styles may significantly differ from that of individualistic independent cultures that needs to be considered in the development of intervention programmes. Collective family structures are much wider than nuclear or western family structures and include caregiving networks which comprises of grandparents, aunts, uncles and cousins as vital participants in children's life transitions (Boon, 2007:29). Caregivers and siblings as the first learning setting in the child's life provide examples and opportunities for the engagement of linguistic settings, cultural activities and cultural modelling (Maynard, 2005:4). Every day activities (e.g. eating, playing, roles and duties) and their cultural and ecological context are considered as stepping stones in the child's progression through life (Weisner et al., 2005:43). Family traditions therefore significantly impact on the family resilience as it is the setting where children can gain a sense of stability, comfort and guidance empowering them to cope with daily challenges (McCubbin & McCubbin, 2005:32).

By using an ecological systems approach social workers can also gain an understanding of the family patterns of power, privilege and oppression and in what way it impacts on their social functioning (Lewis & Greene, 2009:233). Social needs shape the way parents treat children that affect their behaviour in return, for example parents in low socio-economic settings will expect co-operation with others as essential as not much can be achieved on their own with the limited resources they have (Shaffer, 2006:30). Within the microsystems, families who live in milieu-disabled communities will most likely not be able to afford age-appropriate toys and books that can stimulate development and play opportunities. Families may also be less emotionally available due to psychological stress or economic hardship that may lead to harsh parenting styles (Black & Oberlander, 2011:494). Environmental support systems (school, community and extended family systems) that can assist with child rearing are crucial for healthy, holistic development of children as they do not develop in isolation (Jackson et al., 2013:147).

The proximal processes related to peer groupings and the school system (classroom, social and instruction qualities) play an important role in the development of the child within the microsystem level (Pianta, 2006:506). Statham (2007:125) reasons that “children exist in a world of other children and this world poses threats but also offers support.” In the primary school years peer group membership and peer participation become increasingly important. Peers provide companionship, support and experiences where children's identities can be reinforced and influenced and where they can develop

mastery in social relationships with equals (Berns, 2010:52; Carter, 2011:243). The peer group offers protective factors to children but can also negatively impact as risk factors on children for example when pressured to conform to unhealthy peer practices such as bullying and substance abuse. The school is fundamental in providing learning opportunities for children that can be enhancing of their skills, competence and experiences of healthy supportive relationships essential for adaptive holistic functioning and future employment (Pianta, 2006:506). Unsafe and under-resourced schools on the other hand deprive children of healthy learning environments vital for their development. The levels and patterns of violence in schools often reflect the levels of patterns of violence in the neighbourhood (Bukatko & Daehler, 2012:627).

Berns (2013:19) describes the community or neighbourhood as a main setting in which children learn by doing and whereby the availability of facilities determines what real experiences they have in the environment. It provides important institutional resources (e.g. religious affiliations, transport, medical, recreational resources, child care) and the availability, accessibility, affordability and quality of these resources determine in what way they can contribute as caregiving support systems for the enhancement of child development (Swenson, Henggeler, Taylor, Addison, 2009:10). With constant exposure to violence children may lose trust in the safety of their environment as well as the people surrounding them (Osofsky, 2007:6). The interaction and quality of the proximal processes of Sotho children with their caregivers, family, school, peer group and community will have a significant impact on their holistic development and in presenting risks or protecting children from the impact of milieu disability and exposure to violence.

3.4.3.2 Mesosystem

'Meso' meaning intermediate consists of the linkages and interrelationships between two or more microsystems (for example the family and the school, the child and his/her peer group) that fosters child development (Berns, 2010:20; James, 2008:569; Lewis & Greene, 2009:233). It is the crucial communication channel that allows all individuals and groups within and among the ecological systems to exchange information and resources (James, 2008:569; Woolley, 2008:219). The ecological systems concept relating to open and closed boundaries and feedback loops are significant here (see 3.3.1.5, 3.3.1.6). Berns (2010:20) explains that the influence of the mesosystems on the child depends on the number and quality of the interrelationships. Bronfenbrenner's bioecological systems model emphasises that development is likely to be optimised when strong, supportive links between an individual and his/her multiple microsystems exist (Shaffer & Kipp, 2010:63). This includes social support institutions such as the school, religious affiliations, social

services, the police and the courts. James (2008:272) concludes that the mesosystem also directs crisis intervention processes because it arranges and drives dynamic connections between all systems' components. Milieu-disabled Sotho primary school children exposed to violence, if isolated from social support systems due to impermeable boundaries, on the one hand may experience an increased risk of not developing their capacities and the necessary environmental resources to cope with the stress of being exposed to milieu disability and violence. The availability, quality and positive exchanges (permeable boundaries) between these systems on the other hand are essential for healthy child development. A strength and empowerment approach could enhance these dynamic linkages or interrelationships between systems.

3.4.3.3 Exosystem

This system ('exo' meaning outside), refers to social settings in which children are not active participants, but indirectly are an influence on their development (Shaffer & Kipp, 2010:64; Bjorklund & Blasi, 2012:70). Exosystems include formal settings such as the parent's workplace (Keenan & Evans, 2009:37; Shaffer & Kipp, 2010:64). It may also include the town council, school board or parents' social support networks (Berns 2016:24). Social work interventions aiming at addressing milieu disability and violence should consider the risk and protective factors found at the exosystems level.

3.4.3.4 Macrosystem

'Macro' meaning large consists of the overarching patterns (society) or characteristics of a given culture, subculture or social class such as the ethnic group system in which the micro-, meso-, and exosystems are embedded (Lewis & Greene, 2009:232; Shaffer, 2009:88; Bernstein et al., 2011:40). It includes social policies and laws, political ideologies, social norms, technological advances, media, cultural change, the quality of the physical environment and international trends (Churchill, 2011:19). Embedded in these systems are the belief systems, bodies of knowledge, material resources, opportunities, threats, customs, lifestyles, patterns of social interaction, and life span options and changes (Berns, 2010:23; Bernstein et al., 2011:40). Culture socialises children to adopt certain goals and values and direct daily structure (Newman & Newman, 2015:8). The culture a child grows up in hence affects all the other levels of Bronfenbrenner's model (Bjorklund & Blasi, 2012:70). Macro culture beliefs, attitudes and perceptions with regard to violence and milieu disability hence need to be considered. Apartheid in South Africa created deeply impoverished communities which still presents with difficulties for the government to overcome (Gray, 2010:82). Greene, Kropf and Frankel (2009:168) urge social workers to remain sensitive to the values of the culture as

well as to deal with forms of social oppression such as poverty. The social worker's role is to address the lack of support services, social injustices and influence policies with regard to violence as a means to achieve change at macro level (Healy, 2005:141).

The media and advertising are also considered cultural institutions that reflect social norms and values that contribute to preferences and desires (Cross & Gore, 2012:590). Forces of globalisation should also be considered at this level. Alam, Klein, and Overland (2011:1) explain that the "spread of information, technology and people across the world, brought about by globalisation, has made the world seem smaller, but also more complex." Citizens in South African answer in different ways to the forces and connectedness of globalisation through adoption, adaption, avoidance and resistance shaped by their unique physical environment, social relations and specific history (Alexander, Dawson, Icharam, 2006:38). Broodryk (2006:5) philosophises that *ubuntu* (*botho* in Sotho) personality "could be of enormous benefit to human beings in the global world today where violence, human exploitation, extreme stress, material greed and power-lust seem to be the dominating factors influencing the life of leaders and ordinary people." The world is continuously changing and becoming more interconnected, presenting new challenges to people in every society (e.g. influences of global warming, the unrest in the Middle East and the world-wide socio-economic crisis). It is important for the social work profession to gain insight into the global issues that affect the lives of South African citizens in the 21st century and to actively participate in solving these problems (Kirst-Ashman, 2008:368).

3.4.4 Time (T)

Time is emphasised as an important variable in child development and has a prominent place at micro-, meso- and macro level:

- Micro time: refers to the continuity versus discontinuity with enduring episodes of proximal processes.
- Meso time: the periodicity of these episodes across broader time intervals, such as days and weeks.
- Macro time: changing expectations and events at the larger society both within and across generations (Bronfenbrenner, 2005:xv;vii).

The chronosystem hence contains the time dimension of the model that impacts powerfully on development (Keenan & Evans, 2009:37).

3.4.4.1 Chronosystem

Systems in progression have two time dimensions: the historical and the developmental (Lewis & Greene, 2009:233; Keenan & Evans, 2009:37). It assists the social worker to consider how a person gains meaning in life at a specific developmental stage and their cultural orientation and belief system in moving through time (Lewis & Greene, 2009:233). Traditional beliefs, expectations, values and norms of the Sotho ethnic group may consequently change through processes of acculturation. Focusing on the dimension of time in the life course shows how stressors such as adversities and violence impact on children through their life course and point to the importance of early intervention in order to stop cycles of violence and milieu disability. The value of acknowledging the chronosystem is that it shows how both the child and the environment are susceptible to change over time. How children deal with changes in their life cycle will depend on self-processes and the resources and opportunities available in the environment. Social workers should develop the skills and strengths in children in order for them to become more resilient and actively involved in their life process over time.

In summary Bronfenbrenner's bioecological model of child development proposes a systemic framework for gaining awareness of the subjective socio-cultural experiences, historical and present centred reciprocal processes between children and their embedded environmental context during the life course. It emphasises that children cannot function in isolation of their environment as their holistic development is affected by the transactions between their microsystem (family), mesosystem, exosystem (community) and macrosystem (cultural values, economics) within the continuum of time (chronosystem). In utilising a risk, protection and resilience framework the model offers a way to gain a holistic picture of the milieu-disabled Sotho primary school child's experiences of adversities within their developmental context and how the reciprocal interactions in each system either contribute to the protection or onset of violence in the course of development. Meadows (2010:6), concludes: "[t]he more we understand the multiple contexts of any piece of behaviour the better we understand that behaviour." Children's exposure to milieu disability and violence should consequently be viewed in context – embedded in various systems levels.

3.5 ECOSYSTEMS' ASSESSMENT: TOOLS AND INTERVENTION GUIDELINES

The bioecological systems model aims at preventing cycles of violence and therefore proposes an assessment of the child's risk and protective factors at various levels that lead to a child's vulnerability or protection from violence (Mathews & Benvenuti, 2014:32). Ecological systems intervention endeavours to improve social transactions between people through promoting adaption between the person and his/her environment (Healy,

2005:137). The model hence provides a holistic framework to assess the milieu-disabled Sotho primary school child's experiences and contextual realities as it relates to violence for the design of the intervention programme.

Certain assessment tools are utilised in an ecological systems approach to gather information about service beneficiaries and their environment that can be graphically presented and also facilitate a shortened case-recording process for social workers (Friedman & Allen, 2011:14,15). These tools comprise of the genogram, ecomap, social network map, culturagram and a social niche instrument that will briefly be discussed. A genogram assists the social worker to identify the historical ecology of both the nuclear and extended family of the child as well as information about them (e.g. age, occupation, marital status, deaths and their causes and quality of relationships) (Friedman & Allen, 2011:15; Webb, 2011:85-86). The ecomap is the most commonly used visual tool developed for social workers to help assess service beneficiaries' person-environment relationships across multiple levels of their social systems (O'Donoghue & Maidment, 2005:41-42; Harold et al., 2007:10; Friedman & Allen, 2011:15). An ecomap assessment assists the social worker in gaining insight of the major stress and support factors that exist in the lives of children and also enhances opportunities for the child as a service beneficiary to participate in the assessment process (Healy, 2005:139). The social network map is utilised to engage service beneficiaries in identifying social supports in their social network by means of mapping them in concentric rings (Friedman & Allen, 2011:17). A culturagram assist social workers in assessing each family's unique heritage and belief system and is especially helpful in individualising culturally diverse families (Congress & Kung, 2005:3; Webb, 2011:87). The social niche assessment instrument developed by Ryke (2004) also provides a helpful guideline to assessing what service beneficiaries think and feel about their perceived environment (Ryke et al., 2008:22).

The ecological systems approach, however, has been assessed as not providing efficient guidance to practitioners in terms of proposing what methods to use or when and how to intervene with the client system (O'Donoghue & Maidment, 2005:45). Bronfenbrenner's bioecological model was also evaluated for its high level of complexity (broad scope that takes almost everything into account) that complicates practical implementation (Hook, 2009:511). Although the above are observed to be true the researcher agrees with Ambrosino et al. (2012:143) who are of the opinion that the ecological systems approach rather functions as a conceptual framework (applicable in a variety of ways and different situations) that is of value to guide assessment, intervention and evaluation processes. The broad theoretical base of the ecological systems approach assists social workers to explore different life interpretations of service beneficiaries in all its complexity and thus

discourages reductionism in planning intervention strategies (Healy, 2005:137; Lewis & Greene, 2009:232).

There are multiple paths to arrive at meaningful systems outcomes (Van Wormer, Besthorn, Keefe, 2007:19; Miller, 2009:64). Visser (2007:29) explains that when dynamic processes in the system are such that more than one initial condition or input contributes to the same outcome condition (situation) it is described as equifinality. The principle of equifinality challenges social workers to consider intervention options at multiple levels of a child's developmental ecology and to use various creative intervention strategies that may include a combination of casework, group and community work that supports the holistic vision of the social work profession. The unique situations in service beneficiaries' lives can be addressed at various levels or at a particular level as appropriate for that person (Bragin, 2011:377). An analysis can be used independently, or in conjunction with other perspectives to inform the processes (O'Donoghue & Maidment, 2005:45; Hook, 2009:511). Multi-level systems assessments as proposed by Bronfenbrenner (see 3.4) can provide a helpful assessment framework in an attempt to gain a holistic picture of the risk, resilience and protective factors related to the milieu-disabled Sotho primary school child and assists with identifying the most needed areas for intervention.

3.6. CONCLUSION

The place of the ecological systems approach within the social work profession was established as the focus on person and environment transactions over the life span. From the literature overview it is evident for the researcher that social work with its strong emphasis on person-environment and respect for the strengths of every individual service beneficiary is at heart a holistic, ethnic-centric practice. In this concluding part of the chapter the researcher will synthesise the strengths and limitations of the ecological systems approach as a framework that guides holistic ethnic-centric social work interventions aimed at improving the life of the milieu-disabled Sotho primary school child exposed to violence.

Strengths

- A holistic balanced consideration of both the child, the multi-systemic (bio-,micro, meso-, exo- and macro level) environment and the interactions between them during the life course are offered. Taking a broad stance on development presents a means to conceptualise and assess the aftermath of violence and milieu disability on holistic development of children that might be overlooked in individualistically focused approaches. The Sotho child's meaning-making processes and experiences related to milieu disability and violence cannot be separated from the ecology in which it occurs.

The ecological systems approach hence supports holistic interventions that highlight the importance of addressing the complex phenomenological experiences of Sotho children's exposure to violence in relation to their socio-cultural environment; and is also attentive to the environmental conditions that support or interrupt the balance of fit between children and their environments. In addressing problems holistically children and their environments are joined in partnerships through a strength and empowerment approach to collaboratively achieve a better person environment fit. An ecological systems approach provides a context in which children can thus utilise their own internal and external resources to achieve the desired changes.

- Every child is seen as possessing unique bioecological characteristics that differentiate his/her responses to the environment. Guided by the principle of equifinality a social worker in collaboration with children and the community can creatively tailor interventions to fit the ethnic needs and culture of children in ethnic context. The ecological systems approach hence facilitates processes that can be sensitively adapted to the ethnic worldview and meaning-making processes of the Sotho child exposed to milieu disability and violence.
- Appreciation of the macro- and chrono level influences on lower levels considers how cultural processes are transformed through historical, societal beliefs, socio-economic, political, technological and global forces over time. Social workers should remain sensitive in planning intervention strategies to the ways that these forces can either construct or prevent a culture of milieu disability and violence at all systems levels.

Limitations

Since the ecological systems approach is not a method of intervention but a useful assessment framework, interventions should be drawn from other approaches.

Greene (2008:204) observes that the theoretical assumptions of the Gestalt approach (holism/field theory) has influenced the ecological systems approach and is discussed in Chapter Four as a framework that could be utilised in conjunction with the ecological systems approach to inform holistic ethnic-centric interventions.

Chapter 4

GESTALT GROUP PLAY THERAPY: A CONCEPTUAL FRAMEWORK FOR HOLISTIC ETHNIC-CENTRIC INTERVENTIONS

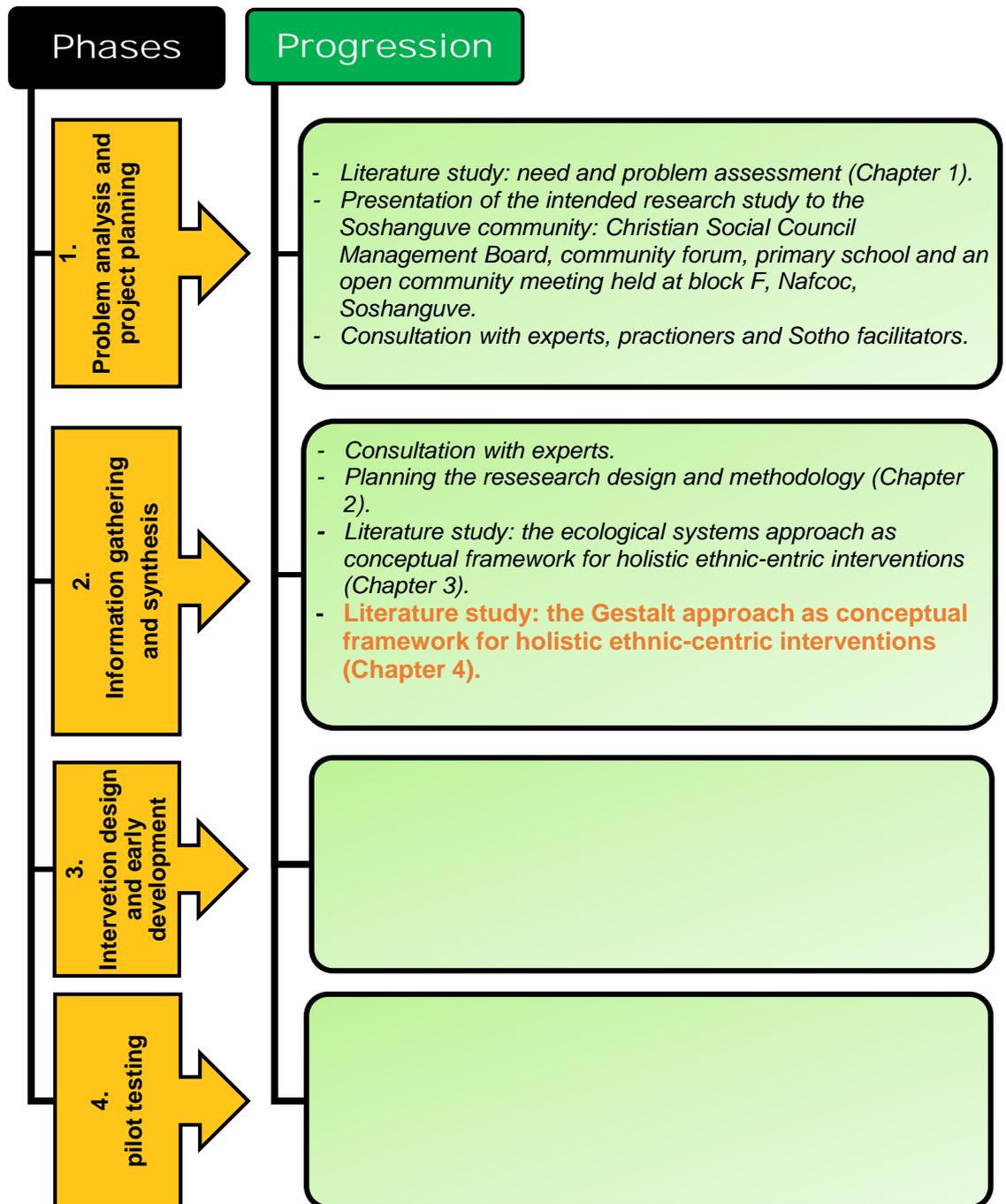


Figure 4.1: Progression of phases in the intervention research process

(Adapted from Rothman & Thomas, 1994:28; Fraser et al., 2009:36).

4.1 INTRODUCTION

Gestalt theory as a humanistic approach promotes a holistic understanding of the subjective experiences and meaning-making processes of Sotho children's exposure to violence and milieu disability and emphasises their own personal attitudes and internal strengths in determining their existence. The holistic focus and the figure/ground (field) experiences of Gestalt resembles core values and concepts of social work's ecological systems thinking emphasising person and environment interaction (Turner, 2005:165; Congress, 2011:256). Gestalt therapy is described as a "powerful, experimental approach to counselling and psychotherapy" (Sommers-Flanagan & Sommers-Flanagan, 2012:220). The main focus of this approach is "...on making change as a result of growing awareness of self and others" (Sharf, 2012:241). Perls is widely recognised in literature as the founder of Gestalt therapy and Laura Perls and Paul Goodman as the co-founders (compare Bowman & Nevis, 2005:6; Blom, 2006:21; Gregoire & Jungers, 2007:267; Yontef & Jacobs, 2008:334-335; Carroll, 2009:283; Sommers-Flanagan & Sommers-Flanagan, 2012:220). The broader origins of Gestalt therapy practice extends beyond Perls's contributions and contains an integration of many theoretical perspectives and cultural movements of other significant philosophers and traditions such as psychoanalyses, Gestalt psychology, humanistic perspectives, Reichen analysis of physical resistance, phenomenology, existentialism, field/systems theory and eastern meditative philosophies such as Zen Buddhism (compare Bowman & Nevis, 2005:4-5; Yontef & Fairfield 2008:83; Carroll, 2009:283; Sommers-Flanagan & Sommers-Flanagan, 2012:221).

Violet Oaklander (1998, 1999) is documented as a principal scholar in the development of Gestalt play therapy, where play therapy and working in groups with children are incorporated in utilising a Gestalt approach (Hofmeyer & Morrison, 2008:214). Carroll (2009:284) acknowledges other authors' contributions towards the ongoing development of Gestalt play therapy with children (Carroll, 1996, 1997, 2002; McConville, 1995; Wheeler, 1994, 2002; Lampert, 2003; Blom, 2006; Reynolds, 2005). There is, however, a dearth in contemporary literature on Gestalt group play therapy with children, and also social work literature relating to the utilisation of Gestalt therapy (Congress, 2011:257; Ray, 2011:193).

The theoretical foundations of Gestalt is adapted for use with different ethnic groups and cultures especially in group therapy contexts (Corey, 2009:219; Siang-Yang, 2011:174). Sommers-Flanagan and Sommers-Flanagan (2012:218) observe that "to date, an explicit valuing of multicultural contact and awareness for being grounded on individualistic independent cultural values overemphasising individualism, self-determination, self-responsibility and personal freedom (Fall, Holden & Marquis, 2010:221; Crisp & Turner,

2010:36; Siang-Yang, 2011:174). In African collectivistic cultures (represented also by Sotho people) individual uniqueness is not rejected but the group is nested in a larger social collective where the major function of the individual is directed towards building group solidarity to ensure the welfare and survival of the group (Gaffney, 2006:208; Zunker, 2012:202). The way that the Sotho ethnic group views human nature may counteract with the highly individualised presentation of the self in Gestalt. Contemporary Gestalt approaches attempt to promote field and dialogical perspectives and promote the need for an enhanced refinement and description of field theory in linking theory to practise (Parlett & Lee, 2005:44; O'Neill, 2012:137). Taking cross-cultural differences into consideration is an essential part of interpreting research findings for the development of holistic ethnic-centric interventions.

The Chapter explores the strengths and limitations of Gestalt therapy to inform holistic ethnic-centric interventions with Sotho milieu-disabled primary school children exposed to violence. Firstly, relevant concepts are clarified as important key points of reference for the remaining part of the chapter. Gestalt principles and theoretical constructs are next examined to determine the value and/or limitations with regard to Sotho service users. The chapter thereafter proceeds with an application of the theoretical principles and concepts to the therapeutic group process and the utilisation of techniques (experiments) in a Gestalt approach. A synergy of the strengths and limitations concludes the chapter.

4.2 KEY CONCEPTS

In this section key concepts are described for the purpose of clarification. These concepts include a discussion of Gestalt therapy, play and Gestalt play therapy, Gestalt group therapy and ethnicity and culture as essential contextual information for the remaining part of the study.

4.2.1 Gestalt therapy

The word 'Gestalt' is a German word (in German all nouns are capitalised) rendered by the terms 'structure, pattern, configure and organise' and refers to a holistic formation of human experience (Nelson-Jones, 2006:8). Coon (2006:534) explains that perceptions and awareness of troubled individuals are fragmented and Gestalt therapy facilitates the re-construction of their thinking, feeling and behaviour into connected wholes. As one of the main approaches to psychotherapy, Gestalt therapy is described as a humanistic, existential, holistic, phenomenological and process-based approach emphasising present (here and now) awareness (Oaklander, 2003:143; Corey, 2008:280). Ginger (2007:136) states that Gestalt "focuses on *process* rather than on content, on what is happening in the here-and-now, on the *how...*" People are viewed as naturally self-regulating and growth orientated whereby meaning is shaped through understanding of 'self' and 'self-

process' and where contact with the self and others is essential to this process (Yontef & Fuhr, 2005:84). Interpersonal relationships are viewed as the central motivational force in human development (Benedict, 2006:3). Contemporary Gestalt emphasises: the quality of therapist-client relationship, dialogue, empathetic responses, and utilising the service users' wisdom and resources in encouraging awareness of experience (Corey, 2008:281). Sommers-Flanagan and Sommers-Flanagan (2012:220) conclude that "Gestalt therapy is about living life to the fullest in the present moment." Due to the flexibility of the approach there are many creative ways to practise Gestalt as long as they adhere to Gestalt principles of holism/field theory, phenomenological existential dialogue (Panning, 2009:300; Frew, 2012:254). The basic practice of Gestalt therapy then is to facilitate present-centred awareness of an individual's self-process (thinking, feelings, behaviours) and of his/her relation to the environment in order to achieve holistic integration and fulfilment in everyday life.

The principles and concepts of Gestalt therapy presented in literature can be related to understanding healthy child development, as well as child psychopathology and psychotherapy (Carroll, 2009:283-284; Oaklander, 2011:171). Gestalt's effectiveness with children and adolescents however, has been observed not to be sufficiently researched to date (Prochaska & Norcross, 2010:185-87). Play therapy on the other hand is a developmentally appropriate and theoretical approach scientifically grounded in recent and relevant research to support children in overcoming their problems (Ray & Bratton, 2010:28; Landreth, Sweeney, Ray, Hofmeyer & Glover, 2010:xi).

4.2.2 Play and Gestalt play therapy

Therapists should take cognisance of the fact that therapy with children does not conform to structures developed for adults and therefore therapists should ensure that they gain specialised knowledge and skills to serve the best interests of children (Blom, 2006:15; Webb, 2011:27,179,180, Landreth, 2012:121). Mullen (2008:70) suggests that "childhood as a culture has distinct values, rules, customs, status, and even language" and an understanding is needed of the experienced world of children. In order to conceptualise play therapy it is firstly necessary to elucidate the value of play in children's lives as an important aspect of their development.

- **Play**

Play is considered a natural, universal expression that surpasses differences in ethnicity, language and other aspects of culture (Drewes, 2005:72). Children are considered the experts of play, an empowering experience where they can learn and grow in an enjoyable way (Henderson & Thompson, 2011:588). Play happens when children respond to the brain's need for multi-sensory, multi-modal experiences in making contact, and

therefore their play needs should include social, complex and challenging developmental experiences to assimilate information from the environment (Norton & Norton, 2006:29; Roberts, 2006:5). In understanding play experiences of children two concepts are relevant - the perception of a child doing the playing and the contexts in which play take place (Sturges, 2009:20). Play transpires across the life-span, and encompasses a variety of play styles manifesting in different social situations and physical settings, and also includes a range of emotional and psychological circumstances (Sturges, 2009:23).

Although play is universal it also includes cultural-specific aspects whereby adults' conceptions and attitudes towards play and the symbolic meaning attached to play objects may differ across cultures (Hyder, 2005:22; Smith, 2010:94,95). Play reflects the assimilation of cultural knowledge and offers a context for children to experiment with roles and skills necessary as grown-ups in their culture (Gestwicki, 2011:56; Henderson & Thompson, 2011:558). Lester and Maudsley (2007:20) explain that the way children experience their environment is influenced by diversity and access that include a variety of social, cultural and physical factors. The most prominent of these factors is the time allowed for playing; socio-economic factors, life space and play objects (Sturges, 2009:21). Effects of milieu disability and chronic exposure to violence may lead to inadequate care systems and physical environments that do not support playing experiences for children. Meaning is gained through contact with the environment and children should be permitted opportunities to "explore, discover and play" (Mayesky, 2009:123). Healthy play experiences in the environment are considered imperative for the general adjustment of children to their ever-changing socio-cultural environment and Gestalt play therapy can strengthen the play process.

- **Gestalt play therapy**

In adding play therapy to Gestalt affords an opportunity for the researcher to tailor interventions to the developmental needs of milieu-disabled Sotho primary school children exposed to violence. Play therapy is an approach where play is recognised as a form of communication for the creation of a powerful relationship experience between the therapist and the child/ren (Wilson & Ryan, 2005:4; Nash & Schaefer, 2011:426). Play experiences occur within a supportive environment, with an authentic non-judgemental adult that creates the atmosphere for children to feel safe and empowered to freely express, practice and experiment with a variety of behaviours without concerns about the realities of life (Russ, 2006:429; Thomas-Acker & Sloan, 2006:65). Webb (2011:55-56) emphasise that in attempting to "engage young children in a helping relationship without the use of toys and play materials would be as unthinkable as trying to communicate with a deaf person without using sign language." Gestalt play therapy as an experiential process therapy, is less threatening for children as they have not yet developed the verbal

skills to effectively communicate feelings (Reynolds & Mortola, 2005:158; Corey, Corey & Corey, 2010:295). Children, through play therapy are allowed to communicate non-verbally, symbolically and in an action-orientated manner (Schaefer & Drewes, 2011:15). Observing children's fantasy play process provides meaningful insights into a child's inner world and permits children the opportunity to engage in a self-motivated and self-healing process (McLeod 2008:71). In the primary school phase, play therapy can be a helping arm to children's learning environment through addressing not only maladjusted behaviour but a broad range of developmental needs (Landreth, 2012:35).

Gestalt play therapy in summary involves the use of the Gestalt approach applied to children's natural play processes whereby the therapeutic relationship is utilised as an incitement to facilitate awareness and self-support for the achievement of optimal existential development. The theoretical Gestalt play therapy principles and concepts relating to individual work are also relevant to Gestalt group work.

4.2.3 Gestalt group play therapy

Group Gestalt work is equal to individual therapy as it is considered a highly effective and powerful form of psychotherapy in which several people are treated concurrently by a therapist and in addition are assisted therapeutically through their interactions with one another (Yalom & Leszcz, 2005:1). Group play therapy requires additional skills as opposed to those used in individual therapy (Ray, 2011:183). Social work professionals receive intensive training in group work as one of their practice modalities and are familiar with the skills needed. Corey et al. (2010:40-46) provide an extensive list of skills needed comprising amongst others: active listening, reflecting, clarifying, summarising, facilitating, blocking counteractive behaviours, assessing, modelling, suggesting, initiating and evaluating needed in group therapy.

There are two main group-work models in Gestalt namely the traditional "hot seat model" of Perls which mainly focuses on working with an individual while the group observes and the more contemporary Gestalt approach which is referred to as the Gestalt group process model (Schoenberg & Feder, 2005:228; Congress, 2011:263). The latter is a more frequently used model where attention is directed to the group process through encouraging group interaction and working on central themes relating to group members' everyday life rather than only focusing on one individual at a time (Alle-Corliss & Alle-Corliss, 2009:127; Congress, 2011:263; Sharf, 2012:273). A Gestalt group process model was found to present with application possibilities for interventions with children in ethnic context.

- **Gestalt group process model**

The group process model endeavours to assimilate “three theories (systems theory, group dynamics theory and Gestalt theory) from both an observational and participatory perspective and to develop interventions based on perception of need and appropriateness to the group’s position within the triangulation of the three theories” (Schoenberg & Feder, 2005:228). Viewing the group holistically as a field/system provides a way for the group leader to understand how the group functions as a system (field) and how change in one part will affect every other part (whole) (Schoenberg & Feder, 2005:224; Alle-Corliss & Alle-Corliss, 2009:101). Everything that is happening within the group/field has an impact on the individual (figure) that also includes the cultural awareness of each member while being in contact. Group facilitators can observe children holistically in contact with their environment (Ray, 2011:185).

The group provides a natural setting (small-insulated world) that is consistent with the wider social environment where children can spontaneously learn a great deal about themselves, others and life (Oaklander, 2006:175). In a safe therapeutic milieu children can experience their behaviour, experiment with new behaviour and discover new ways of existing in the world (Oaklander, 2006:175).

- **Group play therapy**

Sweeney (2011:227) conceptualises group play therapy as “the recognition of children’s medium of communication (play), combined with the natural benefit of human connection with other children, under the facilitation of a trained and caring adult.” Group play therapy is relevant to all child ages and childhood disorders (Sweeney, 2011:243). In adding the play therapy component to a group, children “tend to feel like they are coming in to play for an hour with friends” which makes them eager to attend (Corey et al., 2010:296). Relationships with peers as well as acquiring a sense of belonging becomes a crucial aspect in the development of primary school children (Click & Parker, 2012:162). The group experience offers primary school children exposed to violence with a safe environment that can assist them to break feelings of isolation and shame; increase their self-esteem and nurture the development of a natural helping network (Nisivoccia & Lynn, 2007:297). Through group interactions children can gain awareness of what is blocking their connections with others, and acquire essential skills to get their needs met (Oaklander, 2006:175; Ray, 2011:187).

The Gestalt group play therapy process aims to create opportunities for children to learn what it means to be a member of a group (Corey et al., 2010:291). Oaklander’s way of practising Gestalt in groups usually involves beginning the session with rounds (children

share about themselves); utilising games and projective techniques to work on themes that become figure; cleaning up and providing children an opportunity to reflect in closing of the session (Oaklander 2006:184). Group facilitators should decide if a directive or indirect approach is necessary for members' growth based on sensitive tuning to their needs. The group leader needs to find a healthy balance between taking too much initiative that can suppress creative expression in the group and too little initiative that can lead to passivity in the group (Corey et al., 2010:40-46). The enjoyment, nurturing and support that children can experience in connection with the therapist (and with other members) facilitate self-support and lead to exploration of painful parts (Oaklander, 2006:187).

In conducting therapy with African children it is recommended that individual therapy should always be accompanied with group therapy (Louw, 2011:162). Group therapy shares principles of rituals incorporated by African ethnic groups (high level activity, physical exercises, emotional arousal, and interpersonal exchanges) which can offer an opportunity for ethnic children to gain self-support through sharing in a communal way (Bojuwoye, 2005:70). Sotho children identify strongly with the larger collective seen as the foundation of their strength and support, which may consequently motivate them to more readily engage in a group therapy setting. Group play therapy could be a stepping stone in work with African children and should include the family, the social group and other significant people in the community crucial to establish a collaborative and trusting relationship with ethnic service users (Louw, 2011:162).

4.2.4 Ethnicity and culture

Ethnic-centric in the context of the chapter refers to a central focus on the Sotho ethnic group when exploring the value of the Gestalt group play therapy as holistic and ethnic-sensitive intervention. Ethnicity was described in Chapter One and Three (see 1.2, 3.2.3) as the social cultural group people belong to in which they share a historical or cultural background that leads them to identify with each other (Ross, 2010:332; Berns, 2013:22). Anderson and Taylor (2008:54) refer to culture as "a complex system of meaning and behaviour that defines the way of life for a given group or society." Meaning making within cultural context is informed by various worldviews. Worldviews shape and steer individual lives and represent different ways of understanding the world (Wilkens & Sanford, 2009:208). According to this definition, cultural worldviews constantly form the 'self' (identity) of an individual that in turn determine their way of gaining existential meaning (Fall et al., 2010:220). There are three worldview cultural groupings represented in the South African culture, namely: (a) the Western/European individualistic group (white/people of colour); (b) the African collective group (African black people which includes the Sotho group) and (c) Indian or Asian collective group cultures (Malay and

Indian people) (Macleod, 2002:30; Wissing, Wissing, Du Toit & Tenane, 2006:15). African cultures are not identical, but there are substantial commonalities in the cultural tools and profound psychosocial structures that permit drawing common features of childhood development (Ntsamenang, 2009:236). Studies in South Africa point out that Africans regardless of ethnic background tend to group together in a collective manner (Wissing et al., 2006:15; Smit, Cronje, Brevis & Vrba, 2007:253). The Sotho ethnic group represent an African collective, interdependent worldview guided by values of *botho* and *seriti* as discussed in Chapter Three (see 3.2.3) where collective responsibility and positive connections with others are promoted and expected. Individualistic groups tend to hold a stronger separation and independence of the self from others, while collectivistic groups describe themselves in terms of group membership and relations with others (Crisp & Turner, 2010:36).

Loubser (2007:169) reasons that in contemporary South Africa in cultural terms, “there are no “Black” or “White” systems, but only “systems of shades of grey.” Wissing et al. (2006:15) point out that although a distinction is made between different worldviews represented in South Africa, it should be noted that there can be a significant variance at individual level. Samovar, Porter and McDaniel (2010:67) explain that while individualistic and collective cultures seem to be two different poles, they should rather be viewed as the end values of a cultural continuum whereby cultures can be assessed and includes the possibility of a blending of the two cultures. It is thus possible due to globalisation and multiculturalism in South Africa that a person can accommodate various selves referred to by post modernists as the “protean person” (Jordaan & Jordaan, 2005:638). An assessment is needed of the way that children in ethnic context adapt to their mainstream culture as well as the degree of acculturation impacting on their worldviews (Zunker, 2012:202).

The “self” although regulated by different cultural worldview orientations can never be viewed in isolation from an ever-changing environment. Arbuckle (2010:107) suggests that an ethnic group should rather be described as “a social process, with moving boundaries and identities that people collectively and individually draw around them in their social lives.” Placing worldviews on an individualistic/collectivistic cultural continuum significantly contributes to understanding the impact on the self-process and meaning-making processes of the milieu-disabled Sotho primary school child exposed to violence. Worldviews are uniquely developed through culture, but could be modified through experiences with other cultures (Zunker, 2012:203). Gestalt therapy claims to accommodate a wide variety of service beneficiaries' perspectives and attempts to understand their subjective perspective of the world as perceived through the lenses of culture, gender and spiritual belief (Fall et al. 2010:220). Social workers are urged to gain

a phenomenological understanding of the “here and now” awareness of socio-cultural expectations and experiences of the child in ethnic context in order to identify strengths and challenge conflicting and unhealthy ways of existence.

4.3 GESTALT PRINCIPLES AND CONSTRUCTS

Mokwena (2007:66) observes that the focus on individual processes in psychology in general has led to an inadequate understanding of cultures emphasising both internal and external processes as they interact with other cultures. Jithoo and Bakker (2011:152) suggest an assimilation of cultural specific philosophies and interventions into existing western theories when conducting therapy with families from African descent. As argued in the introduction Gestalt therapy is valued as a holistic creative approach that can be applied cross-culturally, but is assessed for being grounded in individualistic (western) philosophies. In the following section the principles and theoretical constructs fundamental to the Gestalt approach are explored for the utilisation possibilities for the design of holistic ethnic-centric programs for milieu-disabled Sotho primary school children exposed to violence.

4.3.1 Gestalt principles

Gestalt therapy is directed by an existential and phenomenological view of human nature that underscores the holistic functioning of the individual through a process of present-centred awareness and immediate experience (Weiner & Graighead, 2010:721). The principles of holism, phenomenological focusing and existentialism provide a substantial base for exploring the value of Gestalt therapy as a holistic and ethnic-centric approach.

4.3.1.1 Holism and field theory

Gestalt therapy’s conceptual foundation is ‘Gestalt’ based on holism and field theory and these concepts are closely related (Yontef & Jacobs, 2008:326; Siang-Yang, 2011:159). Holism emphasises that humans are inherently self-regulating and that self is relational and cannot be understood in isolation from the environment (field) (Yontef & Fuhr, 2005:84; Carroll, 2009:284; Jones-Smith, 2012:261). Gestalt encourages a holistic focus on the whole relevant field where all the aspects of the field are relevant and of equal importance (Fernbacher & Plummer, 2005:126; Corey 2009:225). Children’s bodily functions, emotions, thoughts, and perceptions of all kinds are interrelated (connected) and mutually dependant and are considered the whole of psychological reality that determines symptoms and problems presented by service users (Greene, 2008:203; Congress, 2011:257; Jones-Smith, 2012:261). These parts of the self are inseparable and are also connected to external forces (family, community, world and universe) (Neukrug, 2011:188). Reynolds and Mortola, (2005:159) state, that “the field approach offers a

framework for a holistic, dynamic and comprehensive understanding of human events and patterns of interaction.” Maurer and Gaffney (2005:241) explain that “we are of the field, not just in it” and awareness is needed of the reciprocal impact between the individual and the field. Awareness is needed of the field that is constantly ended and re-created, thus ever changing as new needs come to the foreground (Maurer & Gaffney, 2005:241; Parlett & Lee, 2005:43).

- **The self in Gestalt**

Gestalt play therapy is a tool to view and understand the complex field (inner and outer world) of children’s developing self-process, such as inner experiences, family dynamics, peer and adult relationships, educational/institutional experiences such as school, church, community, clubs, culture and politics (Reynolds & Mortola, 2005:154). All children are embedded in unique field conditions, and the way that they are perceived and the way their needs are met are influenced by parenting styles and values and customs of their culture (Frew, 2012:232). The self (identity) in Gestalt is considered a function, or a process of organismic functioning that is constructed through a holistic contact-boundary experience (‘way of being’) between a person and the environment (field) in the here and now (Lobb & Lichtenberg, 2005:27; Ginger, 2007:136-137; Masquelier, 2006:72; Carroll, 2009:286). This organismic process is spontaneous, deliberate and creative and happens holistically through making choices, identifying with the figure/interests or separating them from the ‘self’ and by way of directing contact at the boundary (interface) (compare Lobb & Lichtenberg, 2005:28-30; Masquelier, 2006:73-75; Sharf, 2012:20-22).

The Gestalt understanding of self that develops in relation to the environment (field) corresponds with African perceptions of personhood (Fasokun et al., 2005:74). The individualistic independent (western) self, represented by Gestalt and the African collective interdependent self should, however, be thought of as two self-regulating systems (Brewer, 2003:489). Wissing et al. (2006:16) describe the focus of identity to be directed to the “self, self-actualisation, autonomy, assertiveness, individual thoughts and feelings and needs.” In individualistic orientations people tend to control or manipulate their environment due to the fact that they believe that their existence is not determined by fate (Roodt, 2009:103). The function of the collective self is directed towards monitoring and maintaining connectedness, relatedness and interdependence to social groups and security (Fasokun, et al., 2005:75). Focusing on the self is seen as immature and identity is directed towards group, norms, social context and consequences (Wissing et al., 2006:16). African collectivistic groups are absorbed with achieving harmony with the environment and believe that their fate is determined by external forces (Roodt, 2009:103). These differences in self-regulatory orientations could significantly impact on

the holistic meaning-making processes in the therapeutic venture that needs further exploration.

- **African selfhood**

The African self develops from childhood to adulthood as a result of interaction with the environment (Fasokun et al., 2005:74). In African cultures the development of the human organism is visualised as a cycle of three interconnected phases of selfhood (community of selves) namely: (a) existential/experiential or social selfhood; (b) ancestral selfhood and (c) spiritual selfhood that forms the ‘community of selves’ (Mkhize, 2004:5-26; Fasokun et al., 2005:74; Nsamenang, 2011:245). As children progress throughout these life phases they achieve certain stages of personhood, personal identity and a sense of connectedness with the human community and cosmos (Nsamenang, 2011:245). The African worldview is considered “holistic, communalistic and anthropocentric” where humans form an integral part of a kinship network (system) that comprises spiritual beings and ancestors (Jithoo & Bakker, 2011:152). Fierke (2007:139) explains that individual healing and society are inseparable. Figure 4.2 provides a visual representation derived from Mbiti, 1995 (in Mokwena, 2007:69) and Mkhize (2004:4-17) of the hierarchical ordering of the world in African cosmology.

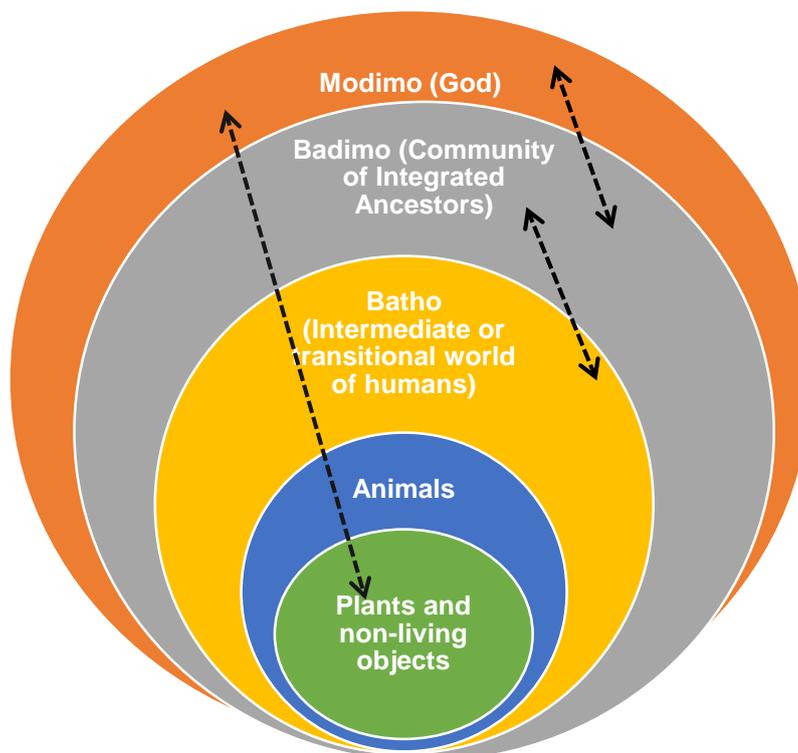


Figure 4.2: African Cosmology

In order to understand physical and mental illness in African collective cultures the environment consisting of all the levels as indicated in Figure 4.2 needs to be considered

in order to be holistically meaningful (Mokwena, 2007:73). An African understanding of holism includes the daily relations between the living, the dead and those yet to be born whereby natural and supernatural resources are used to gain existential meaning (Osei-Hwedie & Rankopo, 2010:216). The existence of God and the spiritual world are never queried and are seen as prevalent in all aspects of life (Van Wyk, 2009:13). The source of healing is assigned to ancestors and involves community participation and rituals to be performed (Van Wyk, 2009:15; Jithoo & Bakker, 2011:150). Many Sotho people have dual religions and take on Christian beliefs as well as practising traditional healing, sometimes within their own church (Van Wyk, 2009:13). Traditional healing practices adopt a holistic perspective where all factors within (internally) and around (externally) the individual are understood and interconnected (Mokwena, 2007:66).

Regardless of the western individualistic influence on mental and physical health a majority of ethnic cultures, including the Sotho people in South Africa hold onto their culture and traditional healing methods that they have come to assimilate and understand as part of their history (Bojuwoye, 2005:61; Van Wyk, 2009:12-13). Traditional healing forms a central part of cultural tradition and embodies “a sum total of beliefs, attitudes, customs, methods, and established practices” revealing their worldview (Bojuwoye, 2005: 61). The African personality (self) is the holistic sum of positive cultural values of *ubuntu* (*botho*) (Broodryk, 2002:143). This is also reflected in the Sotho concept of *seriti* which suggests that humans cannot exist unless they are viewed in context of their community of life forces (Boon, 2007:31). The *botho* principles of humanness, interdependence (*tswalanyo*), and communalism (*phedisano mogo* - ‘live for each other’) direct Sotho people in holistic co-operative and moral conduct towards the environment in order to enjoy the status of “being-a-human-being” (Phasha & Moichela, 2011:375-376).

Therapy should aim to harmonise the community of selves represented by African people through restoring the balance between the living and living dead (ancestral) and creating social or communal harmony between members of a family, extended family, and community (in line with *botho* principles) (Van Wyk, 2009:15). Social workers need to improve their knowledge base of “indigenous forms of healing, indigenous healing practices and the healers who provide these methods of healing” and search for ways to integrate western ideas of healing in order to optimise interventions (Levers, May & Vogel, 2011:69). Radomsky, Hassane, Hoy-Watkins and Bandawe (2011:45) observe that “definitions of self have a direct impact on the formulation of illness, health, assessment and treatment modalities.” All therapeutic models are culturally bound, arising from a particular cultural and conceptual context that can powerfully influence ways of viewing healthy functioning (Sue, Sue & Sue, 2010:523; Jithoo & Bakker, 2011:148). Mann (2010:129) suggests that “meaning-making is culturally contextual and as meaning-

making maps so are psychotherapy theories.” Siang-Yang (2011:174) cautions that overemphasis on individualism (western theoretical framework) in Gestalt may contribute to insufficient consideration of important contextual factors such as spiritual, social, cultural, political, economic, and biological factors that also contribute to psychological problems. Extreme subjectivism (individualism) could undervalue external moral standards found in Christianity and in own opinion African spirituality and *botho* living (Jones & Butman, 2011:331). Social workers should equip themselves with cultural knowledge of the broader contextual realities of their service users and concentrate on what becomes “figure” for them in the process (Bojuwoye, 2005:70; Fernbacher & Plummer, 2005:123). Sotho children’s self-processes cannot be viewed in isolation from their environment, their African philosophy of *botho and seriti* and the external forces of the spiritual world that are part of their everyday field experience.

Fernbacher and Plummer (2005:125) observe that in preserving a Gestalt field focus offers a way for practitioners to consider their own “assumptions, biases, and preconceived ideas.” Gestalt practitioners should challenge and develop their holistic conceptual frameworks in order to support a reliable and existentially meaningful holistic field experience for children in ethnic contexts.

4.3.1.2 Phenomenological focusing

Gestalt as humanistic approach acknowledges that the way people construct the ‘self’ differs, and embraces a phenomenological appreciation of people’s inner processes of meaning-making constructed from the subjective data of their life experiences, containing their culture, values, perspectives, and personal history (Weiner & Graighead, 2010:786). A phenomenological approach requires mindfulness of present-centred experiences arising moment by moment rather than interpretation of life events that happened in the past (Brownell, 2012:49). Gestalt believes that there is “no objective reality” and promotes an understanding and authentication of a person’s behaviour on the ground of their own subjective meaning-making processes of perceptions as they are and as they happen (Jordaan & Jordaan, 2005:30; Okun & Kantrowitz, 2008:127; Frew, 2012:222; Jones-Smith, 2012:261). Although Gestalt theorists accept the influence of interactions between the self, biology and the environment on people’s behaviour, based on holism and self-responsibility they do not accept that those factors cause behaviour (Fall et al., 2010:219). Three important ground rules (*Epochè*, description and horizontalisation/equalisation) direct phenomenological focusing discussed next (Spinelli, 2005:20-22).

- ***Epochè***

Crocker and Philippon (2005:67) describe the phenomenological “rule of the *epochè* to bracket the question of the truth or falsehood of any and all interpretations of reality.” The therapist is challenged to maintain an openness or focus on the immediate sensory data of experience and bracket initial theories, biases, assumptions and expectations (also with regard to their own culture) in order to suspend judgement (Fernbacher & Plummer, 2005:126; Spinelli, 2005:20; Corey, 2008:280). Practitioners utilising phenomenological focusing “...do not know better than their clients, do not interpret the true meaning of a client’s experience, do not dismiss the physical and spiritual as irrelevant to the counselling process, do not conceive of symptoms or mental distress as pathological and abnormal, and do not see themselves as knowing what changes clients’ must make” (Frew, 2012:223). According to Brownell (2012:50) the therapist observes the process of “how the client experiences him- or herself living, moving and, having being in the world.” In group therapy the dialogue is directed towards here and now awareness and applying the present experience of group interaction (Schoenberg & Feder, 2005:228).

In cross-cultural encounters Gestalt practitioners need to be fully open to what emerges for them and gain awareness of feelings and attitudes that may not have previously surfaced (Fernbacher & Plummer, 2005:126). Corey (2013:232) explains that through maintaining a phenomenological approach practitioners should refrain from making assumptions about the members in the group or impose their worldview and values on them. Gestalt respects the uniqueness of every person and is not so much concerned with the concrete particulars of a person’s culture but rather the way that a person ascribes meaning to their culture in the present moment (Fall et al., 2010:220). Worldviews and values of the children are revealed in the therapeutic process and form a contact boundary in the relationship with the counsellor and the core beliefs of their chosen orientation (Frew, 2012:223).

Practitioners are encouraged to bring an attitude of respect, honour and appreciation for children’s unique cultural, environmental and generational influences that affect who they are (Reynolds & Mortola, 2005:154; Corey, 2013:232). Gestalt practitioners thus endeavour to understand the cultural background of their service users and which aspects of the background (context) become central or figural for them and what meaning they assign to these figures (Fernbacher & Plummer, 2005:125; Corey, 2009:221). The rule of *epochè* in phenomenological focusing therefore informs social workers to sustain openness to the ethnic experiences of the milieu of the Sotho child and the way he/she gives meaning and describes his/her life through an increased process of contact and present-centred awareness.

- **Description**

Spinelli (2005:20) explains the rule of description in a phenomenological approach as a focus on describing rather than explaining the concrete and immediate experiences of individuals. Through the therapeutic relationship both the content and the awareness process in therapy is observed of which children need to gain perception (Frew, 2012:254; Jones-Smith, 2012:262). In order to facilitate awareness and self-responsibility, the therapist in collaboration with the children describes what he/she observes as happening in the “here and now” (Brownell, 2012:49). Describing experiences as they happen provides the therapist with a foundation to investigate, rather than interpret children’s behaviour as well as his/her own behaviour in cross-cultural encounters and encourage self-supportive behaviour in discovering the meaning of their experiences for themselves (Fernbacher & Plummer, 2005:126; Corey, 2008:280). Practitioners hence refrain from cultural labelling and making clinical interpretations and evaluations through maintaining the rule of *epochè* in describing their service user’s experiences.

- **Horizontalisation or equalisation**

The goal of phenomenological exploration is ultimately to facilitate awareness or insight in children in order to achieve the formation of a Gestalt in which the relevant factors fall into place with regard to the whole (Jones-Smith, 2012:261). The rule of horizontalisation or equalisation ensures that there is no hierarchical value placed on any experience as every aspect of human functioning is interconnected and of significance to the holistic picture (Spinelli, 2005:22; Brownell, 2012:50).

African collective cultures are mindful (aware) of the phenomenological interconnectedness of people that informs collective living and spirituality (Bojuwoye, 2005:62). Gestalt practitioners who have accurately assimilated the phenomenological approach are thoughtful of flexible practice where methods are adopted to best fit the cultural framework of their service users (Corey, 2013:234). Social workers should align interventions to the priorities of needs communicated by the service beneficiary.

4.3.1.3 Existentialism

Existentialism is embedded in phenomenology and focuses on the “direct experience of existence, joys and suffering, and relationships with others” (Sharf, 2012:244). All humans, irrespective of culture have a basic need for contact and relationships with others; and are bound to seek existential meaning-making from their experiences (Jones-Smith, 2012:260). Sharf (2012:155) considers existential phenomenology “an instrument of inquiry” to a person’s reciprocal dialogue with the world (‘way of being’). Authenticity (being himself/herself) is the goal of existentialism and requires being mindful/aware of

what it means to exist (Jones-Smith, 2012:263). A key principle of existential philosophy is promoting self-responsibility through making humans aware that they are unique, free and rational and they can actively choose their reactions to events and assign meaning to them (Jordaan & Jordaan, 2005:30; Sharf, 2012:154).

- **Self-responsibility**

Children are encouraged to shed environmental support (confluence in the womb) and move forward to gain ultimate self-support (interdependent adulthood – asking help when needed) (Reynolds & Mortola, 2005:155). Fall et al. (2010:209) observe that the words “I am responsible only for myself” ... “I am not responsible for others”, fit the Gestalt viewpoint of responsibility. Congress (2011:258) and Jones-Smith (2012:275) also refer to the Gestalt prayer of Perls (1969) where it is phrased that “... I do my thing and you do your thing, I am not in the world to live up to your expectations and you are not in the world to live up to mine ...” to emphasise the individualistic nature of Gestalt. This view is supportive of individualistic orientations promoting “survival of the fittest” (only the strong and most intelligent can survive) (Jordaan & Jordaan, 2005:633; Bellgrave & Allison, 2010:6). Gestalt consequently encourages an internal locus of control and discourages relying solely on external support in order to achieve an authentic and holistic existence.

Service users are encouraged to stop blaming others for their problems and accept responsibility for their own roles in creating their current situation (Congress, 2011:259). Gestalt’s emphasis on individual decision-making regardless of relationships with others or environmental context is a weakness in the approach (Smaby & Maddux, 2011:203). Prochaska and Norcross (2010:187) caution that the individualistic focus of Gestalt can lead to “... the development of narcissistic and egocentric individuals who have little reason to be concerned with others.” In African collectivistic cultures the power to ensure harmonious living is not self-generated, but is gained through personal communion with others (Bojuwoye, 2005:69).

- **Collectivistic-responsibility**

According to *botho (ubuntu)* principles African people believe that life is a process or journey of ‘becoming’ manifested in the relationship between people and others (Mkhize, 2004:5-27). The ancestors in African collectivistic worldviews play a powerful role as they are considered responsible for the explanation of meaning and existence and continue to control or have an influence in future relationships (see Figure 4.2) (Uys & Middleton, 2010:158; Mawere, 2011:46; Zunker, 2012:202). Communication in collective cultures answers to shared or collective meaning-making where support is derived from family, community and neighbours (Gaffney, 2006:210; Mortola, 2006:294). Collectivistic cultures

tend to have firm social control over members and individuals may have less freedom to choose their own existence (Uys & Middleton, 2010:158). Self-actualisation within the Sotho ethnic group is not so much an individual choice but a community obligation that involves participation, co-operation, sharing and social responsibility (Zunker, 2012:202). Acting independently from the group may be viewed as the source or cause of problems in African collective cultures as it generates disharmony within the group (Wissing et al., 2006:16; Sue & Sue, 2008:222). Confluence or environmental support discouraged by Gestalt is viewed by Sotho people as a healthy way of solving problems and creating harmony. Smaby and Maddux (2011:203) caution that “insisting that one make decisions independently disregards a person’s important relationships to others and the context within which he or she lives.”

Existentialism tends to assume that there are enormous internal resources for choice to draw on, more relevant to higher, affluent functioning people who have resources (Jones & Butman, 2011:326). The overemphasis in Gestalt on self-support may not be suitable for work with poor disadvantaged groups in need of environmental support due to less leisure time and material prosperity (Turner, 2005:265; Jones & Butman, 2011:326). Collectivistic cultures may look at choices in a different light where satisfying primary needs (finding employment, food, accommodation – just surviving) may be more of a priority than gaining insight (Jones & Butman, 2011:326). Hence they may seek more practical guidance and assistance. Survival in the world (poverty, unforeseen natural disasters) is viewed in collective cultures in accordance to the *botho* saying: “his survival is a precondition to my survival” or “survival of the tribe” (Jordaan & Jordaan, 2005:633; Mawere, 2011:45).

The collectivistic orientation of mutual care, support and collective action safeguarded the survival of tribes in Africa (Hailey, 2008:12; Belgrave & Allison, 2010:39). In considering the South African socio-political historic context of apartheid and oppression of minority groups, Sotho children and their families may find the Gestalt focus on individual responsibility offensive and unresponsive and may resist therapy. The diversity of problems in life may present with opportunities for pure choice (authenticity versus inauthenticity) but others may not be a matter of pure choice (Jones & Butman, 2011:326). Adversity in the form of prevalent violence and milieu disability may place extreme internal and external demands on children. In this regard the Gestalt principle of existentialism promotes an uncompromising representation to a meaningful existence which may be perceived as indifferent and uncaring to minority groups such as the Sotho people. Sharf (2012:197) observes that by becoming more aware of “the external pressures of discrimination and oppression can help practitioners increase their understanding of the forces that have an impact on existential themes and crises.” Existential meaning-making

according to *botho* principles is based on social and physical interdependency whereby there is reliance on others for support and survival in a spirit of compassion and sharing (Broodryk, 2002:145). It is nevertheless important to take cognisance that this does not mean that people from African collective cultures have no choice or part to play in their own health but such freedom is always endorsed by the community as a whole (Jackson, 2010:14; Mawere, 2011:47). A person can therefore take personal initiative and exercise freedom as long as it is not in conflict with the “collective will” of the community of which they are part (Mawere, 2011:47).

Not all Africans (Sotho ethnic group included) though hold traditional values and would prefer western values of independence and some may even incorporate some aspects of both cultural worlds (Mokwena, 2007:77). Individual behaviour therefore does not necessarily represent either collectivistic or individualistic culture - “it is often the result of a blending of both” (Macleod, 2002:6). Jackson (2010:897) describes a worldview as “...the outcome of thinking about the way things were, the way things are, or the way things could or should be.” This definition informs that while the Sotho child is compelled by a cultural worldview, environmental forces interacting upon the child over time can alter, destroy or even influence new ways of viewing the world. It also challenges destructive beliefs (‘ways things could or should be’) placing upon an individual the responsibility to shape their own worldview for the good of ‘self’ or ‘others’. The emphasis of Gestalt therapy is not to ponder on ‘the ways things were’ (for example oppression/apartheid) but on assisting clients to fully experience both what is (e.g. global and technological influences), and what can be (assimilation of new ideas). Although culture describes people’s belonging to a certain group, at the same time it is flexible, thus open for change (Fernbacher & Plummer, 2005:119). Henderson and Thompson (2011:243) urge that in following a Gestalt approach the unique quality of each service user should not to be lost in groups and cultural stereotyping.

The discussion informs that there are different ethnic or cultural interpretations of a meaningful existence and ways to communicate needs that significantly impact on the self-process. Mann (2010:130) argues that “culture will shape and frame the limits of what can be communicated and expressed; it forms the ground we stand upon and the lenses through which we view our world.” The African worldview of existence stresses strict, confluent socio-cultural behaviour of Sotho children that impacts on the way they actualise themselves in relation to the environment. Spirituality, collectiveness, survival and safekeeping in line with *botho* principles are seen as indispensable factors in the existential meaning-making processes of Sotho people that need to be considered in Gestalt therapy in order to be holistically meaningful.

In conclusion, the Gestalt principle of existentialism strives to encourage Sotho children exposed to milieu disability and violence to live a meaningful life irrespective of their adversities through accepting self-responsibility and making healthy choices. Gestalt sustains that regardless of how challenging circumstances might be, people remain responsible for finding a solution out of the oppressive situation (Henderson & Thompson, 2011:242). Individuals are challenged to not dwell on the past and live for and through others as this may result in an unhealthy existence of confluence and a self that is not well defined. In rapidly changing times individuals are challenged to exercise choices to end destructive cycles and experiment with new and healthier ways of existence.

4.3.2 Theoretical constructs

Supported by the Gestalt principles several key theoretical constructs gird the Gestalt therapy approach: organismic self-regulation; awareness; contact and contact boundary; personality structure; polarities and fragmentation and the Gestalt formation process that is also relevant to the group process model.

4.3.2.1 Organismic self-regulation

Grounded in the principle of existentialism Gestalt believes that all individuals have a natural ability to self-regulate (needs, self-support and self-actualisation) in a manner that can achieve the best fit in the context in which they exist (Perls, 1973:4; Clarkson, 2004:22; Yontef and Fuhr, 2005:84; Blom, 2006:29; Congress, 2011:257; Jones-Smith, 2012:262). Systems (field) theory proposes, as is the case with individual therapy that a group's capacity to grow is grounded on its ability to self-regulate and move towards homeostasis (wholeness) consistent with the roles and norms in the group (Schoenberg & Feder, 2005:224; Congress, 2011:263). The therapist only acts as a facilitator of this process in therapy. Various needs (unfinished business) continue to disturb children until they gain awareness and take action to satisfy that need (organismic self-regulation) (Oaklander, 2006:12; Jones-Smith, 2012:262). The satisfying of needs (met and unmet needs) is a never-ending (existential) life process of seeking homeostasis and moving on to a new need (Oaklander, 2003:13). Through the development of the sense of 'self', children can become more actively involved in the process of accepting or rejecting that which is toxic and choosing what is nourishing for them (Clarkson, 2004:22; Sink, Edwards & Eppler, 2012:286). Organismic regulation emphasises the individual's capacity and responsibility to strive towards wholeness and growth through a process of awareness of their experiences or needs. This process of awareness in Gestalt is referred to as figure-ground formation.

- **Figure-ground formation**

Children should be competent to organise or identify their most dominant need at a given moment, referred to as *figure* (or Gestalt), which only assumes its full meaning in relation to the *ground* (background or frame), representative of everything that is not the focus of attention at the experienced moment (Blom, 2006:26; Ginger, 2007:131; Congress, 2011:257; Frew, 2012:216). Giving meaning to things (needs) is not gained in isolation but organised through perceptual processes into meaningful wholes (Nelson-Jones, 2006:166). Congress (2011:257) explains that Gestalt facilitates “awareness of figure as a unified personality at the point of contact between the external and internal world.” In utilising a group process model an individual may become aware of a need (theme), that is shared by group members and the group therapist will lead the group in activities related to these needs (Congress, 2011:263). The satisfaction of the foreground need contributes to the achievement of homeostasis and leads to integration and holistic functioning (Carroll, 2009:284). Members within the group consequently organise their environment as new needs are brought in awareness. The most dominant need often relating to unfinished business directs the ‘self’ and group process.

- **Unfinished business**

Unresolved childhood situations are often experienced as unfinished situations, unfulfilled or unexpressed needs/emotions or incompletely formed gestalts (Clarkson, 2004:51; Mann, 2010:57; Henderson & Thompson, 2011:226). A gestalt remains unclosed when a figure emerges from the background and it is not completely resolved (Yontef & Fuhr, 2005:89). Unfinished business could be described as “the need to complete the uncompleted” cycle of organismic self-regulation (Mann, 2010:57). Even though unfinished business relates to an individual’s past it still affects their functioning in the present (here and now) and constrains holistic functioning. The focus in Gestalt therapy is not to ponder on past experiences but to assist service users through activities to understand how past issues relate to the context of the here and now (Congress, 2011:257).

Oaklander (2006:12) observes that children do not always know what to do to get their needs met and their process in life become inappropriate. Creative adjustment in childhood (behaviour and attitudes) to accommodate particular circumstances in families and surroundings becomes a habitual way of being in the world (organising field of experience) (Smaby & Maddux, 2011:203). Socio-cultural expectations continuously influence children’s behaviour (Berns, 2007:73). In order to adapt to rapidly changing environments flexibility is required of social institutions and cultural heritage (Ashford & Le Croy, 2010:9).

Poverty, unemployment and violence are part of a set of interactive factors which block need satisfaction and prevent children from executing healthy need-regulating behaviour (Jordaan & Jordaan, 2005:602). Sotho children are guided by their self-regulatory cultural orientation in the pursuit of completing unfinished forms relating to violence and milieu disability. Every culture has their unique patterns of making sense of their world and ways to solve problems, stress or traumatic events in their lives which becomes a way of being in the world. Milieu-disabled Sotho primary school children should be challenged within the group to come in contact with unhealthy ways of dealing with their adversities as well as conflicts linked to ethnic expectations, multi-cultural and oppressive issues. Unfinished business continues to disrupt children's lifecycles unless it is brought to their awareness.

4.3.2.2 Awareness

Gestalt is phenomenological and the goal and method in group therapy just as in individual therapy is always to facilitate "here and now" awareness of what group members are thinking, feeling and doing (Clarkson, 2004:31; Schoenberg & Feder, 2005:233; Jones-Smith, 2012:268). Within the group context awareness occurs through utilising the different functions of the self at the contact boundary, and can be seen internally or expressed within the group (Schoenberg & Feder, 2005:233). Zones of awareness are described by Houston (2003:21) as the internal world (the child's striving towards health), the external world (that what is outside) and the fantasy world inside each person (imagination). In the group context awareness is not only directed towards individual field boundaries, but also towards various larger field boundaries in order to determine the degree of functioning and level of satisfaction of the group as a whole (Schoenberg & Feder, 2005:228). Awareness contains sensory, affective and cognitive processes and includes observations of self and other as well as a clear perception of choices that are made (Yontef & Fuhr, 2005:87). Facilitating awareness of unexpressed emotions or feelings relating to unfinished business in the past, permits children to re-experience past conflicts and experiment with new roles (Corey, 2008:280; Congress, 2011:257-258). In Gestalt group play therapy the emphasis is on encouraging members to fully experience their 'way of doing' and their 'way of being' in the world (Fall et al., 2004:238). Fernbacher and Plummer (2005:122) maintain that "if we attend to ourselves fully, each of us needs to include our cultural self." Gaffney (2006:218) explains the importance of the role of group leaders in cross-cultural encounters with regard to awareness as follows:

This is our work: to be fully present in our own fullness of person and culture, and to selectively and sensitively share our own awareness with our environmental other, respectful both of our

own cultural context and that of the other, and the interactional dynamics at the contact boundary between us.

Corey et al. (2010:47) indicate that practitioners should gain an understanding of their own cultural conditioning, and that of their service users, and also of the socio-political systems that form part of the field of the group. Sharf (2012:273) encourages practitioners to remain sensitive to the ways that cultural factors impact on the awareness processes of self, family, friends. Children are faced with various environmental and cultural forces that significantly impact on their developmental field of awareness. The here and now awareness focus of staying with a feeling can positively contribute to investigate service user's feelings about "oppression, discrimination, and cultural alienation and acculturation" (Smaby & Maddux, 2011:203). Encouraging the milieu-disabled Sotho primary school child exposed to violence to gain awareness of their internal, external and fantasy processes can empower them to discover a new and healthier way of being in the world. Awareness facilitates integration of fragmented parts and can support group members to make authentic and spontaneous choices to fulfil their needs in context of their socio-cultural field.

4.3.2.3 Contact

Contact in Gestalt is closely related to an individual's healthy psychological functioning or normal cycle of need satisfaction referred to in Gestalt as the contact (Gestalt formation and destruction/experience) cycle (Clarkson, 2004:33; Ginger, 2007:129; Jones-Smith, 2012:261). The cycle describes the stages of contact between self-other that include pre-contact, contacting, full contact and post contact (Clarkson, 2004:33; Ginger 2007:129; Masquelier, 2006:61). Clarkson (2004:33) advanced the description of the cycle to incorporate the following stages: sensation, awareness, mobilisation, action, final contact, satisfaction and withdrawal. The self is directed by a process of contact pressed towards a contact-boundary experience (self-other) and withdraws after the fullness of such an encounter (Lobb & Lichtenberg, 2005:31). All experiences include some form of contact through awareness which involves being in touch with or noticing contact with someone or something (Nelson-Jones 2006:117; Oaklander, 2006:27; Yontef & Fairfield, 2008:88). The group context provides diverse opportunities for contact between different group members, different subgroups and the group leader (Congress, 2011:263-264). Carroll (2009:313) describes the process of contact as the way that children mobilise energy in order to satisfy persistent developmental and growth needs.

Contact contains both sensory experiences as a means of orientation and motor behaviour as a way to manipulate the environment (choosing and rejecting) in order to achieve homeostasis and close the Gestalt (Nelson-Jones, 2006:117). The way that

contact is made is through the contact skills – touching, looking, seeing, listening and hearing, tasting, smelling, speaking, sound, gesture, language and moving in the environment (Oaklander, 2006:22; Corey 2008:286). Blom (2006:90) explains that sensory awareness is a significant aspect in the lives of traumatised children as it directly impacts on children’s abilities to make contact with the environment. Young children who witness violence and anger tend to “freeze up” to stay safe and can benefit from play experiences relating to body- and sensory awareness (Cattanach, 2008:112). Provision of stimulating sensory (contact modalities) experiences for children is essential for the strengthening of the self and for the enhancement of contact (Oaklander, 2006:53). Contact requires the support that comes from internal characteristics as well as collective experiences such as friendships, a society, habits and customs and everything else that children have learned during their lifetime (Begeneffe & Lynch, 2004:101). The goal for contact with others and the way that contact skills are utilised is a reflection of experiences, cultural orientations and behaviour patterns that form the whole field of experience. Gestalt therapy takes place at the contact-boundary where children’s normal cycles of contact and resistances to contact can be observed (Ginger, 2007:129).

- **Contact boundary**

The contact boundary is conceptualised as the interface or meeting point between self and others where all-important (figure) needs of ‘self’ are negotiated and awareness can develop (Masquelier, 2006:69; Nelson-Jones, 2006:117; Oaklander, 2006:34; Frew, 2012:236). Gestalt views healthy functioning as a process of flux between maintaining impermeable (autonomy) boundaries and allowing permeable (confluent) boundaries (Clarkson, 2004:90; Mann, 2010:35). The functions of the contact boundary are two-fold: it connects individuals with one another but at the same time maintains a form of separation between them (Corey, 2008:286; Yontef & Fairfield, 2008:85; Yontef & Jacobs, 2008:353; Siang-Yang, 2011:161). This individualisation of the ‘self’ from other is considered a key aspect in Gestalt personality development as it is through this that contact occurs with the environment (Jones-Smith, 2012:275). The contact experience permits children to create a set of beliefs, values and attitudes about themselves (what is me) and gain awareness of ways that distinguish them from others (what is not me) (Fall et al., 2010:205; Carroll, 2009:284). Gestalt existential philosophy promotes that “a person who refuses to take responsibility for the self and/or accept responsibility for others feelings, thoughts and behaviours blurs the self between ‘I and thou’ that creates interference with awareness and need fulfilment” (Fall et al., 2010:209). In line with western (individualistic) identity priority is given to personal goals and the self is defined in terms of personal attributes through gaining self-supportive and autonomous living. In African collectivistic cultures personal identity is intertwined or interdependent with collective identity as each person is

conscious of themselves in reference to a network of dense social relationships (Nsamenang, 2011:247).

Mokwena (2007:71) refers to the Sotho proverb “*motho ke motho ka batho babang*” (“I am because you are, and by extension, you are because I am”) to emphasise the significance of communal confluence. Berg (2012:105) explains that there tends to be “a more fluid boundary between inner and outer, where the concreteness of outer things can influence the fate of the individual.” The boundary of Sotho children can consequently be described as a boundary of joining (confluence) with others where priority is given to the goals of the group. Sotho children’s culture, however, is not fixed and it is essential for a social work practitioner to view the development of the personal identity of Sotho children in context of acculturation processes and an ever-changing environment. How a small group establishes and experiences itself as either open or closed (or somewhere in between) affects its ability to grow and flourish or to exhaust itself and die (Schoenberg & Feder, 2005:224).

Making contact and the contact boundary experience is an important aspect of healthy organismic functioning and should be viewed in context of cultural orientations in order to be holistically meaningful. Contact involves the ability of children to be fully present in their interactions with the environment. Children who have trouble staying in contact display various contact boundary disturbances and the therapist facilitates awareness of how they avoid making contact with the environment.

- **Contact boundary disturbance**

Contact boundary disturbances (resistances) reflect inappropriate ways that children resist contact and restrict themselves in the here and now from doing things that will require of them to stretch their boundaries and grow (Oaklander, 2006:23; Panning, 2009:302). Traumatized children develop resistances or defences as a means of survival or coping with emotional pain and traumatic experiences (such as violence) (Oaklander, 2006:23; Jones-Smith, 2012:266). Resistance to contact leads to poor functioning and the Gestalt therapist encourages awareness in children of their dominant style of blocking or restricting contact in order to maintain maladaptive behaviour (Jones-Smith, 2012:266). Several authors (Reynolds & Mortola, 2005:163-64; Blom, 2006:31-39; Corey, 2009:204-205; Congress, 2011:261; Sommers-Flanagan & Sommers-Flanagan, 2012:201) describe the following styles in which individuals block or resist contact at individual and group level in an attempt to control their environment: introjection, projection, retrojection, confluence, and deflection. Reynolds and Mortola (2005:163-164) and Blom (2006:37-39) add to these styles desensitisation and egotism that is especially relevant to children. The above-mentioned contact boundary resistances are briefly discussed below: (Houston, 2003:21;

Reynolds & Mortola, 2005:163-164; Blom, 2006:31-39; Corey, 2009:204-205; Congress, 2011:261; Sommers-Flanagan & Sommers-Flanagan, 2012:201).

- **Introjects**

It is considered the tendency of a child to accept others' beliefs and standards without sifting them and making them congruent with who he/she is (Oaklander, 2006:11). Beliefs and attitudes acquired from influential role players such as caretakers and teachers are referred to as introjects (Houston, 2003:21). These beliefs can be either uplifting or toxic. Toxic beliefs such as 'you are stupid' are held as unfinished business. In the early stages of the group, members tend to look to the group facilitator to provide structure and direction. Members do not question the facilitator's intervention and rules - they just accept it through denying their own beliefs and point of view.

- **Projection**

Attributing to another what belongs to the self, is referred to as projection. The child disowns certain aspects of the self by projecting or ascribing them to the environment as an external way of control. Blom (2006:114) indicates that aggressive behaviour towards others, blaming others for their mistakes and bullying are ways in which children use projection. Oaklander (2006:177) observes that projections are mostly identified in children with a low self-image and 'fuzzy boundaries'. Projection usually occurs in the early stages of the group and provides valuable opportunities to explore these dynamics as they happen in the group. As group members attempt to get a sense of the group facilitator and other members, they often attribute characteristics to these individuals that really belong to significant others in their lives. During the transition phase issues such as struggles for control and power become central and projection continues to be the primary contacting style. Participants may disown their own needs to control the group. The conflicts that occur at this phase are difficult to resolve unless those members who are projecting their need to control recognise their resistance and own their projections.

- **Retroflection**

In psychology, retroflection is referred to as inhibition and repression - the opposite of being expressive (Houston, 2003:21). The individual member in the group turns back to himself/herself what he/she would like to do to someone else. This entails destructive behaviour and criticism against the self or isolation or withdrawal. A child makes himself/herself the object as well as the subject (Houston, 2003:21). The cause for this behaviour is a fear to express emotions outwardly. Children's ways of hurting themselves may manifest through pulling hair out, gouging themselves and even psychosomatic symptoms in the form of headaches, stomach aches, bedwetting, hyperactivity and

asthmatic attacks (Blom, 2006:36; Oaklander, 2011:69). In the beginning phase of a group, retroreflection is characterised by a trend of group members being restrained with hardly any verbal expression and emotional expression.

- **Confluence**

The blurring of awareness between the self and the environment is referred to as confluence. The individual cannot express his/her own thoughts, speak for himself/herself and make personalised choices. It is a style of contact characterised by group-members in need of acceptance and favour. Confluence between relations in the group involves the avoidance of conflicts, or a belief that all the members experience the same feelings and thoughts.

- **Deflection**

When a child finds it difficult to sustain a sense of contact, he/she deflects by turning aside data, stimuli or feelings rather than allowing them in. Deflection involves a diminished emotional experience where group members deflect and speak through and for others because they do not want to work on the problem. Problems are managed through changing the subject or activity, exaggerated humour (laughing), abstract generalisations and questions rather than making self-statements.

- **Desensitisation**

Blom (2006:37) describes this contact boundary disturbance as the process whereby the child would exclude himself from sensory input and physical experience related to the traumatic incident such as pain and discomfort. Children tend to block out any internal and external stimuli affecting their sensations (Reynolds & Mortola, 2005:163). The sensory experiences are therefore not appreciated and kept from being a figure on the child's foreground (Blom, 2006:37). The researcher observes that during group activities when sensory enhancement media, such as clay, finger paint and sand are introduced, some group members (usually severely traumatised children) will resist touching, feeling and experimenting with sensory material provided and hardly show any emotion.

- **Egotism**

This way of making contact can be defined as diminished spontaneity within an individual that occurs because of excessive introspection (Reynolds & Mortola, 2005:163; Lobb & Lichtenberg, 2005:33). The individual pays more attention to his or her boundaries and identity than to the environment in order to ensure that there is no danger or risk to the self. Egotism implies that children rationalise their awareness of experience but lack subjective or emotional awareness of their experience (Blom, 2006:39). Children are

normally egocentric as they imagine that everyone's experience is the same as their experience and vice versa (Oaklander, 2006:8). Children, because they are egocentric take in many faulty beliefs about themselves (see introjects) and blame themselves for negative outcomes (Oaklander, 2006:8). Within the group situation children may emphasise their own views of the world as the only correct ones.

The group is an ideal setting where children can learn about other children's worldviews and experiences and learn to be compassionate. Within a group setting they can be challenged to experience and experiment with new beliefs that are healthier and more nurturing to the self (Reynolds & Mortola, 2005:163-164; Blom, 2006:31-39; Corey, 2009:204-205; Congress, 2011:261; Sommers-Flanagan & Sommers-Flanagan, 2012:201). The way children make contact with their world is also a reflection of their culture. Gaffney (2006:216) in this regard observes that a group from a collectivistic culture is consequently expected to move spontaneously towards confluence and accordingly also will introject and retrofect feelings for the purpose of achieving group harmony. Confluence, in collectivistic cultures is hence seen as a healthy way of regulation and not as a boundary disturbance conflicting with Gestalt beliefs. In cross-cultural encounters social workers should become aware of their own guiding theoretical orientations and bracket assumptions in order to remain sensitive to the unique self-process of Sotho children.

In order for individuals within the group and the group as a whole to achieve Gestalt formation, they need to be uncovered from five layers through a process of awareness that could empower them to healthy authentic contact in the here and now.

4.3.2.4 Personality structure

Fall et al. (2010:205) explain that the personality structure represents the continuing interface (contact-boundary) between a person and the environment and the patterns that are shaped around the need-fulfilment (Gestalt formation) cycle. Perls describes the various levels of contact in the unfolding of the Gestalt-formation process as the five layers of neurosis (see Table 4.1) whereby a person must be uncovered of a phony existence in order to achieve maturity and better contact with self and with the environment (Henderson & Thompson, 2011:229; Siang-Yang, 2011:160).

Table: 4.1: Five layers of neurosis

Phony layer	At this level children pretend to be what they are not. The real self is hidden in order to be liked, feared or loved. This layer is characterised by many conflicts (polarities).
Phobic layer	As children become more aware of their phony existence they are challenged to face the fear related to maintaining phony behaviour that hinders them from living authentically.
Impasse	It is at this level that children resist or accept change when confronted with moving away from external to internal support.
Implosive layer	Children begin to explore that which was hidden from awareness. This can be a frightening and difficult process as they shed old ways of actualising themselves in the world and begin to experiment with new ways. Children let go of their phony existence and accept responsibility of the 'self' in the here and now. Blocked energy is released and children feel energetic and alive. Intense anger, joy, grief and sadness are expressed (Blom, 2006:42-46; Henderson & Thompson, 2011:30).
Explosive layer	Children let go of their phony existence and accept responsibility of the 'self' in the here and now. Blocked energy is released and children feel energetic and alive. Intense anger, joy, grief and sadness are expressed (Blom, 2006:42-46; Henderson & Thompson, 2011:30).

Congress (2011:258) explains that the emphasis of Gestalt is not on the "divisions of personality structure but rather on the totality and integration of different parts of the personality." Neurosis presents with continuous conflict between the realities of the world and the fantasies that disconnect people from these realities (Jones-Smith, 2012:110). The layers of neuroses as described by Perls indicate how children avoid dealing with painful issues of their authentic self through various forms of resistance at the contact-boundary. Maintaining phony roles (defence mechanisms) deprive children from their natural and spontaneous energy to live meaningfully. In the therapeutic encounter they are challenged to be uncovered layer by layer of their phony existence through an increased process of awareness. Unless contact is established between self and other, growth and development is contained. Avoidance to deal with a need is often the result of polarities within the self that leads to a fragmented existence.

4.3.2.5 Polarities and fragmentation

Blom (2006:40) defines polarities as manifestations of opposite or conflicting behaviour patterns that may compliment or oppose each other. An extended amount of time spent daily seems to involve resolving conflicts between competing realities: e.g. body-mind; self-external world; fantasy-reality; infantile-mature; biological-cultural; personal-social; thinking-feeling and unconscious-conscience (Henderson & Thompson, 2011:227). Children are fearful of the splits within them and fail to discover what they need resulting in confusion and a fragmented way of life (Blom, 2006:41; Henderson & Thompson, 2011:226). The goal of therapy is to facilitate healthy organismic regulation in order to achieve integrated (holistic) functioning - through acceptance of the aspects of the

personality that have been disowned and denied (Corey, 2009:216). Exercises with polarities (e.g. top-dog/underdog/the empty chair) facilitate an understanding of the mixed feelings children might have towards others (love-hate) and these exercises can assist children to understand that each side of the polarity is necessary and has a place in a healthy integrated personality (Henderson & Thompson, 2011:235).

Top dog/underdog is a good example of polarities as a child may experience a split in personality between what they “should” (top dog) do as expected from caregivers (culture), and what they want (underdog) to do (Henderson & Thompson, 2011:226). Gaffney (2006:206) observes that the “we need” statement often comes first in cultures with collectivistic interdependent world views and the “I want” statement supports this conviction. The Sotho child may for example experience interpersonal polarities on the cultural continuum between: the collective self versus the individual self. Conflicting cultural expectations, norms and values in a multi-cultural society context such as South Africa can lead to fragmentation in the personality of children in ethnic context. As children learn to accept responsibility and make choices they increase awareness of the hidden cultural polarities within them and in this manner mature in their understanding and acceptance of opposing cultural views. Integration of these fragmented parts happen when children are fully functioning in all aspects of their socio-cultural life referred to as holistic functioning or Gestalt formation.

In summary, the philosophical foundation and key constructs fundamental to Gestalt, discussed in this section were found to be embedded in individualistic (western) philosophy, but presents with application possibilities to group work with milieu-disabled Sotho primary school children exposed to violence if ethnic awareness and context sensitivity is maintained. In the cross-cultural group encounter social workers should maintain awareness of their own cultural field framework as well as that of the members. Alternative ways should be initiated to align interventions to the collective self-regulatory orientations of Sotho children through becoming more context sensitive and focused on restoring children’s relationships in harmony with the environment.

Children in ethnic context through group therapy may experience and re-discover healthy contact with themselves and others through the Gestalt formation process and to gain meaning of their adversities and contextual ethnic realities. Gestalt therapy is described as a process therapy with the goal of improving individual contact with the community and with the environment in general, discussed next (Bowman & Nevis, 2005:5).

4.4 THE THERAPEUTIC PROCESS

Alers and Ancer (2005:328) explain that within the group it is very important to encourage hope, interconnection and existential factors to achieve expected outcomes for those who have been exposed to trauma. Making the discovery that other children have similar thoughts, concerns, worries, fears and experiences makes them feel supported by others and in turn encourages self-support to be more willing to present those parts of the self that are different than the group (Oaklander, 2006:181). Nisivoccia and Lynn (2007:297) describe group therapy with children exposed to violence as an experience where they can learn to trust and share, build friendships, become aware of their feelings and learn to manage conflict appropriately. The main goal of Gestalt play therapy is to facilitate awareness of the self-process, to take responsibility for choices and to promote self-supporting behaviour in order to achieve integration (Blom, 2006:50). Group play therapy presents with a challenging environment for practitioners as it implicates a comfort level with negative and positive interactions happening between children; and a commitment to the belief that children can be therapeutic agents of each other (Ray, 2011:183). The therapeutic process as applied to Gestalt group play therapy will be discussed next: assessment; the therapeutic relationship; the strengthening of self; emotional expression; self-nurturing; dealing with the inappropriate process; termination; and the enhancement of field support.

4.4.1 Assessment

Sommers-Flanagan and Sommers-Flanagan, (2012:202) suggest that the assessment process in Gestalt therapy should incorporate the following aspects: achieving collaboration; determining a good fit within the Gestalt approach; and directing process-orientated assessments in order to limit the possibility of harm and unsuitable therapy.

- **Achieving collaboration**

Stacey (2007:424) observes that black South Africans, although it is slowly changing are still not utilising counselling and psychotherapy and therefore urge for more accessible services that respect diversity. A good knowledge base in cross-cultural work is essential in therapy for ensuring collaboration and positive therapeutic outcomes (Zunker, 2012:206). An understanding is needed of the different ways various cultures perceive play therapy to tailor interventions to be more culturally relevant (Malchiodi, 2005:93). Shale (2004:5,69,74) conducted a masters study in social work relating to “the perceptions of black parents regarding play therapy” whereby it was found that parents do understand the value of play in child development, but had limited knowledge of what play therapy involved. This researcher recommended awareness campaigns on play therapy and the value of play in order to enhance possibilities of participation (Shale, 2004:86).

Social workers (especially NGOs) are uniquely positioned within the community to play an active role in raising responsiveness in townships regarding the value and process of play therapy and in so doing enhance possibilities of participation.

Children and their families exposed to violence are most often firstly in need of safety and support (e.g. shelter and legal assistance). Facilitating a “trust circle” in the community can help to address these issues (Malchiodi & Miller, 2012:34). In African collectivistic cultures the family and the community are seen as extensions of public provision and it will be expected in a therapeutic endeavour with children to permit family and community members to be part of the process (Osei-Hwedie & Rankopo, 2010:215-216; Zunker, 2012:206). The contributions of each member of the family should be treated with respect and equal consideration (Carroll, 2009:246; Oaklander, 2011:182). Practitioners should orientate themselves with the following aspects of the culture of service users: communication; preferred language; religion; family roles; gender roles; cultural assumptions of appropriate behaviour; cultural values and ideologies; class definitions if any; power in relationships and customs and traditions (Radomsky et al., 2011:43; Zunker, 2012:206). Assessing the amount of acculturation and identity development that has taken place is crucial in assessment (Arbuckle, 2010:107; Corey et al., 2010:53). In cross-cultural work, practitioners with extensive background knowledge of other cultures still need to recognise their limited cultural expertise and actively seek consultation and supervision (Corey et al., 2010:54). Access to several Sotho consultants can ensure that play materials and processes remain culturally appropriate.

Radomsky et al. (2011:45) maintain that for any assessment process to be considered culturally effective and consistent “there needs to be a good fit among the practitioner, the client, the diagnostic and therapeutic system, and the sociocultural context.” Collaboratively the best method should be sought to deal with difficulties experienced internally, interpersonally and in context of the social environment (Corey, 2012:315; Zunker, 2012:202). Failure to incorporate a cultural perspective when providing therapy to Sotho children may lead to misconception of responses and not meeting their needs appropriately (Radomsky et al., 2011:43).

- **Achieving a good fit**

Through maintaining a phenomenological focus, a consented, shared I-thou relationship between practitioners and service users could be established through the provision of information of Gestalt (play) therapy, and exploring expectations and goals in order to determine a good fit in the Gestalt approach (Mann, 2010:88; Sommers-Flanagan & Sommers-Flanagan, 2012:202). Children (especially African children) are seldom self-referred therefore it is important to do an appropriate screening and ethical placement of

children in the group where they are provided with a chance to participate or leave the group (Sweeney, 2011:239). Ray (2011:186) suggests that scheduling a pre-group individual session with children may be the most suitable way to determine their fit in a group. The following aspects are suggested by the author to define a good fit of children within the group: (a) willingness to participate; (b) confidentiality issues; (c) age; (d) gender; (e) attachment issues; (f) social and relational issues; (g) personality and behavioural characteristics (for example determining if the aggression, depression or sexually acting behaviour is so powerful that it can lead to other children feeling overwhelmed or closing up to the relationship) and cultural aspects (Ray, 2011:185-191). Resources and information (school reports, court reports, diagnostic assessments) ethically obtained can be valuable in assessments of children, but this may only be of interest since the most important aspect with which to work is the way that children enter the therapeutic process (Reynolds & Mortola, 2005:168).

- **Process-orientated assessments**

Generally there are no formal assessments and treatment plans when following a Gestalt approach as assessment classifications are constructed throughout the therapeutic process (Oaklander, 2011:172; Congress, 2011:265; Jones-Smith, 2012:276; Sommers-Flanagan & Sommers-Flanagan, 2012:202). The real life perspective seen in the microcosm of the playroom guides treatment planning and work with significant others (Sweeney, 2011:230). Gestalt encourages self-assessment facilitated through a process of awareness, a prerequisite for organismic regulation (Sommers-Flanagan & Sommers-Flanagan, 2012:202). The methods used to facilitate these processes are the field-phenomenological Gestalt principles (Yontef & Fairfield, 2008:94). Phenomenological focusing contributes to assessing subjective experience of symptoms and also the cultural meanings ascribed to these symptoms (Radomsky et al., 2011:47). Assessments mainly focus on children's level of sustaining or breaking contact with the world and how meaning is gained in the present moment (Joyce & Sills, 2010:66; Mann, 2010:88). Play therapy materials are carefully selected to assist with focusing on specific needs of children and to assess the impact on children's personality and prior development (Wilson & Ryan, 2005:13).

In group play therapy thorough preparation of more structured carefully selected activities is needed although the spontaneous flow of the group process remains the main priority (Corey et al., 2012:292). The play practitioners need a treatment guide in order to prepare activities and materials for further therapy, usually based on the assessment categories of the therapeutic process (Oaklander, 2011:172). Gestalt play therapy assessments as developed by Blom (2006:68-79) cover the fields of the therapeutic process for example: contact and contact skills; interests, body awareness and expression of feelings. Woldt

(2005:371) in addition includes the following developmental fields in assessing children through Gestalt-orientated assessments for example: emotional and affective development; sensory and perceptual development or aesthetic awareness, intuition, creativity and spirituality.

Gestalt play therapy (congruent with the ecological systems approaches) focuses on the process rather than on stages of development in order to protect the unique process of each child (Carroll, 2009:155). Although Gestalt does not use developmental categorisation in assessment, developmental theories provide a meaningful foundational framework for professionals working with children (Statham, 2007:177; Oaklander, 2011:172). In a study conducted by Ramokgopa (2001) based on the developmental stages of Erikson (1973) it was found that African children develop according to the same stages as western children, however, the developmental changes are different (Pretorius, Morgan, Mhaka-Mutepfa, Ngomo & Mayekiso, 2011:188).

Child development in African context is more holistic and developmental stages are characterised by the readiness to move on to the next stage rather than the ages, and often manifest in relation to ceremonies and rituals performed (Pretorius et al., 2011:188). Traditional Sotho people still ensure initiation rites for boys and girls that are seen as critical for a traditional way of life as it safeguards progression from childhood to adulthood (Mwakikagile, 2008:209). In order for assessments to be holistically meaningful to Sotho children knowledge is needed regarding the developmental stages in the attainment of African identity (selfhood) and the holistic worldview that guides their existence. At the same time assessments should ensure that individuality is not lost through considering Sotho children also as part of an ever-changing multi-cultural context.

In conclusion, flexible process orientated assessments in Gestalt allows for potential to facilitate a phenomenological understanding of Sotho children's experiences of self within their field of development through bracketing assumptions and cultural stereotyping. Essential to the assessment process is the formation of a collaborative, informative, respectful, open, safe and authentic therapeutic relationship with Sotho children, their significant others and the community in order to achieve a good fit in the Gestalt group.

4.4.2 The therapeutic relationship

Group leaders can best establish the qualities of risk-taking, openness, directness, sensitivity, honesty and respect, and enthusiasm in members through modelling attitudes and behaviour consistent with these values (Corey et al., 2010:40-46). In the group context, practitioners need to concur to the certainty of contact and the increased levels of energy between members and consequently facilitate a secure level of acceptance with

the interactions of others (Ray, 2011:183). When a co-facilitator or group leader is incorporated in the group, the group leaders should be devoted to meet together and establish a collaborative and respectful relationship that serves as a role model of behaviours and attitudes expected from group members (Corey et al., 2010:54-57). Milieu-disabled Sotho primary school children often suffer psychological scars from interpersonal relationships related to the traumatic experiences in their lived environment. Healing of relationships is possible through the experience of being in a positive, safe and supportive interpersonal relationship with a trustworthy therapist (Gil, 2006:621). Nisivoccia and Lynn (2007:298) observe that in order to facilitate a safe environment for children exposed to violence the group leader should amongst others employ the roles of mediator, director and protector. The dialogic relationship referred to as the I-Thou relationship or systematic phenomenological focusing plays a crucial role in making children aware of their “existential potential” and is fundamental for building and maintaining relationships in the group (Yontef & Jacobs, 2008:336; Frew, 2012:243).

- **I-thou dialogic relationship**

The essential components of presence, authenticity, unreserved communication and inclusion should be present in an I-thou therapeutic relationship (Woldt & Toman, 2005:xviii). Yontef and Jacobs (2008:336) describe these central components of the I-thou relationship derived from Martin Buber as follows:

- * **Presence:** The therapist is fully present in the encounter with children and attempts to maintain focus in the ‘here and now’.
- * **Inclusion:** A non-judgemental attitude encourages children to experience self-awareness in a safe way. Brownell (2010:108) describes inclusion as “acceptance that is a welcoming, a receiving, a tolerating, a confirming, and a trusting decision of the self with regard to an Other.”
- * **Authentic/congruent:** Therapists should disclose themselves as trustworthy and striving to be transparent (genuine/real) (Brownell, 2010:107). This implies that practitioners must know who they are, which includes an awareness of their own cultural field of experience.
- * **Committed to dialogue:** Practitioners connect with children’s world through entering in confluence with them and seeking to understand their experiences in the here and now moment (phenomenological inquiry) (Geldard, Geldard & Yin Foo, 2013:8). This happens through fully submitting to what happens between the participants in the session and the flow of experiences without attempting to control the outcomes (Yontef & Jacobs, 2008:336; Joyce & Sills., 2010:45; Geldard et al., 2013:8).

Corey et al. (2010:101) remind group leaders to remain attentive to the ways that their personal reactions can constrain the group process, and continuously monitor countertransference (meeting own needs). Broodryk (2007:67) observes that the “I” emphasis is weak: it is the collective “we” approach that rules socialisation processes for African groups. In line with cultural protocol it is important for Sotho children who are in trouble to experience a sense of belonging, support and love expressed by their community (Osei-Hwedie & Rankopo, 2010:215).

Dialogism in collective cultures emphasise relationships between people as it is through recognising others’ views that a person can become mindful of who they are (Mkhize, 2004:5-24). The collective view of dialogue is supported by a local saying of Sotho people “*motho fa ana le mathata o gakololwa gore a fedise jang* - a person who has a problem must be advised on how to solve it” (Osei-Hwedie & Rankopo, 2010:215). Children are taught that communication is vertical (flowing from high status to low status) allowing them only to speak minimally and when requested by elders (Ross, 2010:342). The presence of a hierarchical power relationship in collectivistic cultures may lead children to look at the social worker as an authority figure or elder with a higher status that should play an active role in guiding them in order to feel safe and supported (Ross, 2010:342; Frew, 2012:243). Fall et al. (2010:221) also urge practitioners to maintain awareness and openness regarding the influence of gender and spirituality in the therapeutic relationship.

Gestalt practitioners over-emphasising individualism or client change (as opposed to connected we-ness) may “neglect the dialogical relationships or fail to recognise its importance in the Gestalt process (Fall et al., 2010:221). Talking to someone about your most intimate problems is perceived by most Black South Africans as odd (Stacey, 2007:424). Sotho children are raised to treat their cultural experiences as confidential (*ke khupamarama*) which may require a more lengthy relationship building period in the group to establish trust that could be facilitated by non-threatening activities such as games (Maree & Du Toit, 2011:32). These collectivistic aspects of dialogue significantly impact on the therapeutic relationship, and if not honoured may be regarded by Sotho children as a disrespectful attitude to a long-established cultural practice. The I-thou (we) dialogic relationship in the Gestalt group should relate to the way that the therapist and the children in the group make contact and connect in their phenomenological understanding (including cultural orientations) of each other. Respecting and accepting each child’s unique process without rushing it is crucial in establishing a therapeutic relationship where growth and development can follow.

- **Acceptance of resistance**

Resistance is viewed as a manifestation of energy and therefore practitioners believe that resistance must be expected, accepted and respected in therapy, as almost every child will be resistant or self-protecting (Oaklander, 2006:23). Oaklander (2006:24) explains that underneath the protective layer of children there are significant materials to explore and worked through referred to in Gestalt as unfinished business. Milieu-disabled Sotho primary school children will bring into the therapeutic group their own resistances relating to the traumatic experiences and cultural expectations that need to be respected by the social worker. It is through respect and acceptance of resistance that children can gain self-support to experiment with new behaviours and live authentically. Assessment of children's level of contact at every group work meeting is very important (Oaklander, 2006:23). Group members should be made aware of how they block their energy through the various ways of resisting change.

Milieu-disabled Sotho primary school children experience numerous life challenges and unmet needs that can make them feel 'trapped' and isolated from the environment leading to an unhealthy existence. A safe therapeutic environment gives children the necessary encouragement to make contact and to take responsibility for self-supportive behaviour.

4.4.3 Strengthening the self

Children exposed to violence should learn skills to be safe and protected as significant others in their lives often deal with their own experience of trauma and are not always able to assist them effectively through their trauma reactions, even though they might be willing to do so (Osofsky, 2007:4). Unlike adults children do not yet own the emotional self-support and therefore the role of the play therapist is to strengthen children's sense of self in order to be able to express blocked emotions relating to trauma (Oaklander, 2011:176-177). Holistic functioning and a strong sense of self is considered a precondition for effective contact with the self and with the field in order to satisfy needs and act in self-supportive ways (Blom, 2006:114). Gestalt's paradoxical theory of change upholds that it is only through accepting, and owning aspects of the whole individualistic self and through submitting to the reality of conditions that an individual could change (Yontef & Fuhr 2005:86; Mann, 2010:62). Blom (2006:226) suggests that during Gestalt play therapy children should be guided to be made aware of their experiences with regard to their physical, emotional, cognitive, behavioural and spiritual components. In strengthening aspects of the self, children are supported to experience a sense of well-being, to feel more positive about themselves and to gain the inner strength to express suppressed emotions (Oaklander, 2011:177). The opportunities for children in individual and group therapy to strengthen aspects of self is indicated by Oaklander (2011:177-181) as: sensory awareness; body awareness; defining of self; choices; mastery; control; owning

projections; playfulness, creativity and humour and limits and boundaries, briefly discussed next.

4.4.3.1 Sensory awareness

Exposure to violence can be a frightening, overwhelming and confusing experience for children leading to disruption of perceptions, cognition and emotion (O'Donnell, 2006:156). Sweeney, Baggerly and Ray (2014:4) observe that play contains natural sensory and kinaesthetic experience and children who have encountered trauma need these experiences. It is observed that sights, smells, sounds or emotional experiences presented during a time of trauma can trigger a re-experiencing of the event (O'Donnell, 2006:158). Art activities hold the ability to express sensory memories of feelings, perceptions and events that can assist children in recovering from trauma (Malchiodi, 2005:105). In order to enhance self-support needed for emotional expression and the satisfying of needs, children are involved in various sensory experiments to develop and improve their contact modalities – seeing, hearing, touching, tasting and smelling (Blom, 2006:92-100; Oaklander 2011:177). Facilitation of sensory awareness in children is essential for making healthy contact with the environment to satisfy a need and is an important aspect of their development. Gestalt as a holistic approach considers all aspects of the self equally important and focus on that what occurs naturally in the present moment such as the physical manifestations (posture, movement, micro-gestures) of service users (Ginger, 2007:73). Awareness of the body is closely related to sensory awareness and is considered an essential aspect of achieving self-support.

4.4.3.2 Body awareness

Children who have been traumatised restrict their body and become disconnected from it resulting in poor contact with the environment (Oaklander, 2006:26). People through the use of their bodies reveal patterns of contact and withdrawal from their environment that are mostly unconscious such as tapping fingers, contracting of the jaw muscles and rocking feet that need to be brought in awareness (Ginger, 2007:74; Mann, 2010:158). The purpose of body awareness techniques is to help children to: (a) know and learn about their own bodies; (b) unblock and loosen up; (c) breathe correctly; (d) feel proud of their bodies, and; (e) experience and feel the power that lies within their bodies (Oaklander, 2006:26). Enabling changes in body posture and facilitating an awareness of the body process (e.g. breathing patterns, sensations and feelings in parts of the body) can impact significantly on the way that children modify attitudes and feelings in relation to the world (Joyce & Sills, 2010:146). Enhancing an awareness of ways that Sotho children use their bodies to restrict contact with the environment could strengthen their self-process and help them to make sense of their experiences with violence. Mann (2010:130) suggests that culture is embodied in the individual and will therefore not only

form cognitive processes but also impact on the body and the way contact functions are utilised in relation to the environment.

Body language often complicates verbal communication because the meanings linked with body movements are culturally bound and are interpreted in different ways by cultures (Roodt, 2009:272). In Sotho cultures for example direct eye contact is avoided for the sake of respect and only allowed for lovers - *Ditaba di mathong* (I can read everything in your eyes) (Sawa, 2012). Children are taught to look down when communicating with adults and it is hence suggested that they be given an object to look at rather than looking directly at the therapist (Mortola, 2006:289). The physical space between people in collective cultures may also be closer than in individualistic cultures (Macleod, 2002:29). Therapists should preserve sensitivity to the unique cultural ground of a client's body processes (Joyce & Sills, 2010:146). At the same time practitioners should maintain awareness of their own physical presence and in what way it may be incongruent or offensive to ethnic children.

4.4.3.3 Defining of self

The group provides a field to describe violence and more appropriate ways to cope with feelings that is generated, allowing members to experience cohesiveness, mutual aid and support (Nisivoccia & Lynn, 2007:297). Through the group experience children are given an opportunity to reflect and achieve insight to self as they learn to assess and reassess themselves in the context of peer feedback (Sweeney, 2011:230). Various techniques (e.g. drawings, puppets, collages, drama, music) are utilised to assist children in making self-defining statements ("this is who I am" and "this is who I am not") (Oaklander, 2006:28). As argued throughout this chapter cultural processes in defining and developing the 'self' of children play an important role. Individualistic-orientated cultures define the 'self' in relation to personal attributes, abilities and possessions and cultivate self-sufficiency and independent or autonomous behaviour in children (Jordaan & Jordaan, 2005:631; Mokwena, 2007:71). Children in African collectivistic cultures are taught that they can depend on family and friends; that they should be modest and restrain from talking about personal achievements not to degrade those of other people; that they are part of a larger social milieu and should define themselves in terms of the groups to which they belong (Jordaan & Jordaan, 2005:631). In the Sotho culture the self is blurred or connected to significant others. For example when asking Sotho children to define themselves they will answer "I am Phindile and I am a Sotho, a Pedi, Tswana" depending on the ethnic group or clans rather than describing individual characteristics (Mothiba, 2011; Sawa, 2012). Jordaan and Jordaan (2005:631) explain that "harmonious relationships with others and pride in the achievements of the group form the basis of self-regard." Arbuckle (2010:107) argues that Sotho children should be viewed on a cultural-

continuum where they are allowed to define themselves in terms of their collective socio-cultural orientation and the conflicting values and norms (polarities) imposed upon them by a culturally diverse, achievement-orientated and technologically driven society. The uniqueness of each child should remain the focus.

4.4.3.4 Choices

Children should be permitted opportunities to make choices that enable them to make self-statements (Oaklander, 2006:59). The emphasis in collectivistic cultures is on giving priority to maintain harmonious relationships rather than the expression of individual needs (Geldard & Geldard, 2009:55). Sotho children and their families may therefore address violence not as a personal choice, but prioritise individual choice in line with the group expectations, which includes spiritual elements such as making things right with the ancestors or consulting traditional healers. Making choices could be a frightening experience for Sotho children socialised with norms where external forces regulate their actions that needs respectful consideration.

However, the reality for many Sotho primary school children exposed to violence is that of survival and adjustment to painful and traumatic events often related to a hostile environment that leads to the deprivation of an opportunity to choose a healthy existence due to cultural expectations. Berry and Boyden ([sa]:35) warn that neglecting children's perceptions can weaken their capacity to manage and adjust to adversity as they often possess insights into their own problems of which adults are unaware. Existence involves a persistent sequence of choices and consequently children should be allowed to experience the process of making a choice in order to make future healthy and responsible choices (Landreth, 2012:89). In encouraging self-support the play therapist refrains from making even modest choices for children (such as what colour pencil to use) and provides them with different choice options allowing them to take full responsibility for their choices (Oaklander, 2006:58; Landreth, 2012:89). The play therapy setting can provide children in ethnic context with an opportunity to learn the skill of making healthy choices in a playful non-threatening manner and empower them to choose to reject what is unhealthy in their environment. In the process the therapist needs to respect the embedded role that authority figures in the community play in Sotho children's existential choices.

4.4.3.5 Mastery and control

The need to master difficulties in life can be generalised to all children and the provision of such opportunities is important (Blom, 2006:106). Traumatic experiences deprive children of their sense of power and control (Goodyear-Brown, 2010:223). Providing challenging play experiences to explore new ideas and concerns can empower children with a sense

of control through realising their coping skills for problem solving and experiencing mastery over developmental fears (Oaklander, 2006:32; Henderson & Thompson, 2011:562; Schaefer & Drewes, 2011:15). Landreth (2012:170) recommends that complicated play material (e.g. a puzzle with too many pieces) or mechanical toys should be avoided as it can furthermore frustrate children who are already experiencing feelings of inadequacy. This is especially true for milieu-disabled children who lack stimulation in this regard.

Levy (2008:31) observes that in constricted collective family structures the individual may be controlled in order to protect and preserve the group interests. This may restrict empowering opportunities for Sotho children to master and control their environments as they are socialised to respect the control of elders for the sake of group harmony. Blom (2006:107) observes that children who are not given enough power in families may attempt to regain power through behaviour schemes such as bullying and tantrums. Providing opportunities for the milieu-disabled Sotho primary school child exposed to violence to experience mastery and control over their traumatic experiences is essential for healing but should be done with sensitive consideration to their cultural processes.

4.3.6 Owning projections

Making a metaphorical representation of life and owning aspects of these projections is a central aspect in the strengthening of self as it facilitates enhancement of self-awareness and self-knowledge (Blom, 2006:120; Oaklander, 2006:29-30). If children believe in themselves and feel safe and secure they gain the courage to explore painful unfinished business in their lives as well as experiment with new ways of conducting themselves. Projective techniques are used in play therapy to facilitate expression of feelings related to unfinished business in their lives to achieve holistic integration (Blom, 2006:201). African children tend to be more visually orientated and can thus comfortably express themselves through fantasy play (Mortola, 2006:293). Projective techniques should be adapted to the lived experiences of ethnic service users in order to be more meaningful to them as discussed later in this Chapter (see 4.5.1). In owning projections children are strengthened to support themselves and to take responsibility for their own emotions and actions.

4.4.3.7 Playfulness, creativity and humour

Nurturing children's need for fun and playfulness are considered a key objective in a play therapy group (Ludlow & Williams, 2006:306). Landreth (2012:49) observes that "children are deprived of joy when they are rushed to complete tasks and hurried to grow up." Environmental demands relating to violence and milieu disability can overwhelm children and lead to a loss of natural playfulness and innocence. Various play media permit

children to express themselves creatively and to develop their sense of humour (Oaklander, 2006:31). Practitioners who are playful and fun-loving can develop good rapport with children (Schaefer & Drewes, 2011:21). Sotho people believe the main secret of *botho* is to experience true happiness and this is achieved through “togetherness, warmth and cheerfulness” (Broodryk, 2002:145). A warm and welcoming group play therapy milieu could restore Sotho children’s natural and spontaneous processes in a spirit of cohesiveness.

4.4.3.8 Limit setting and boundaries

In play therapy setting limits has a therapeutic function and provides structure and reality to children to facilitate mastery over feelings and to enhance their sense of self-responsibility and self-control (Landreth, 2012:257; Wilson & Ryan, 2005:209). Within a group therapy context activity moves at a rapid rate and the possibility of loss of control and harm is greater and consequently a rapid response of the therapist is required (Ray & Ogawa, 2011:164). Landreth (2012:258) emphasises, while there are usually more limits set in group play therapy than in individual work, they should still be as minimal as possible – only reinforced when needed. Landreth (2012:269) explains that the aim is not an attempt to stop behaviour, but rather to facilitate a healthier expression of the motivating needs, wants or feelings of the child. When children are denied something they turn to imaginative (symbolic) play in order to have their wishes fulfilled in the ways they choose in fantasy, or take a more active problem-solving approach to the problem (Wilson & Ryan, 2005:209-210).

Corey et al. (2010:305) suggest the following limits in group work with children: (a) the freedom to speak and to remain silent; (b) ensuring everyone is listened to; (c) making fun of or laughing at others is not allowed; (c) encouraging honesty; and (d) respect through maintaining confidentiality. Children witnessing or experiencing violent acts in their home and communities often have disorganised generational boundaries, and role reversal can occur - the group can offer a ground for children to redefine their boundaries through activities (Nisivoccia & Lynn, 2007:297). Boundaries and limits provide children with choices and owning responsibility for those choices, ultimately enhancing their self-esteem (Blom, 2006:62). Considerations for cultural boundaries is necessary as it represents the norms and values within a specific cultural or religious setting that define child behaviour and parenting approaches (Geldard & Geldard, 2008:262). The author continues by warning that disregard may lead to consequences for children and result in emotional trauma. Limits and boundaries should therefore be set within a therapeutic relationship of acceptance and warmth which reassures the safety and security of the members and the permissiveness to express emotions in a healthy way.

In summary the strengthening of the self as suggested by Oaklander reflects western-ideas of self where emphasis is placed on self-support rather than environmental support. Sotho *botho* principles emphasise relational strengths and stricter social control in order to develop the self in the process of becoming that should be modelled through the therapeutic relationship. The therapeutic process should accordingly progress in finding meaningful ways to strengthen the self-process with a balanced consideration of ways to incorporate relational strengths according to Sotho *botho* principles.

4.4.4 Emotional expression

Most children are weak in recognising their experienced emotions and will also resist getting in touch with powerful emotions (Geldard & Geldard, 2008:70). Traumatized children find it difficult to express their feelings meaningfully as they are not often provided with opportunities to express emotions spontaneously (Ferreira & Read, 2006:192). Social influences play a crucial role in the way that children develop their capacity and confidence to interpret, understand and control their feelings as well as secure gender and cultural expectations for emotional regulation (Thompson & Meyer, 2007:249). The group experience has a calming effect on children's fearful emotions relating to violence and they are provided with an opportunity to gain remedial, emotional experiences and to increase their interpersonal skills (Nisivoccia & Lynn, 2007:297).

The expression of aggressive energy and the expression of emotions are key areas in the therapeutic process. Oaklander (2006:64) defines aggressive energy as the energy that gives children self-support to take action and deal with unfinished business. Children should be allowed to expel of this energy in a safe and healthy manner, within the limitations of the play therapy context in preparation for emotional expression (Blom 2006:120,239; Henderson & Thompson, 2011:239). Bataca fights, clay throwing, wet newspaper boxing, puppets, clay, drawings, music and the empty chair are some of the activities that could be utilised for the purpose of expressing aggressive energy (Blom 2006:500; Oaklander, 2006:65). Children are encouraged to talk about their emotions and learn that they have choices concerning the way emotions are expressed (Oaklander, 2006:35-37). Sotho children exposed to violence should regain contact with their feelings and understand how their feelings relate to their trauma. They need to develop emotional intelligence which refers to the competence to identify and express emotions, understand emotions, assimilate emotions in thought, and manage both positive and negative emotions in themselves and others (Mayer & Ciarrochi, 2006:263). Mesquita and Albert (2007:487) propose that "emotion regulation is always embedded in the meanings and practices that constitute the socio-cultural world, which we describe as *cultural models of self and relating*." The way that inappropriate and appropriate emotions are defined and emotions are expressed may be different in various cultural groups.

In individualistic cultures pride, superiority, anger and frustration are allowed as part of an individual, independent self (Vaughn, 2010:78). Collective interdependent cultures on the other hand emphasise positive interrelationships among people like respect, indebtedness, and guilt (Vaughn, 2010:78). Broodryk (2006:20) explains that the skill of harmony is exercised during times of stress and comprises of “recognising the ability of the impending crises, to maintain absolute calmness of mind, and not allowing emotions of anger and frustration to rule one’s behaviour.” African children do not use many words to describe different feelings, but define their feelings through imagination (Mortola, 2006:249). The increased focus on awareness can consequently bring emotional relief to help children deal with cultural restrictions, but may at the same time present experiences difficult to integrate with previously learned cultural values (Sharf, 2012:649).

Jones-Smith (2012:275) perceives the intensity of feelings that Gestalt techniques create are not suited for work with African children that honour and respect family and parents. Sotho children may reserve emotional expression for the sake of good relationships with others. They may for example find it disrespectful to directly express angry feelings towards a parent, relative or a community member, even by means of a projection that could lead to an inner conflict. Children, especially boys are taught to restrict their emotions for the sake of manhood as a display of emotions such as crying is culturally interpreted as a sign of weakness - *Monna ke nku, o lelela kateng* (A man must cry inside like sheep – hide feelings) (Sawa, 2012). It is important that the Gestalt therapist remains attentive to these cultural differences in assessing children’s expressed emotions and allow Sotho children to follow their own process without forcing them forward.

4.4.5 Self nurturing

Children need care, comfort, warm affection and a sense that their needs will be met (Munns, 2011:280). Goodyear-Brown (2010:viii) observes that children’s “core capacity to self-soothe, self-regulate and connect interpersonally” is often shattered by traumatic experiences. Most children do not treat themselves well as they have learnt that it is egocentric to do so (Oaklander, 2006:44). Because of not being able to separate others’ experiences from their own children of all ages blame themselves for anything bad that happens to them. This can negatively impact on their sense of self and their healthy development as they may struggle to make abstract meaning of their environments or worlds. Helping children to be good to themselves (more accepting, considerate and actively nurturing) is an important step in the therapeutic process (Blom 2006:152; Oaklander 2006:43). According to Blom (2006:174) self-nurturing specifically helps children who have experienced trauma to integrate the polarities within themselves. Children can learn to accept and nurture the part they blame for the trauma and

understand the function and purpose of those parts (Blom, 2006:152; Oaklander, 2006:43-44). The self-nurturing process includes the following:

- Contact with the unacceptable or hateful part of the self.
- The development of skills to use the nurturing parts to integrate and nurture the unwanted part for example using a projective technique such as a soft teddy bear to nurture the disowned/ unwanted parts of children.
- Increasing skills to be good to the self (Oaklander, 2006:43-44).

Blom (2006:153-154) describes various techniques (clay monster work, puppet fairy and a self-nurturing collage) that can be utilised to facilitate children's self-nurturing processes. Other nurturing activities (drawn from theraplay) include rocking children, powdering or putting lotion on hurtful parts of the feet and hands, combing hair as useful when a child has regressed to an earlier age and is in need of these experiences (Munns, 2011:280). Through a supportive and accepting group environment where self-processes are respected Sotho primary school children can learn to nurture painful or negative parts of the self often lost due to milieu deprivation and a violent hostile environment.

4.4.6 Managing the inappropriate process

Children exposed to violence often act out violent events in the group, or use it to get negative attention as a way to get their needs met - the group can assist them to develop new and healthier patterns of interaction with others (Nisivoccia & Lynn, 2007:297). A group environment provides a way for children to discover what is blocking their natural process of relating and connecting with others (Oaklander, 2006:175). Children's individual processes within the group can be described as the unfolding of their way of being in the group, and how their behaviour affects others in positive and negative ways (Oaklander, 2006:175). They can learn about their ability to relate to others, how others perceive them and gain awareness of the responsibility needed to support individual needs (Carroll, 2009:284).

Group leaders should be dedicated to the belief that the children in the group are "therapeutic agents of each other" and secure healthy levels of contact and interaction (Sweeney et al., 2014:10). In the group process various experiments and exercises are included to enhance group awareness (Sharf, 2012:274). Group members attend to awareness both as an individual and as a member of the varying levels of the group (Schoenberg & Feder, 2005:233). The group therapist's role is to use strategies to facilitate a safe place for children to experiment with new behaviours in order to replace destructive beliefs (Oaklander, 2006:175). As children work through their experiences within the context of the group as a field/system, inappropriate behaviour will decrease and they will initiate experiments with more beneficial and healthier behaviour styles

outside the group. The group process relates to “how things are happening in the group” – it is not so much the verbal communication but the underlying message that is being conveyed with respect to how members are relating to each other, the generation of trust, manifestations of resistance, how conflict emerges and is dealt with, forces that bring about inner healing, inter-member reactions, as well as the stages in a group development (Corey et al., 2010:5). The development of each group provides its own unpredictable and unique nature (Schoenberg & Feder, 2005:224).

Clarkson (2004:34) presents the development of a seven-stage model based on the “integration of Zinker and original Goodman outline” (Perls, Hefferline & Goodman, 1951/1969). According to Clarkson (2004:34-37) the Gestalt formation process begins with withdrawel (rest) followed by: sensation; awareness; mobilisation; action; final contact; satisfaction and ending again with withdrawel. Tudor (2002:155-161) simplified these stages to the following: feel; know; think; do; make it; enjoy and let go. It is, however, important to take cognisance that interactive events (processes) are not linear but occur in patterns of formation that involve the parts of the whole (Gestalt) (Reynolds & Mortola, 2005:159; Oaklander, 2011:171). The Gestalt formation process adapted from Tudor (2002:155-161) and Clarkson (2004:34-37) practically applied to the therapeutic Gestalt group is presented in Figure 4.3 and briefly discussed:



Figure 4.3: The stages in Gestalt formation

(Adapted from Tudor, 2002:155-161; Clarkson, 2004:34-37)

Phase 1: Within the group children are requested to come in contact with their *senses and their feelings* through the employment of their contact skills.

Phase 2: Helping the group members to *know or become aware of individual needs* is an important step in overcoming fragmentation and achieving holistic integration.

Phase 3: *Thinking through options* of how to manage their feelings as well as the environmental forces (poverty/violence/culture) impacting upon them is an important aspect of taking responsibility and *mobilising energy* in the group. Options and choices must sustain organismic self-regulation in agreement with cultural orientations (individual and/or collective responsibility).

Phase 4: Although it may be a frightening experience for children, they should strive to overcome their resistance and take *action (do)*, make a projection, verbalise needs and wants and find ways to get needs met.

Phase 5: When group members make healthy contact with the need and experience it fully in the here and now *they make it* and a Gestalt is formed. Group members can judge it as appropriate or not, and either continue or go back to thinking about options to deal with it.

Phase 6: When a *need is satisfied* energy is released and members are allowed to *fully enjoy* the moment.

Phase 7: The group leader can facilitate a positive termination of the cycle through the creation of a *time of withdrawal (letting go)* in order to confront unhealthy confluent behaviour (adapted from Clarkson, 2004:37-34; Tudor, 2002:155-161).

Through the therapeutic group experience, children can become more aware of who they are, their needs, feelings, what they want and do not want and how they do things (their own process) in order for them to function more adaptively (Oaklander, 2006:46; Geldard & Geldard, 2008:52). Through assimilation they can realise that there are choices available to manage situations in their life, take active responsibility for those choices and begin to experiment with them (Blom, 2006:157).

4.4.7 Closing and termination

Group facilitators need to learn when it is necessary to end a session, when an individual is ready to leave the group, and when a group has completed its work and also how to facilitate a positive termination (Corey et al., 2010:40-46). The termination stage represents a significant sense of loss of relationships for members that ought to be respected (Norton & Norton, 2011:192). Carroll (2009:305) explains that a process of termination provides children with a time to assimilate and withdraw. Home assignments in between sessions and focusing on termination after each group session can assist members to be better prepared for termination (Corey et al., 2010:45). Comprehensive assessment is needed to set the timing for termination and children need to be prepared

in advance (at least four sessions before termination). Children can only deal with feelings and issues that are appropriate to their developmental level. They may reach a plateau and then at a later time present with new symptoms or behaviours that indicate they are ready for further work (Blom 2006:174-175). The last session should receive special emphasis for example playing the children's favourite game, reviewing some of the work that was done, making goodbye cards for each other and talking about their feelings related to termination (Blom 2006:174-175; Norton & Norton, 2011:192). Corey et al. (2010:46) suggest the following guidelines in assisting members to get closure of their group experiences: (a) suggesting ways that members can apply what they have learnt when they return to their environments; (b) preparation for psychological adjustment after leaving the group; (c) arranging a follow-up group; (d) telling members where to find additional therapy and being available for individual therapy after the group. Connecting children with field support before termination of the session is crucial when working with ethnic children.

4.4.8 Enhancing field support

Group work with children exposed to violence should include the expansion of their social networks considered important for maintaining healthy emotional and behaviour regulation (Nisivoccia & Lynn, 2007:297). A social environment that continues to be "unresponsive, refractory, abusive or rejecting" towards children's needs may lead to repeated cycles of trauma and psychological disturbance (Carroll, 2009:291). Significant others are often accountable for forming those environments and should be interviewed and included in the therapeutic intervention (Reynolds & Mortola, 2005:167). It is especially of importance for children who are still very dependent on adults for contentment of daily needs. Congress (2011:258) suggests that Gestalt may not focus on tangible resources in the service beneficiaries environment or teach them the necessary skills how to access them, but do recognise the significance of the totality of the service beneficiaries' experience which includes environmental as well as psychological resources.

Practitioners ought to acknowledge that the "community ethos" is very strong in Africa (Radomsky et al., 2011:48). The crucial role that extended family and African peer cultures play in the lives of children and their development should not be ignored (Nsamenang, 2011:250). The Sotho child is directed by norms and values of a collectivistic interdependent worldview emphasising both internal and external resources in healing and cannot be treated in isolation. It is expected of Sotho people, even if help was pursued individualistically to give feedback to significant others and friends in order to provide genuine continuous support to help a person cope (Osei-Hwedie & Rankopo, 2010:215). Most traditional Africans prefer to consult traditional healers for solving their problems (Stacey, 2007:424; Mpofu, Peltzer & Bojuwoye 2011:1). Traditional healers or

diviners (*ngaka* in Northern Sotho) and spiritual healers of the Zionist church play an important role in holistic healing of Sotho people and they are respected and trusted by families with whom they form relationships (Van Wyk, 2009:36,27; Mpofu, et al., 2011:16). Archbishop Tutu, grounded in a strong Christian tradition of Anglican fellowship explains that *ubuntu (botho)* “rests on the knowledge that human existence is inextricably bound up with God’s creation and that a solitary human being is a contradiction in terms” (Hailey, 2008:5). Because religion and spirituality is so central to Africans, faith-based field systems ought to be considered in therapy. A multi-systemic field approach with milieu-disabled Sotho primary school children exposed to violence is advocated for whereby resources in the environment are mobilised in order to enhance social responsibility in the spirit of *botho*. The use of Gestalt techniques and the application of these techniques to children in ethnic context are discussed next.

4.5 THE USE OF GESTALT TECHNIQUES

Many techniques utilised in individual therapy (e.g. sensory experiments) are effective in group settings and contain more of a fun element when done in interaction with other children (Oaklander, 2006:178). Sweeney (2011:243) suggests that the therapeutic environment and cross theoretical nature of group therapy allows for structured techniques (not usually suitable for play therapy) to be adapted in the group process. In the group setting exercises and activities such as guided fantasies are utilised to create here- and now awareness and facilitate movement in the group (Corey & Corey, 2006:5; Jacobs, Masson, Harvill & Schimell, 2012:326). Techniques (also referred to as experiments) in Gestalt provide “a real-life experience during the meeting” allowing for a more complete assessment of data rather than just verbal expression (Maurer & Gaffney, 2005:247). Gestalt techniques are highly creative and imaginative permitting the therapist to utilise techniques and materials tailored to the needs of the group (Wilson & Ryan, 2005:10; Corey, 2013:232). Techniques and media are not meant to be interpreted by the therapist, but are utilised as tools to help children tell their story (Carroll, 2009:298). Experiments develop from what is happening within the individual as well as what is happening in the group in the here and now (Corey, 2013:232). Careful choosing and use of words in Gestalt therapy is also very important (Henderson & Thompson, 2011:230). Following some of the word constructions encouraged by Gestalt: What are you aware of? (focusing); ‘I’ instead of you language; substituting won’t for can’t; substituting what and how (present tense) for why; no gossiping (talking directly to someone); changing questions in statements in order to encourage taking responsibility and ownership of feelings (Blom, 2006:111; Henderson & Thompson, 2011:230-231). In cross-cultural work it is the responsibility of the Gestalt therapist to ensure effective and culturally relevant ways to communicate Gestalt language to ethnic group members that may be totally foreign to them. Sotho children should be allowed to express themselves in a language

with which they feel comfortable via a translator if the counsellor cannot speak an African language. The Gestalt therapist also attends to the non-verbal communication or the message behind the words and the group environment offers many opportunities to explore non-verbal expression (Corey, 2012:305).

A variety of expressive, creative and projective techniques (graphic art forms, rosebush, clay, sand tray work, music, stories, puppets, fantasy, sensory activities, body movement) are utilised during the Gestalt play therapy process to guide children directly or indirectly into areas of play enabling the Gestalt therapist to work on particular areas of children's experiences (Wilson & Ryan, 2005:10; Oaklander, 2011:185). Geldard and Geldard (2008:164-235) provide significant guidelines for choosing age appropriate activities/media, including a description of activities/media that can be utilised in work with children. Ferreira and Read (2006:196-202) in addition offer a comprehensive list of treatment activities/techniques based on the work of Schoeman and Van der Merwe (1996) that can be employed with children exposed to trauma such as relaxation play and sensory contact-making, assessment play, biblio-play, dramatised play and creative play. Ji-Jiun Shen (2010:247-248) observes that children exposed to traumatic events such as violence may need catharsis and re-enactment with the events in order gain healing. A safe physical environment where objects are provided to help traumatised children in this process is important (e.g. punching bags to release anger, transportation vehicles (ambulance) (Ji-Jiun Shen, 2010:247-248).

The following guidelines can assist therapist in selecting activities/techniques for group work with children exposed to violence:

- Keeping in mind the purpose that the activity/technique will achieve.
- The relationship demand (i.e. degree of intimacy vs. distance, sharing vs. competition, cooperation vs. conflict).
- The intended focus of the activity – is it on the individual, the group or both?
- Skills required of the children (relevant for milieu-disabled children who may be struggling to read or understand complicated techniques/activities).
- Decision-making opportunities for each individual and the group as the whole with the purpose of strengthening and empowering members to take control.
- Appropriateness to the experienced world of the members.
- Modifications of interventions to best fit the members' cultural and ethnic backgrounds and worldview.
- Impact on behavioural expression.
- Timing within the session and the stage of development of the group.
- Availability of resources.

- Group facilitators should assess the way that the activity is being used as a metaphor for behaviour as well as assume responsibility for directing the activity (Nisivoccia & Lynn, 2007:298).

Techniques should always be used in context of the therapeutic relationship and never as a means to hurry the process of children (Sommers-Flanagan & Sommers-Flanagan, 2012:209). Selecting techniques carefully and knowing the appropriate timing to introduce techniques is considered important. Therapists are required to ensure that they hold the knowledge and skills and that they are prepared to deal with the powerful emotions that these techniques generate (Jacobs et al., 2012:326).

Gestalt experiments can be tailored to fit the unique way people perceive and interpret their culture (Corey, 2009:40; Jones-Smith, 2012:275). A dearth in research is observed relating to the application of Gestalt play therapy techniques with African and specifically Sotho children, yet the possibilities are manifold due to the flexibility and creativity of the approach.

4.5.1 Techniques applicable to children in ethnic context

The following techniques or activities identified in literature present with application possibilities and guidelines for work with children in ethnic context.

4.5.1.1 Rosebush

The rosebush projection is utilised as an awareness technique in conjunction with drawing. After children draw their rosebush they are asked questions by the therapist to describe their rosebush, written down by the therapist. The following is only a guide of the kind of questions children are asked about their rosebush: Type of bush – strong or weak?; Root system – deep or shallow?; Number of roses – too many or too few?; Environment – bad or good for growing up?; Does your rosebush stand out?; Does it have enough room?; How does it get along with the other plants?; Does it have a good future?; Are there any bugs on the rosebush?; Any thorns?; Do you look like a rosebush?; How does the rosebush survive? Children then ‘become’ the rosebush while the therapist reads out their descriptions and assists them to relate to these aspects in their lives in the here and now (Blom, 2006:74-75; Henderson & Thompson, 2011:235-236).

During a master’s study conducted by the researcher relating to violence and Gestalt, children in the Botleng Township seemed unfamiliar with a rosebush and preferred drawing a tree as a symbolic means to express their experiences more meaningfully (Fadel, 2002:87). Similar questions could be asked as suggested through a rosebush

projection where 'rosebush' is replaced by a 'tree' and the 'flowers' by 'fruit' depending on the kind of tree they draw. The researcher, however, acknowledges that only a small sample was utilised in the investigation and therefore scientific generalisation cannot be made without further research.

4.5.1.2 Clay work

Children are invited to get in touch with the immediate experience of clay by rolling-; flattening-; pulling-; wrapping-; tearing- and pinching it or through making a hole in the clay to gain a sensory experience. The therapist then asks children to describe their experiences and feelings regarding the clay work in the present. For example the therapist can request children to make a clay figure of what they are feeling right now. Children can also create a monster with the clay representative of their life situation. The following questions could be asked after the monster had been created: For how long has the monster existed?; Are there other people who know about the monster?; What scares the child about the monster?; Are they prepared to continue having the monster in their life?; Can they give the monster a name?; How old were they when the monster came into their lives? Practitioners provide feedback on their observations and allow children to talk about their clay creation. Children are then asked to dialogue with the monster. If they wish to get rid of the monster they can physically destroy the monster by cutting the clay monster in pieces or by hammering it down. Through utilising the guidelines above children are encouraged to share as much information about the clay sculpture and about their own realities. The sharing enables children to recognise, own and deal with emotional feelings, and work through unfinished business (Blom, 2006:140-143; Geldard & Geldard, 2008:188-192). Some children may, however, perceive clay as "messy" or slimy" and refuse to work with it – they should not be pushed and provided with enough time through gradual introduction firstly to dry clay or observing the fun that other children have with clay (Mayesky, 2009:327).

In cross-cultural work conducted by Oaklander with black South Africans, clay work was found to be an effective media to support children in unblocking feelings in a non-verbal way (Mortola, 2006:286). The children in the researcher's master study presented with difficulties in understanding what a "clay monster" is and preferred to construct a clay snake to represent their fears and worries (Fadel, 2002:87). These projection preferences can be linked with their culture and the environment in which they grow up. For example *isangomas* (*nyaka* in Sotho culture) often walk with mambas in the community to remind the people that ancestors visit the physical world in the form of snakes (Van Wyk, 2009:19). Through the snake clay figure the children were able to safely express their feelings relating to the trauma of being exposed to violence.

4.5.1.3 Sand play

Sand play permits children to use symbols within a defined space to tell their story. As the sand picture develops, numerous stages may be visible and the therapist does not interrupt this process. While telling their story, they gain the opportunity to recreate in the sand tray and in their imagination events and situations from the past and the present. Children may also explore possibilities for the future or express fantasies in the sand tray. The symbols used by most play practitioners in sand tray work consist of a variety of small objects for example people, animals and structures. These objects have symbolic properties, which enable children to easily assume symbolic meaning as it relate to the realities of their life (Blom, 2006:134-139; Geldard & Geldard 2008:80-187).

In the Munsieville township (near Johannesburg) sand work was done with milieu-disabled primary school children suffering from severe adversities including hunger, neglect, neighbourhood violence, sexual abuse and exposure to adults' abusing alcohol and drugs (Zoja, 2011:89-90). The children creatively made sand figures from bits of wood, scraps of metal, bottle caps, some plant material, shells and a few glass marbles. They were able to attach symbolic meaning to these creations which facilitated awareness and emotional expression about their own life situations. Zoja (2011:89-90) hence suggests that natural material from children's surroundings should rather be used to produce deep symbolic expression as opposed to other "ready-made" toys.

4.5.1.4 Miniature animals

In utilising this technique a variety (not more than fifty) of small miniature animals (domestic, farm, jungle, zoo, dinosaurs, reptiles, insects and sea creatures) can be made available to children. Animals and other creatures should preferably be made of plastic and should be colourful and realistic, as well as able to stand freely without support. Children are asked to select animals that best represent themselves or other significant people in their lives. A conversation regarding their choice then could be initiated where the animal figures can also interact with each other. Practitioners do not touch the animals and refer to them by their names (as given by the children) in providing feedback. The main purpose of this technique is to explore fears about relationships and future relationships in other systems (home, school, foster care) as well as situations and to find solutions to relationship problems (Geldard & Geldard, 2008:173-180). Play work with miniature animals has been successfully utilised in combination with sand tray work (see 4.5.1.3) with Sotho children in the Soshanguve township during the researcher's professional career. Sotho children all have a name (other than the surname) that refers to the broader family (referred to as *sereto* – praising) whereby they are distinguish from other families through an animal name for example: *kwena* (crocodile); *nkwe* (tiger); *tau*

(lion); *tshwene* (baboon) and *tlou* (elephant) (Mothiba, 2011; Sawa, 2012). Due to this cultural feature therapeutic work with miniature animals could potentially stimulate rich discussion of family life when culturally personalised.

4.5.1.5 Music and movement

Making and experiencing music is a universal experience and it offers children an opportunity for creative experiences with a range of sounds and rhythms facilitating contact with deep emotions (Prever, 2010:135). Music and movement can be used as a therapeutic aid in play therapy in the following ways:

- * Playing music on a CD player with a theme (for example songs about feelings) could help children to express what they hear and what they feel.
- * While listening to the music children can draw lines, forms and symbols or do finger painting for the enhancement of their sensory modalities.
- * Music can be soothing and relaxing in the background during the therapy session.
- * Various body movement activities could be employed, for example asking children to tighten and stretch muscles, move like different animals or dancing with scarves while the music is playing. These movement activities can assist children to become more aware of their bodies and teach them relaxation skills.
- * Musical instruments could also be made available to children without giving too much direction. Children are provided with an opportunity to improvise and express themselves freely for example: playing drum rhythms to express different emotions.
- * If the therapist can play guitar, playing simple chords and songs on the guitar could have a calming effect on children.
- * Music and movement can be combined with fantasy and the creating of a story, which contains a fun element for children (Blom, 2006:25,95,96,101,102,115,137 222,224; Prever, 2010:135).

Malchiodi (2005:106) observes that art is a unique cultural expression that reveals a wide range of personal experiences. Zulu, Xhosa and Sotho people have age-old traditions of singing and dancing, still playing an important role in their everyday expression of life (Maree & Du Toit, 2011:31; Cornwell, 2006:9). Music, singing dancing and clapping in the Sotho ethnic group are not only used for recreation but form an integral part of their social life and rituals relating to birth, marriage, initiation and prophecy (Mwakikagile, 2008:212). *Lithoko* (praise poems); *lipina* (songs); *lifela* (songs of melodic poetry) the *mokorotlo* (dance for men while grumbling in a low voice), *mohobelo* (dance of energy) and *makhibo* (dance of women performed on their knees) all form part of the rich traditions of Sotho people (Myfundu Online Encyclopedea, 2012). Instruments are still utilised by Sotho

people are the *moropa* (conical hollow drum), *lekolulo* flute, and the *setolo-tolo* harp mouth bow (Cornwell, 2006:59; Myfundi Online Encyclopedea, 2012). African cultures tend to express their feelings comfortably by means of their bodies (Mortola, 2006:249). Dancing and movement can therefore be beneficial in bringing awareness to their bodies and how their physical bodies relate to their emotions. Young children enjoy listening and dancing to kwaito, hip-hop, gospel and African mix that could be utilised in therapy (Mothiba, 2011). The researcher observes that Sotho children are taught from a young age to perform with others through joining in with choirs and they possess a natural ability to sing and harmonise. Dancing and music are part of everyday living of Sotho children and a spontaneous way to express their joys, sorrows and hardships in life that could successfully be used in group play therapy to bridge cultural barriers.

4.5.1.6 Traditional games

Most African children living in impoverished areas in South Africa do not have toys as meeting substantive needs (food and shelter) as opposed to buying play toys prioritise daily living (Moletsana, 2004:175; Zoja, 2011:90). Non-expensive, freely available material such as old newspapers, old magazines, empty food boxes and the advertising boards tied to the lampposts are utilised to practise reading and writing skills and to play with (Moletsane, 2004:175). The author suggests that traditional games such as *masekitlana* (self-expression projected through little stones that represent meaningful figures) and *diketo* (adding, multiplying and subtracting using stones) can be valuable for the enhancement of African children's self-esteem, socialisation, self-expression, language development and mathematical skills (Moletsane, 2004:175). Another game played by Sotho children is called *dithwai*, a memory game also played with stones with markings, shapes or colours on representing their parent's cattle where they are required to study the stones and markings very well in order to identify them when they are taken away (Braman, 2002:15;16). These traditional games could assist in building a therapeutic relationship, facilitate awareness and self-expression.

4.5.1.7 Biblio-play

This kind of play involves written or audio-visual aids for example incomplete sentences, diaries, cards, poems and books can be used. Stories have the advantage of children identifying with characters in the book that can lead to rich discussion and identification of hidden emotions. Through modelling the characters in the books children can learn strategies to manage their feelings more appropriately in the future. Alternatively children can tell their own story and project ideas and themes of their own life in the story (Blom, 2006:198; Geldard & Geldard, 2008:213).

Africans are known for their proud talent to tell stories (Maree & Molepo, 2006:75). The Sotho people refer to this storytelling culture as '*dinonwane*' (Mothiba, 2011; Sawa, 2012). A narrative approach has been found to be very conducive with people from Africa and can facilitate expression and build relationships cross-culturally (Maree & Du Toit, 2011:31; Radomsky et al., 2011:48). Designing culturally sensitive books relating to violence and allowing Sotho primary school children to create their own stories in the Gestalt group could strengthen their self-process.

4.5.1.8 Blankets, beadwork, pottery and weaving

The colourful blanket (*kobo*) representing the pride and status of being a Sotho, the creative beadwork, pottery making and weaving made from grass and reeds are all symbols of the Sotho people passed on from generation to generation (Mwakikagile, 2008:212). These natural, colourful and creative expressions of Sotho people need to be preserved and should be explored for their therapeutic value in defining the 'self' in ethnic context. The researcher intended to design and develop culturally sensitive and appropriate techniques and activities based on the needs communicated by the participants in the study and by means of community participation (focus groups and participant observation). Minimising costs and simplifying techniques seems especially relevant for social work interventions in milieu-disabled communities with limited resources.

In summary, a diversity of techniques and activities that include various play media are utilised to facilitate awareness and to aid emotional expression. Gestalt techniques seem to be flexible and can be adapted to be culturally sensitive in order to meet the specific needs of Sotho children within the group. Through these techniques, children are provided with opportunities to get in touch with suppressed emotions regarding experiences relating to violent events and to make sense of their experiences in a safe therapeutic environment.

4.6 CONCLUSION

In the concluding part of the Chapter the researcher will present the strengths and limitations of the Gestalt group play therapy approach for the design of holistic and ethnic-centric social work interventions for milieu-disabled Sotho primary school children exposed to violence.

Strengths

- Gestalt as a holistic field approach fits well within the social work, ecological systems approach's focus on person and environment transactions of the child across the life

span. The principle of holism or field theory in Gestalt is grounded in the idea that individuals are growth orientated, self-regulating and can only be understood in the context of their environment. All aspects of children's field experience are considered relevant for holistic functioning that is addressed in therapy through the process of contact and awareness. The holistic field approach promoted by contemporary Gestalt challenges social workers to find meaningful ways to integrate ethnic self-regulatory orientations into a Gestalt framework.

- The field is constantly changing, interrelated and in process as new needs come forth. Culture is never static and changes to adapt to the environment. Working with polarities can help Sotho children to integrate conflicting views about expectations and roles of their culture and the accommodation of other cultural views in South Africa's multi-cultural environment and global advances.
- Phenomenological focusing in Gestalt strives to facilitate awareness in the here and now of children's perceptions about experiences, others and themselves as authentic socio-cultural beings and hence supports ethnic sensitive therapeutic interventions. The I-thou dialogic relationship central to the Gestalt therapeutic process facilitates an awareness of practitioners' own cultural assumptions, and prejudice in cross-cultural therapy. Through respecting and permitting children to follow their own cultural process facilitated by the creation of a warm, safe and accepting therapeutic environment offers an opportunity to assess the values and needs of ethnic children instead of assuming or interpreting behaviour.
- As humanistic theory, the Gestalt principle of existentialism encourages organismic self-regulation where children can learn to support themselves in taking responsibility for their existential choices instead of taking on a regressive (living in the past), passive or victim role in the environment. In congruence with ecological systems strength and the resilience perspective, children are viewed as active participants in their environment where they can choose what is harmful and what is nurturing to their existence and experiment with healthy ways to get their needs met.
- Gestalt applied to group play therapy appears to be culturally adaptable and flexible and can provide opportunities for non-verbal and playful ways of emotional expression perfectly suited for the child client's development. Sensory and play experiences can assist children to regain their natural processes of making contact with the world. Techniques permit inventiveness and can be personalised to accommodate the ways that milieu-disabled Sotho primary school children perceive and give meaning to their socio-cultural environment.

Limitations

- The theoretical construction of Gestalt is embedded in western individualistic

psychology where individualism, self-determination, self-responsibility and personal freedom as opposed to confluent behaviour with the environment are promoted in therapy. These conflicting values present with challenges when counselling Sotho children who are guided by collective orientations where relational strengths are promoted. The various ways indicated to strengthen the self may present conflict with regard to cultural roles and parental expectations of Sotho children in relation with meaning making, power and control issues and ways of expressing emotions towards authority figures. Gaining understanding of the African holistic worldview and *botho and seriti* philosophy that guide children's self-regulatory orientations can direct social workers to align interventions to be more ethnic-sensitive particularly to strictly traditional Sotho children. It is, however, necessary to remember that culture is flexible and open to change. Harmful cultural expectations and survival mechanisms in families exposed to violence and milieu disability should be addressed when it is toxic to children's existence and continues as the habitual way of dealing with adversities.

- The overemphasis on individualisation may lead to Gestalt not being context sensitive and may lead to neglect of important external field forces. Substantial aspects of culture and adversities such as violence and milieu disability require a wide-field focus and may be overlooked as a result of the individualistic focus in Gestalt. The therapist should gain insight and remain sensitive to external factors such as social, cultural, political, economic, spiritual and biological factors that significantly impact on milieu-disabled Sotho primary school children's holistic functioning. A risk, protection and resilience assessment framework as suggested in an ecological systems approach can assist social workers practising Gestalt to be more context sensitive in planning therapeutic interventions with children in ethnic contexts. It is particularly important for traditional Sotho children firmly embedded in a larger social collective where internal and external forces are considered for explaining physical and psychological health.
- Although Gestalt therapy concepts and principles form the theoretical base for Gestalt group work the national and international resources with clear practise guidelines and new developments specifically designed for Gestalt group play therapy based on more recent research, seems to be lacking.
- Research conducted with black South African children and principally Sotho children based on a Gestalt group play therapy approach hardly exists and is still in a pioneering phase. Sotho people are also not inclined to seek out psycho-therapeutic services as they operate from a different health-paradigm. Gaining entry and trust, achieving collaboration and providing information about the Gestalt play therapy process might be needed as a first crucial step to ensure participation. Social workers are more accessible and familiar with these aspects relating to community work and can play a significant role in this regard.

In conclusion, Gestalt group play therapy, although theoretically grounded in western theories, has been found to present with application possibilities to Sotho children's exposure to violence if awareness of ethnic self-regulatory orientations and sensitivity for the wider context is preserved. In maintaining a holistic field- and phenomenological focus with the dialogic relationship taking a central place in therapy allows for ethnic sensitive practice from which interventions can develop. However, a healthy balance between self-support and environmental support is still needed to empower Sotho primary school children as active participants in breaking unhealthy cycles of milieu disability and violence within a safety net of a caring and resourceful community.

A literature review follows in Chapter Five focussing on the impact of exposure to violence and milieu disability on the holistic developmental well-being of milieu-disabled Sotho primary school children.

Chapter 5

THE IMPACT OF EXPOSURE TO VIOLENCE AND MILIEU DISABILITY ON THE DEVELOPMENT OF PRIMARY SCHOOL CHILDREN

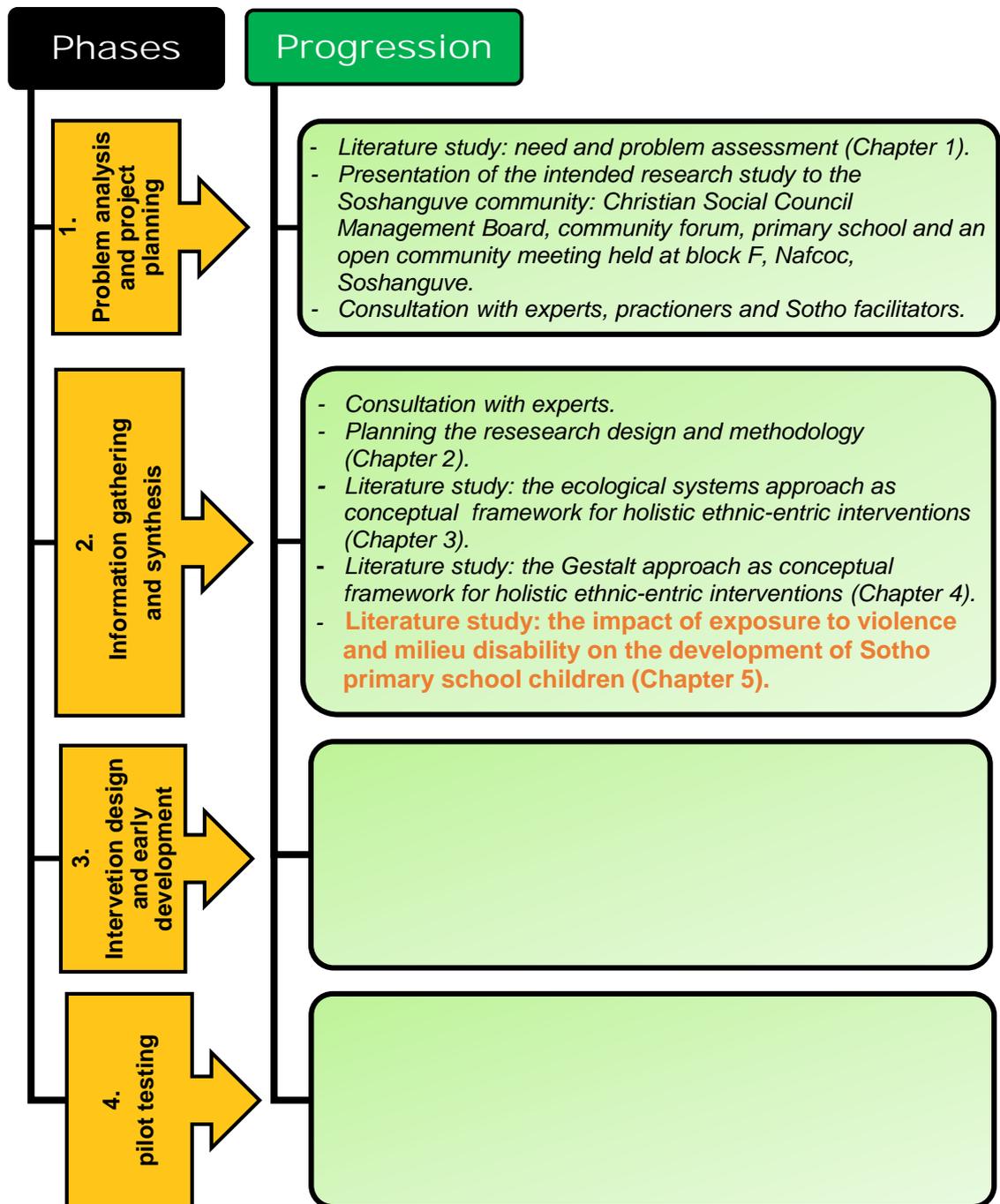


Figure 5.1: Progression of phases in the intervention research process

(Adapted from Rothman & Thomas, 1994:28; Fraser et al., 2009:36).

5.1 INTRODUCTION

Mathews and Benvenuti (2014:32,33) indicate that high levels of poverty and unemployment hinder parents' abilities to realise children's rights and to optimise their development. Several authors believe that poverty and exposure to violence are intertwined (Kaldine, 2007:247; Marshall & Van Saanen, 2007:310; Doherty, 2011:29). Marshall and van Saanen (2007:310) explain that "poverty breeds violence and violence accentuates and perpetuates poverty." Leiman (2010:205) observes that poverty that causes the onset of violence should be contextualised within a specific value system and socio-economic structure. Research has found that children from minority groups living in low-income neighbourhoods are more vulnerable to violent exposure through witnessing and being the victims themselves (Newman & Newman, 2009:312). Children living in milieu-disabled environments are therefore considered to be at greater risk of violent exposure. In the light of the suggested link between violence and milieu disability, these phenomena will be considered and explored concurrently throughout this chapter. A life span perception informs the importance of understanding the consequences of violence on children's functioning in the course of development (Payne & Gainey, 2009:156).

The primary school phase (between 6 and 12 years) is a time of changes in capacities and behaviours that have long-term consequences for adolescence and adulthood (Huston & Ripke, 2006a:1). The development of crucial emotional, social and cognitive skills are required of primary school children that involve the capacity to regulate emotions, to show sensitivity to others (empathy) and to attend to complex cognitive material (Newman & Newman, 2009:314; Schleser & Bodzy, 2010:243). From the perspective of strengths, the primary school years can be viewed as a "...window of opportunity...", and as a period to maximize the primary school child's potential for growth, to introduce supports and opportunities that will help children on their developmental path to adulthood (Huston & Ripke, 2006a:7). Developmental challenges in this phase involve adjusting to the school environment and establishing relationships with peers and teachers (Schleser & Bodzy, 2010:243). Cluver et al. (2014:65) indicate that as the primary school child's world expand beyond the home, their vulnerability for exposure and specifically sexual exploitation increases. Exposure to violence also requires children to deal with adult matters that can disrupt healthy child development (Schleser & Bodzy, 2010:245). Cluver et al. (2014:65) therefore stress the importance of early intervention to prevent violence.

Milieu-disabled Sotho primary school children exposed to violence experience a variety of contextual risks and protective factors that influence their fit in the environment. Children's exposure to poverty and inequality shape children's life experiences and outcomes and increase their risks of exposure to violence (SAHRC & UNICEF, 2014). School and mental

health professionals could play a significant role by providing emotional support that would reduce or soften the impact of violence, especially in the home (McKay-Cook & Zanjarian, 2010:391).

In the first section of this chapter, milieu disability and violence are conceptualised by applying the ecological systems and Gestalt approaches presented in Chapters Three and Four. Furthermore, the conceptual framework provides the base for the remaining sections of the chapter, encompassing the contextual risk and protective factors and the resulting impact of milieu disability and violence on the holistic development of Sotho primary school children. The chapter concludes with a summary of the discussion.

5.2 CONCEPTUALISING MILIEU DISABILITY AND VIOLENCE

Mwakikagile (2008:17) describes South Africa as one of the most violent nations in the world. Violence impacts significantly on the lives of South African children, the poor being the most affected (Richter, Dawes, Rama & Chandan, 2008:448). A substantial percentage of South African children grow up in milieu-disabled circumstances, experiencing nutritional and other forms of deprivation in the form of neglect or lack of resources (Connolly & Eagle, 2009:551). As discussed in the introduction, violence and milieu disability (poverty) seem to be intertwined or closely related. Crutchfield and Wadsworth (2003:67) maintain that most arguments about the links between poverty and violence are based on the following:

- People in poverty more frequently engage in violence as a result of their living conditions;
- Welfare dependency by those living in poverty creates a lifestyle that increases social pathology, including violence;
- Violence is often a reaction to political and economic oppression (e.g. the ANC revolution during apartheid era in South Africa was due to the socio-economic frustrations of marginalised groups);
- There is less violence in more affluent communities, where people tend to be financially better off and live in neighbourhoods that are not characterised by dangerous and unsafe activities.

Hart (2008:37) describes the link between poverty and violence to “encompass the oppressive power dynamics that can result from relationships of dependence as the restricted options available to people living in poverty to escape from abusive relationships.” Poverty is a multi-level contributing factor to crime and violence because it comprises social, cultural, psychological and political dimensions (Kambon & Henderson, 2008:26). Milieu disability and violence are complex social phenomena that should be

understood holistically by considering the ethnic individual, their environment and the interaction between them. In this section, milieu disability (poverty) and violence are conceptualised as an important foundation for the rest of the chapter.

5.2.1 Milieu disability

Mangal (2007:432) observes that deprivation causes children to suffer. This would include any type of deprivation, such as economic, socio-cultural, educational and emotional deprivation that would lead to difficulties in children's proper adjustment and progress in life (Mangal, 2007:432). In Chapter One (see 1.1) an impoverished (disabling) environment was described as a state in which income and resources are insufficient to meet basic needs, such as food, shelter, clothing, medical care and education (Lauer & Lauer, 2006:466). Ratele (2007:221) and O'Brien (2008:44) define poverty as both a phenomenon with various manifestations and a condition of severe deprivation of needs for things like safe drinking water, sanitation facilities, health, shelter, education and information across different aspects of social and economic life. Poverty is "a state in which a person is unable to live a long, healthy and creative life, or to enjoy a decent life worthy of self-respect and the respect of others" (Achilihu, 2010:190). It can be concluded from these definitions that poverty links with all the characteristics of psychological, socio-cultural and physical milieu-deprivation, as indicated by Mangal (2007:432). Evans (2004:88) describes the psychosocial milieu of impoverished children as holding the following characteristics:

- Extensive exposure to family turmoil, violence and separation from parental figures;
- Non-responsive and harsh parenting styles in households that seem disorganised, with fewer routines, less structure and greater instability;
- Fewer social support systems, so children tend to rely more on peers than on adults;
- A lack of cognitive enrichment opportunities at home and in the neighbourhood. Milieu-disabled children tend to read less, have fewer books at home, visit the library less frequently, and spend considerably more time watching TV than do middle-income children;
- Poor children reside in more polluted, unhealthy environments, so they breathe air and more polluted drinking water;
- Neighbourhoods are more crowded, noisy, unsafe, dangerous, physically deteriorated and chaotic. For instance, there is a greater volume of traffic, more crime, less safety in the playground and less likelihood of the area having natural elements. Municipal services are also poor;
- Children are more likely to attend inadequate schools and day-care facilities.

In addition to these milieu characteristics described by Evans, South African children suffer severe adversity. The result of the HIV and AIDS epidemic in South Africa has led to many children growing up in child-headed households without adult supervision, which makes them vulnerable to physical, psychological and material deprivation (Liebenberg, 2010:229). HIV and AIDS have a severe physical impact on children, placing them at risk of contracting a serious disease or illness, as well as affecting their cognitive and emotional development (Connolly & Eagle, 2009:551).

Large numbers of South African children reside with their biological parent(s) for only the first few years of their lives, as parental mobility, seeking employment, illness and death separate an estimated 26% of South Africa's children from their biological mothers (UNICEF, 2009:126). Statistics South Africa (2003–2014), in conducting a General Household Survey (2002-2013), reports that in 2013 there were 3.37 million orphans in South Africa that calculates to around 18% of all children in South Africa. Foster care has been an established culturally-approved practice whereby biological parents consent to their children being raised by another adult, usually grandparents (Frohlich, 2010:384). On this point, it is not merely the cultural values, but also poverty that forces living arrangements as described above (Fourie, 2004:247). There is also great concern about the increasing number of street children that reflects the high rates of poverty in South Africa (Ward & Seager, 2010:99). Children with disabilities due to discrimination and exclusion are also particularly vulnerable to physical violence, as well as sexual, emotional and verbal abuse (UNICEF, 2009:18). The breakdown of family structures has led to failure in the provision of the very basic needs for the survival of many black South African children.

Evans (2004:2) reports that the convergence of multiple demands from the psychosocial and physical environment appears to be a powerful force leading to physical and psychological indisposition among low-income children. The environment of impoverished people is predominantly harsh, as they are unable to compete for societal resources (Gitterman & Germain, 2008:33). Many children, especially girls, feel the burden of poverty as they have to work from an early age to provide for their families (Achilihu, 2010:189). Additionally, the highest levels of trauma are experienced by the most marginalised and oppressed populations, which makes it difficult to isolate the effects of trauma on a child brought about by the overall effects of deprivation (Connolly & Eagle, 2009:552). Swartz (2009:39) observes that “[p]overty (especially as a result of inequality), ontological insecurity, low life expectancy, unemployment, substance abuse, and violent It is thus very important to consider the environmental crime all seem to be related, as it is evident in South African township communities.” It is thus very important to consider the

environmental conditions/stressors of Sotho milieu-disabled children that perpetuate cycles of violence.

5.2.2 Violence

In conceptualising violence, attention is given to defining violent exposure and describing the types of violence to which children are exposed to in the South African context. The ecological systems approach presented in Chapter Three is applied to gain a holistic understanding of violence as a social phenomenon, along with the resulting impact on the holistic development of milieu-disabled Sotho primary school children. The conceptualisation of violence presented in Chapter One (see 1.1) includes the intentionality of violence to harm inflicted by an individual or group to gain power and refers to a wide range of consequences for children, including physical and psychological harm, deprivation and poor holistic development. The researcher considers the typology and conceptualisation of violence to be a complex product of multiple levels of influence on behaviour that seriously affect the holistic developmental well-being of children; and also impacts on the way that they experience and make sense of their world.

Exposure to violence includes “witnessing, being affected by or being aware of domestic and community violence and/or experiencing violence through child abuse and neglect or in a violent incident in the home or community” (Cohen, Groves & Kracke, 2009:7). Galezewski (2010:14) reports that research indicates three major types of violence that mostly interface with children and adolescents: family violence (domestic violence); media violence (television, movies, music, video games) and community- and school-based violence. In the South African context, many children growing up with political violence, including structural violence, apartheid, racism and poverty, have learned that violence is an acceptable way of resolving conflicts with others (New & Cochran, 2007:1204). The following types of violence need to be defined for the context of the study:

- **Interpersonal violence**

The World Health Organisation (2014:vii) conceptualises interpersonal violence as occurring “between family members, intimate partners, friends, acquaintances and strangers, and includes maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse.” Children are exposed to interpersonal violence by people in close proximity, such as parents/caregivers, in the following ways: bullying, sibling fights, sexual, physical and emotional abuse (New & Cochran, 2007:1204). Seifert (2009:38) refers to children as the “silent victims of domestic violence” and points out that the impact on children is destructive, not only because they are the direct victims of abuse but also because they are witnessing violence that impacts on them indirectly.

Community violence is also viewed as a form of interpersonal violence that happens outside the home in community settings, including neighbourhoods, streets, schools, shops, playgrounds or other places in the community (Mizrahi & Davis, 2008:398). Community violence includes exposure to youth violence, accidental violent acts, rape and sexual acts by strangers, violence in institutional settings, such as school, knifing, beatings and muggings (Krug et al., 2002:6; Mizrahi & Davis, 2008:398). The variables that influence the degree or severity of children's responses, especially to interpersonal violence, include: chronicity/severity of the violence, proximity of the child to violence and the presence of other risk factors in the child's family, such as substance abuse, poverty and mental illness (Weinreb & Groves, 2007:75).

Indirect violence involves witnessing violence in the home and the community, as well as in the media (New & Cochran, 2007:1204). Indirect exposure may include seeing or hearing violence, such as seeing battering, hearing gunshots or witnessing violent events in the community (Swenson et al., 2009:11). Witnessing violence impacts negatively on children, especially when the perpetrator or the victim is a relative (Charlesworth, Wood & Viggiani, 2011:207). Interpersonal violence therefore includes the impact on the child of both direct and indirect forms of violent exposure. Violence may also be the result of cultural values and behaviour that develop in impoverished and disorganised neighbourhoods (Siegel, 2009:336). Harmful cultural practices in South Africa undermine particularly the rights of women and children and may include virginity testing, forced marriages and male circumcision (Mathews & Benvenuti, 2014:29). However, very little is known about the prevalence of these practices. Collective violence may also be a means for impoverished communities to make sure that their socio-cultural and socio-economic needs are met.

- **Collective violence (situational violence)**

Collective violence is instrumental in its intention and occurs in a crowd or group context in the form of mass action or marches to achieve political, economic and social objectives (WHO, 2014:28). For example, xenophobic violence, brought about by fear of strangers or foreigners, may be linked with deprivation, poverty and iniquities leading to poverty-driven insecurities (Swart, 2007:192; Mwakikagile, 2008:17). Children from milieu-disabled communities may be indirectly affected by this type of violence, which may lead to the perception that violence is an acceptable way of having socio-economic needs met.

Van Niekerk and Makoae (2014:28) explain that different types of violence are more rampant at certain developmental stages of a child's lifespan. The risk of violent behaviour is considered to be contextual, dynamic and continuous (Kirsh, 2006:267). Mathews and Benvenuti (2014:30) conceptualise children's exposure to violence as the result of a

complex interplay of a number of factors. Persistent exposure to violence involves many transactional processes between the child and the environment (Galezewski, 2010:19). Mathews and Benvenuti (2014:30) suggest that an understanding of the risk and protective factors that lead to vulnerability or protection to exposure to violence and the complex interplay at various levels of the ecological model is needed. Violence must therefore be understood in the context in which it occurs. Considering the socio-cultural context of milieu-disabled Sotho primary school children, and their interactive involvement, capabilities, perceptions and experiences in their context is crucial to comprehending violence. The ecological systems and Gestalt approaches (see Chapters Three and Four) as holistic approaches promote an understanding of the transactional dynamic interactions occurring within and between the milieu-disabled Sotho primary school child (holistic system) and the eco-systemic environment in which they live, develop and grow their socio-cultural niche, the place of belonging. Bronfenbrenner's (1979) model presented in Chapter Three, (see 3.4) is particularly useful in conceptualising the influences of the multiple contexts in which violence occurs and how it shapes child development over time.

Hamilton-Mason and Gonzales-Ramos (2006:40) maintain that within the ecological systems framework both risk and protective factors may be present. Risk factors are the factors shown to increase the possibility of a negative outcome for a child (exposure to violence) (Mathews & Benvenuthi, 2014:31). Protective factors are those that work to restrain the influence of risk factors, and involve interventions that prevent children from entering on paths of violence (Covell & Howe, 2009:17). Rapp-Paglicci (2002:61) believes that, regardless of the harmful results of children's exposure to violence, children have strength and resilience that can be used as a foundation for interventions. Jenson and Fraser (2011:13) view resilience as "the outcome of a process that takes into account both the level of risk exposure and the presence of protective factors." Riley and Masten (2005:22) recommend that the design of more effective interventions for children at risk requires a closer awareness to "context in all its manifestations, including how the individual child interacts with multiple levels of context on the road of resilience."

South Africa has its own unique history and experience of violence, as the socio-cultural context, societal norms and the intervention strategies for addressing the problem may differ from those in other countries. Therefore, it is of importance to contribute to developing an evidence-base that is relevant for the South African context (Sadan & Mathews, 2014:84). An assessment of risks is necessary when exploring resilience, which means getting close to vulnerable children in order to gain insight into the culture and context in which they live (Liebenberg & Ungar, 2009:3). An ecological system's risk and protective approach facilitate a comprehensive understanding of the contexts in which

violence occurs and the way in which milieu-disabled Sotho primary school children experience and make sense of their socio-cultural environments. To sum up, the typology of violence is viewed as a complex product of multiple levels of influence on behaviour that seriously affects the holistic developmental well-being of children; and also impacts on the way that they experience and make sense of their world.

5.3 CONTEXTUAL RISK AND PROTECTIVE FACTORS

A combination of risk factors at bio-, micro-, exo- and macrosystems levels contributes to the milieu-disabled Sotho primary school child being at risk of becoming a victim or perpetrator of violence. An understanding of risk factors helps social workers to "...tune their professional senses and offer services appropriate to the family's circumstances" (Lau, Krase & Morse, 2009:44). It is important to understand that risk factors are not causes of a phenomenon and do not alone confirm its presence (Lau et al., 2009:43). There may be a modification in the balance between risk and protective factors based on the child's capacity for resilience and changes in the family environment (Hamilton-Mason & Gonzalez-Ramos, 2006:40). Cohen et al. (2009:3) point out that risk and protective factors for children exposed to violence are grounded in one or more of the following:

- Biological and psychological characteristics of the child;
- The quality of the parent/caregiver-child relationship;
- The strength and approachability of systems (school, social work agency) that interact directly with the child;
- Social support systems and interventions for parents and other caregivers in the form of access to mental health services, religious affiliations and treatment interventions;
- Factors that impact on the environment, such as milieu disability, racial and ethnic status and community attitudes to violence.

An ecological system's strength-based approach to violence and children considers both risks and protective (resilience) factors that may shield the impact of violence. In this section, multi-systemic risk and protective factors at bio-, micro-, meso- and macrosystems levels are explored, along with how these factors impact on milieu-disabled Sotho primary school children exposed to violence. Risk and protective factors at the biosystem level refer to how individual characteristics children interact with the environment in a way that could intensify or reduce the risks of being a victim or perpetrator of violence.

5.3.1 Biosystem factors

The Gestalt development theory maintains that infants are born with a basic motivation and capacity for personal interaction, attachment, and satisfaction called self-regulation

(Yontef & Jacobs, 2008:333). The Gestalt approach, in accordance with the ecological systems approach, believes that the child's interactions with others and the environment must be supportive and nurturing to the unfolding of the self (Carroll, 2009:285). In this regard, Cook and Cook (2009:4) argue that developmental forces are a combination of nature and nurture (also referred to as gene-environment interactions). The authors indicate that the term **nature (genes)** refers to the biological forces that govern development, while **nurture** refers to the environmental conditions that influence development. In order to gain a holistic understanding of the risk and protective factors at the biosystems (individual) level, consideration is given to the reciprocal interactions between the child's biological nature (genes) and their environment (nurture).

5.3.1.1 Gene-environmental (nature/nurture) interactions

Nature and nurture dynamically interact with reciprocal influences through development - children affect their environments and their environments affect them in return (Covell & Howe, 2009:18). When a child experiences hardship in the form of exposure to violence, and trauma or victimisation from that violence, there can be significant disruption in the development of the brain, and the physical structure of the way the brain operates can change (Flannery, 2006:41). Biological and neuropsychological factors, however, do not act in isolation from other factors, as the effect of genes on an outcome is conditioned or moderated by environmental factor(s), or vice versa (Deater-Deckard, Ivy & Smith, 2006:54 & Galezewski, 2010:21). Gene-environmental interactions therefore refer to the way in which human biology interacts with the environment so that this leads to maladaptation (French, 2008:26). For example, growth, also referred to as trophic factors, meaning 'to nourish', is vital in guiding and nurturing neurons during the development of the nervous system (French, 2008:26). Covell and Howe (2009:18) explain that a neuropsychological condition in a child (nature) impacts on the way in which a child responds to stress-related circumstances. Nurturing is as important. The way in which a child is raised or socialised is influenced by the practices and beliefs of their family or culture (Covell & Howe, 2009:18). Parental/caregivers' support can therefore play a crucial role in supporting children recovering from trauma, and their reactions in each developmental stage are very important when it comes to facilitating developmental growth (Schleser & Bodzy, 2010:250). In order to comprehend the risk factors for exposure to violence, the child's developmental context, which includes the child's characteristics, the environment and the interactions between them, will be considered.

Connolly and Eagle (2009:551) maintain that a child's capability to successfully deal with the outcomes of a traumatic event is influenced by their physical health and resilience, regulated by both genetic and environmental factors. According to Liebenberg and Ungar (2009:3), resilience is "the positive end of the developmental continuum" that occurs for

children who are exposed severely and chronically to all kinds of stressors, including violence and poverty. According to Mash and Wolfe (2010:17), some children seem to be more resilient in the face of risk factors, and the writers suggest that resilience should be connected to protective resources. Veltkamp and Lawson (2008:138) define resilience as someone's capacity for recovery from adversities faced in life. It includes the ability to exhibit successful development and adaptation within a context of risks (Kirsh, 2006:264). Resilience empowers children to accept and master painful memories and remarks, and to break the cycle of blaming and fault finding (Veltkamp & Lawson, 2008:193). Deater-Deckard, Ivy and Smith (2006:54) state that individual differences in resilience arise from gene-environment interactions. Chang, Scot and Decker (2013:40) indicate that resilience in children is a process that develops from the interplay between risk and protective factors as indicated in Table 5.1 (compare O'Daugherty, Wright & Masten, 2005:17-37; Deater-Deckard et al., 2006:52; Kirsh, 2006:268; Radford & Hester, 2006:75-76; Gitterman & Germain, 2008:2; Anderson, 2010:32; Galezewski, 2010:19; Mash & Wolfe, 2010:17).

Table 5.1: Gene-environment risk and protective factors that influence resilience

Interplay between risk and protective factors

↔

GENETIC CHARACTERISTICS	RISK FACTORS	PROTECTIVE FACTORS
PHYSICAL	<ul style="list-style-type: none"> • Birth injury or mental and physical disability and low birth weight. • Poor health and health care. • Neuropsychological and perceptual problems. • Milieu disability and destitute families. • Gender (depending on cultural expectations). 	<ul style="list-style-type: none"> • Socio-economic advantages. • Healthy nutrition and hygiene. • Attractive, healthy child.
EMOTIONAL AND PSYCHOLOGICAL	<ul style="list-style-type: none"> • Difficult temperament. • A genetic tendency to high levels of aggression and sensation seeking behaviour. • Poor emotional regulation. 	<ul style="list-style-type: none"> • Easy to manage children. • A genetic tendency towards non-aggressive and low sensation-seeking behaviour. • A positive emotional state that increases proactive efforts to deal and cope with stress; and promote beliefs that those efforts will be successful (emotional intelligence). • A good self-awareness and self-esteem. • Artistic recreations and outlets.

Table 5.1: Gene-environment risk and protective factors that influence resilience (continued)

Interplay between risk and protective factors

↔

GENETIC CHARACTERISTICS	RISK FACTORS	PROTECTIVE FACTORS
SOCIAL AND BEHAVIOURAL	<ul style="list-style-type: none"> • Poor social skills and relationships. • Lack of parental supervision and discipline. • Parental and family patterns such as substance abuse, family conflict and domestic violence. • Social isolation/lack of support networks. • Negative peer group influences sometimes leading to substance abuse. • Bullying • Neighbourhood violence and crime. • Social and cultural discrimination. 	<ul style="list-style-type: none"> • Flexible, adjusted, self-regulated and happy children enjoying healthy social interactions. • Appealing, sociable, easy-going disposition attracts attention of others who can take interest in promoting the child's welfare and facilitating better connections to social organisations. • A close relationship to a caring figure creating a sense of belonging and bonding. • Parenting characterised by authority, warmth, structure and high expectations. • Socio-economic advantages and connections to extended supportive family networks. • Participation in community groups and healthy recreation.
COGNITIVE	<ul style="list-style-type: none"> • Milieu disability and lack of stimulation. • School failure. • Poor attachment to school. 	<ul style="list-style-type: none"> • Intelligence and cognitive processing skills and abilities. • Self-efficiency, coping skills, self-confidence and self-worth. • Creativity and talents. • The ability to avoid risk situations and to adapt and recover from hardships. • Attendance at effective, resourceful schools providing opportunity for success at school and recognition of achievement.

Each of these genetic and environmental protective and risk factors impacts reciprocally on the other, as none of these factors alone can holistically explain the child's developmental responses to violence. A biosystem cannot function in isolation, and is therefore dependent on other systems in order to holistically develop and grow. The quality of these systems, the cultural values and norms grounded in the system, as well as the child's own biology determine how a child makes sense of their world and get their needs met in the context of adversities.

5.3.1.2 Need satisfaction in the context of adversities

Blom (2006:25) explains that the needs experienced by children at a specific point in time, in the here and now, relates to their development and the environment. Adversity is perceived as “a relationship between children and their environment in which satisfaction of basic needs and goals is threatened or in which accomplishment of age-appropriate developmental tasks is impeded” (Sandler, 2001 in Winslow, Sandler & Wolchik, 2006:338). Milieu-disabled Sotho primary school children exposed to violence face a multitude of barriers that can frustrate their need satisfaction in life. Jordaan and Jordaan (2005:602) distinguish between internal and external barriers to need satisfaction. Internal barriers are the bio-psychosocial composition of the individual (genes/nature): interest, attitudes, intelligence, educational level, motivational level and personality traits. External barriers to need fulfilment include any set of factors within a particular societal context, such as poverty, unemployment and violence (Jordaan & Jordaan, 2005:602). These barriers can be referred to as nurturing barriers. Oaklander (2006:12) explains that children know they cannot get their needs met by themselves, as they cannot do things like getting a job or buying food, and therefore depend on adults/caregivers for support. The fact that they depend on others to meet their needs make them vulnerable. Children’s cultural context provides them with the resources necessary for coping with adversities but also defines whether or not they become overwhelmed mentally by their experiences (Berry & Boyden, [sa]:35). The resources and their distribution to overcome these adversities differ among cultures (Berry & Boyden, [sa]:35). Children may make social comparisons between their level of need satisfaction and that of others, which may lead to feelings of relative deprivation (Jordaan & Jordaan, 2005:612). Different types of environmental experiences and stimuli affect the development of very specific parts of the brain that control outcomes like emotion, aggression, violence, problem-solving, learning and language (Flannery, 2006:28).

Carroll (2009:284) observes that children organise their behaviour “in order to physically and emotionally survive and to maintain optimal functioning with a given set of environmental conditions.” In Gestalt approach terms, children’s processes refer to the manner in which they show themselves to the world and satisfy their needs (Blom, 2006:79). The things that children do in order to survive and cope with a given set of environmental conditions may have serious implications for their relationships and future social interactions (Berry & Boyden, [sa]:35). Children who thrive on love and acceptance do not always know what to do to get their needs met and this may lead to inappropriate behaviour styles (Oaklander, 2006:12). To overcome barriers related to violence and milieu disability, aggressive behaviour styles may be adopted whereby children do not take responsibility for their behaviour and the consequences of their actions (compare Jordaan & Jordaan, 2005:602 and Flannery, 2006:87). Aggressive behaviour styles meant

to protect and ensure that needs are met may put children at risk of violent behaviour and of repeating cycles of violence and poverty. These behaviour patterns may be strengthened by parental or cultural modelling discussed later in this chapter (see 5.3.4.3).

Flannery (2006:33) says that genetics plays a significant role in determining a risk of developing violent behaviour and mental health problems. On the other hand, nurturing in a supportive, loving environment, with a few stressors, may minimise the risk of developing mental health problems (Flannery, 2006:33). Adams, Hyde and Woolley (2008:53) reason that it is the responsibility of adults or caregivers to negotiate conflict resolution, fairness and peace and put systems in place to support children. Many milieu-disabled Sotho primary school children, however, lack healthy parental/caregivers' support. Parents/caregivers struggle with their own frustrations and cultural barriers to achieve needs satisfaction and may model aggressive or violent ways of getting their needs met. Following a strength-based approach assists social workers in not focusing on social group pathologies, but rather empowering children and families by instilling hope and belief in a better future (Collins, Jordan & Coleman, 2010:265).

Despite the multiple adversities children in South Africa experience, they have shown remarkable resilience and strength in order to survive their harsh social conditions. The purpose of interventions should not merely be to focus on physical survival of children, but to optimise their strength and development within a given set of environmental barriers or adversities. Children exposed to milieu disability and violence experience a diversity of complex needs and it is the responsibility of social work agencies to reflect these diversities in the design and development of context and ethnic sensitive interventions. This may be achieved by drawing on children's internal strengths and by optimising environmental support systems. The microsystems in children's lives present with their most protective nurturing resources, but they also contain risk factors that could isolate children from their environment.

5.3.2 Micro- and mesosystems factors

The microsystem refers to children's activities and interaction with their immediate environment (Flores, 2005:78). The overlap of microsystems, such as the parents' involvement in the school, is referred to as the meso-system, which fosters the degree and quality of the relationships between different microsystems (Card, Isaacs & Hodges, 2008:129). The mesosystem relationships may therefore foster active alliances between systems, whereas others may impede or generate hostile relationships (Card et al., 2008:129). In this section the relationships and interactions between the milieu-disabled Sotho primary school child and his/her family, school and peers are explored from within a risk and protective framework.

5.3.2.1 Family

The primary determining factor for domestic violence, victimisation and perpetration is a history of abuse or witnessing abuse between parents (McKay-Cook & Zanjian, 2010:390). On the other hand, a strong emotional bond with a concerned caregiver is the most significant protective factor in preventing trauma or, in the case of parental absence, the presence of supportive peers (Kirsh, 2006:266; Connolly & Eagle, 2009:553; McKay-Cook & Zanjian, 2010:391). Kirsh (2006:266) adds that authoritative parenting, secure attachments and parental monitoring/supervision are all associated with positive developmental outcomes and lowered levels of aggression and antisocial behaviour. Parental care and parental involvement and supervision at the micro-level are one of the most important protective factors preventing exposure to violence. However, in the discussion on milieu disability in the South African context (see 5.2.1), it was stated that the majority of children grow up without their biological parents. Children are frequently raised by family members who are not their biological parents, and without their parents' protection, children are extremely vulnerable to abuse and neglect.

- **Family disintegration and family stress**

Hall, Meintjies and Sambu (2014:93) observe that many children in South Africa do not reside with their biological parents due to the following factors: population control in the past, labour migration laws, poverty, better housing and educational prospects, low marriage rates and cultural practice. A large family increases the risks of violence, as parents may have more responsibilities and stress in taking care of their children (Leiman, 2010:54). Unemployment and consequent financial stress may increase the probability of violence against children in the home (Department of Social Development, Department of Women, Children and People with Disabilities & UNICEF, 2012:18). Overcrowding limits personal space between sexual adults, children and teenagers and may lead to early awareness of sexual activity and opportunities for sexual abuse (compare Richter et al., 2008:71; Department of Social Development et al., 2012:19). Impoverished families are severely affected by the HIV and AIDS epidemic, as they lack the necessary resources to maintain themselves and their families (Moeno, 2006:266). The health of the caregivers themselves is often so poor that they are unable to fulfil the responsibilities of caring for their children (Leiman, 2010:54). Single parenthood, teenage pregnancy and HIV and AIDS also have implications for impoverished black families (Moeno, 2006:258). The disintegration of families or the loss of family members coupled with poverty, unemployment, overcrowding, abuse and intolerable situations at home often linked with alcohol abuse leads some children to abandon their homes and live on the street (compare Fourie, 2004:247; Ward, & Seager, 2010:87-89).

Using physical force has become a socially approved means of achieving goals and coping with stress and adversities in general, and women and children become easy targets for male frustrations (Barnett, Miller-Perrin & Perrin, 2011:15). The 'culture of violence' that developed during the apartheid era continues in the violent ways in which people relate to each other at interpersonal levels.

- **Family violence and child abuse**

Family violence or interpersonal violence may present differently in cultural groups and includes physical manifestations like hitting, pushing or kicking, emotional demonstrations like making threatening and hurtful remarks, sexual violence like demanding sex involuntarily, or financial misdemeanours like taking money or not allowing someone to get a job (Sterne, Poole, Chadwick, Lawler & Dodd, 2010:4). Risk factors that increase the possibility of interpersonal or family violence may be:

- A tense marital relationship characterised by frequent arguments, instability (separation/divorce), economic stress and social isolation;
- An under- or unemployed male partner;
- Relationships characterised by domineering or controlling male partners are more likely to become violent intimidation;
- Women are more likely to be abused by male partners who abuse substances (drugs and alcohol);
- Gender also plays a role as women are at greater risk of abuse (McKay-Cook & Zanjani, 2010:390-391);
- Psychiatric and cognitive problems like depression, low self-esteem or intellectual deficits are also risk indicators for family violence (Lau et al., 2009:51).

The many aspects related to intra-familial relationships cannot be separated from poverty and associated stressors like overcrowding (McKay-Cook & Zanjani, 2010:390). The stress and difficulties of raising children in a poor environment, owing to the parents'/caregivers' lack of education, resources and problem-solving skills, contribute to children being at risk (Kaldine, 2007:247). Children living in poverty may be more exposed to severe and frequent corporal punishment than children in wealthier areas (Department of Social Development et al., 2012:16). Muskari and Brown (2010:5) warn that children exposed to intimate partner violence may be at risk of exposure to traumatic events such as neglect, and abuse or being hurt. They could also be at risk of losing one or both parents. The authors continue by saying that this exposure to trauma may lead to negative outcomes for children and could affect their well-being and sense of safety.

A child born into a violent family is more at risk of daily chronic exposure to various types of violence over time (Flannery, 2006:45). Domestic violence embedded in poverty leads to parenting and child-rearing styles that are characterised by lack of parental involvement, monitoring, educational stimulation and positive reward for appropriate social behaviours (Kaldine, 2007:247). Substance abuse in the form of drugs and alcohol is another risk factor resulting in lack of parental supervision, child neglect and other risks for children, which could be drug dealing, fires and other household accidents due to carelessness (Lau, Kruse & Morse, 2009:48). Parents or caregivers may be over-punitive and often abusive, and may be emotionally withdrawn and distant. The child may lose trust and dependency on the parent if the perpetrator is close to the child (Osofsky, 2005:78). Children with parents who are unattached, especially mothers, tend to externalise behavioural problems (Galezewski, 2010:16). Within the context of milieu disability, young mothers, particularly those with children exposed to domestic violence, may have limited resources with which to parent and nurture their children. Community factors also contribute to the isolation of women and children in violent family situations and present with additional risks.

5.3.2.2 Community

The community in which children are raised influences their development considerably as well as the way in which they make sense of trauma. According to Berns (2007:411), the following characteristics of the community play an important role in the healthy development of children:

- Physical characteristics: population density, noise and play settings within the community;
- Economic factors: the way in which economic factors influence people's daily lives;
- Social and personal factors: the neighbourhood setting, including children's physical and social environments, and patterns of community interaction.

Much has already been said (see 5.2.1) about the social and physical characteristics of milieu-disabled communities in South Africa and their impact on children. In addition, women and girls in rural or milieu-disabled environments are often more at risk of rape or sexual exploitation, while poverty may force prostitution, with families having to sell their children for sexual trafficking (Krug et al., 2002:244). Although girls might be more at risk, boys are not exempted from being raped (Department of Social Development et al., 2012:16). Owing to poverty in the community, many children in rural areas are also under-stimulated inside and outside the school, often complaining that their environments are uninteresting and lacking in recreational outlets (compare Fourie, 2004:247; Connolly & Eagle, 2009:552). Children frequently find themselves unprotected in unsafe neighbourhoods with high levels of gang activities at schools and surrounding areas

making them vulnerable to exposure to violence (Department of Social Development et al., 2012:23). Children may withdraw or may learn that violence and aggression are adaptable, even commendable ways of being in the world (Galezewski, 2010:18). Connolly and Eagle (2009:552) express concern that such school and community conditions may result in a lack of cognitive development and poor scholastic achievement, depriving children of the intellectual abilities that may help them to overcome trauma. The community and school are two intersecting systems at the micro-level and they play an important role in the context of the child's development.

5.3.2.3 School

Children spend a great deal of their day at school and therefore it can be considered the second most important socialisation agent after the home (South African Council of Educators, 2011:4). Burton (2008:1) indicates that schools are seen as a means to develop learners into positive citizens with pro-social attitudes in preparation for the role they have to play in society. However, regardless of the South African government's attempts to improve education, schools in poor townships and rural areas with predominantly black children continue to offer ineffective, below-average teaching and learning experiences (Connolly & Eagle, 2009:55; Bloch, 2010:81). These harsh school environments are characterised by overcrowding, under-qualified and underpaid teachers and limitations linked to the medium of instruction (English as primary language, while for many it is not their first language) (Connolly & Eagle, 2009:55). Gangs, ill-discipline, hunger and AIDS also impact negatively on the functioning in schools (Bloch, 2010:81). Huston and Ripke (2006a:8) believe that parents/caregivers, teachers and communities are gatekeepers who can find and offer support outside the classroom as well as prohibiting access to frowned-on activities. Effective school systems with qualified and well-remunerated teachers, feeding schemes, recreational opportunities and after-school programmes could all serve as protective factors for milieu-disabled Sotho primary school children. To enhance learning experiences for children, the school environment should also be safe (Berns, 2007:236). Research studies, however, show that many South African children experience fear due to the school environment being unsafe (Burton & Leoschut, 2012:35). High levels of violence still prevail in South African schools and has become a national concern (Gowens, 2009:83; Burton & Leoschut, 2012:1; Mncube & Harber, 2013:1).

The South African Human Rights Commission (2006:6) observes the following forms and patterns of school-based violence prevailing in South African schools: a) physical violence and fighting b) violence that is racially motivated c) verbal abuse, bullying and intimidation d) gang violence and drug- and alcohol abuse e) property theft, vandalism, c) sexual violence and gender-based violence. Gowens (2009:83) specifically expresses concern

for the high prevalence of sexual violence against girls by students and teachers, often followed by mockery and very little support for the victims. Places identified within the school setting that contain the most fear for learners were: the school toilets, open grounds, playing fields and classrooms (or behind the classroom) (Burton, 2008:xiii). Although, corporal punishment is banned in South Africa, it is confirmed that these practices still prevail in South African schools (Mathews & Benvenuti, 2014:29). The South African Human Rights Commission (2006:6) describes the risk of violence in South African schools as a national concern that presents a challenge to children's learning. Poor school conditions in milieu-disabled communities and school-related violence in South African schools increase the risk for violent exposure and abuse, impairing children's cognitive development. In the school context, peers can also play an influential role in the occurrence of aggressive or violent behaviour.

5.3.2.4 Peers

In the primary school years, peer acceptance becomes important and peer influence impacts increasingly on children's behaviour, emotions and activities. The primary school child should develop pro-social skills and gain an increased awareness of being concerned with other people's feelings, in other words, should be able to show empathy (Seifert, 2009:18). Richter, Howard and Sumner (2006:600), however, explain that children may feel intense pressure to conform to peer standards of appearance and dress preferences in order to find their sense of belonging outside the family. Peer victimisation or bullying is also powerfully fuelled by peer group behaviour. Govender and Dlamini (2010:66) explain that bullying is a more subtle form of violence in South Africa that is often hidden from authorities and difficult to attend to. Campher (2008:11) defines school bullying as "a form of aggressive behaviour that can be linked to violence in that there is an "intention" involved." Click and Parker (2009:21) provide a similar definition but distinguish between bullying as being either direct or indirect. The authors explain that boys tend to use a more direct form of bullying like hitting, teasing, threatening, humiliating, mobbing or demonstrating provocative behaviour than girls do. Girls engage more indirectly in bullying through gossiping, spreading rumours or enforcing social isolation (Click & Parker, 2009:21). In the primary school years, children may resort to bullying in order to test their power and place within a group (Click & Parker, 2009:21).

Bullies tend to act when they feel out of control. In addition, their aggression is powered at times by rewards, such as peer approval or boosting their sense of self (positive reinforcement) (Galezewski, 2010:19). Özkan and Cifci (2009:2) maintain that bullies are insecure and academically unsuccessful, displaying a negative attitude towards their peers and positive attitudes towards bullying behaviour that involves problem-solving methods that use force. Research has shown that bullies lack empathy, as they do not

appreciate the emotional effects of their behaviour on other people's feelings and this may lead to crime and substance abuse (Özkan & Cifci, 2009:2). Research findings point out that bullies are often themselves the targets of physical and sexual abuse at home by a parent or authority figure inside or outside the school (Govender & Dlamini, 2010:67). Victims of bullies are described as having low self-esteem, feeling unpopular, unaccepted, rejected and disconnected from their peers (Miller, 2008:13; Galezewski, 2010:19). In the primary school years, cliques may form in which children exercise inclusion and exclusion of friends (Richter et al., 2006:600). Children who are excluded, rejected or disliked by their peers are seen as soft targets by aggressors, who may expect or even receive reinforcement in the form of laughter or cheers for their abusive behaviour (Card et al., 2008:131). Bullying has long-term severe consequences for the victim: psychological trauma in the form of depression, low self-esteem, concentration problems due to the stress of feeling unsafe, and the risk of perpetuating the cycle of violent behaviour (Govender & Dlamini, 2010:66).

Bullies and victims both use aggression to cope with social and emotional discomfort, which may, in both cases, lead to inappropriate problem-solving skills. Victims tend to act in frustration, possibly owing to feelings of powerlessness and helplessness (Galewski, 2010:19). After some time of being the victim of bullying, the victim may break the silence and lash out in verbal aggression and physical violence (Galezewski, 2010:19). Children's relationships with their peer group may therefore increase the risk of becoming, in turn, victims or perpetrators of violence (Krug et al., 2002:13). Healthy friendships, on the other hand, can protect children from potential aggressors (Card et al., 2008:132). An important factor to consider is also the extent to which peer groups support aggressive acts towards victims (Card et al., 2008:131). Bullying appears to prosper in school environments where there are positive or at least accepting attitudes on the part of peers and adults towards aggressive behaviours (Limber, 2006:322). Schools, parents and teachers therefore need to make the statement that bullying is an unacceptable form of behaviour and will not be tolerated. Scientific findings point to the acquisition of empathic skills as a measure to prevent peer victimisation (Özkan & Cifci, 2009:35). Further, an ecological systems approach could facilitate a holistic understanding of peer victimisation (bullying) in the South African context and show how the child's relationships with others interact as risks and protective factors.

In conclusion, at the microsystems level, the family, school and peer group impact directly as risk and protective factors on the child's development, perceptions and daily experiences related to violence. Healthy collaborations and reciprocal interactions between these microsystems with each other and with the child are considered fundamental protective factors for buffering the impact of violence on the development of

children. Microsystems contain nurturing factors that touch the child's life (nature) directly, whereas the exosystems and macrosystems levels indirectly affect the child's life as far as the provision/lack of resources and protection within a unique socio-cultural and political context are concerned.

5.3.3 Exosystem factors

The exosystem level, also referred to as the parents' network, does not actually hold children, but indirectly affects children's experiences and impacts on their development (Flores, 2005:79; Keenan & Evans, 2009:37). The ways in which exosystems impact on children as risk factors will be briefly discussed next.

5.3.3.1 Unemployment and low socio-economic status

Unemployment is a prominent problem in South Africa, especially amongst minority groups in townships, informal settlements and rural areas (Mpofu, Doh, Mattise, Mutepfa, Phasha, Shumba, Montsi & Muchado, 2010:196). In the first quarter of 2015, Statistics South Africa projected the employment rate for youth (aged 15-34) just under 37%, compared to 17% amongst adults (aged 35-64) and estimated a national average unemployment rate at 26% (Statistics South Africa, 2015b). Jordaan and Jordaan (2005:715,718) warn that unemployment in the wider social context is associated with increasing poverty, violence, crime and disease leading to disruptive societal situations, creating a potentially explosive socio-political problem in any community. Freeman (2007:180) observes that poor and deprived people, regardless of their level of development, have a high incidence of mental and behavioural disorders due to the following risk factors:

- Fear of job and income decrease as well as loss of land;
- Mediated by the shame, stigma and the humiliation associated with poverty, the unemployed experience high levels of hopelessness which, in turn, affect their psychological coping abilities;
- Changing lifestyles, shifting from rural to urban areas and lack of social support linked to change;
- Women face considerable stress due to minimal access to school, physical abuse, forced marriages, and fewer job opportunities (Freeman, 2007:180).

Unemployment has an adverse impact on people's social and personal lives, resulting in the loss of self-identity and motivation, feelings of inadequacy, social and emotional isolation and general existential anxiety and worry (Jordaan & Jordaan, 2005:715-718). The psychological and financial hardships resulting from unemployed parents/caregivers

impacts on children's basic need fulfilment and future expectations and may lead to violence in the family, where parents may take out their stress and frustrations on children (see 5.3.2.1). Continuous unemployment leads to cycles of poverty, dependence and feelings of relative deprivation linked with aggression which in turn creates a breeding ground for both interpersonal and political violence (see 5.1.5.2). Women are particularly vulnerable in these conditions.

5.3.3.2 Gender discrimination

With the increasing number of absent father figures within the home, many more women are forced to work outside. Work opportunities may be welcomed owing to the financial pressures at home but may also present with difficulties for women due to cultural gender expectations. Women may have limited time for self-nurturing or personal relationships, experience stress at work and home with little economic reward, and feel guilty about neglecting their children (Freeman, 2007:182). Domestic workers may also have sleep-in arrangements with their employees that result in their children growing up with other relatives, without strong attachments to a mother or a father. The fact remains, that more women need to take financial control of households and are forced to work.

However, African women in the workforce are still discriminated against owing to their traditional cultural attributes, practices and natural biology (Moeno, 2006:263). Gender discrimination is the result of South African men preferring to share power amongst each other and in the process excluding women from decision-making processes (Ericson, 2007:15). Lack of power in social and political decisions leaves many women feeling disempowered, dehumanised, depressed and without a sense of self-worth or dignity (Freeman, 2007:182). Despite the struggle for women's rights in South Africa and the progress made in this area, women are still under-employed, and are frequent victims of interpersonal violence, sexual abuse and maltreatment (Jordaan & Jordaan, 2005:775). Deeply embedded in South African society is the patriarchal tradition requiring women to be submissive to men (The Organisation for Economic Co-operation and Development, 2010:264). The traditional role of women is seen as productive labour within the household: (a) being primarily responsible for bearing and raising children and; (b) being inferior and submissive to men, both socially and sexually (Ericson, 2007:15; Freeman, 2007:182). Veriava (2011:243) observes that "the greatest challenge for achieving gender equality in South Africa would be to address gender stereotypes that see women as sexual objects, thus making them vulnerable to sexual violence not only in schools but beyond." In summary, gender discrimination and sexual violence perpetuated by unhealthy cultural perceptions and practices creates a macro climate where violence against women and girls is cultivated (see 5.3.4.3).

5.3.4 Macrosystem factors

The section on the macrosystem level examines risk factors in the broad organisational structure that influence rates of violence by constructing a climate where violence is either nourished or hindered (compare Krug et al., 2002:13; Kirst-Ashman, 2011:38). This level incorporates national or world economic systems, media systems and stratification systems that include cultural factors (Bruhn & Rebach, 2007:9,165). In this section the socio-political factors, the role of media and cultural values and norms of the Sotho culture within the South African context are explored as risk factors for milieu-disabled Sotho primary school children exposed to violence.

5.3.4.1 Socio-political factors

The culture of violence in South Africa has a long history (Kaldine, 2007:245). The previous political regime created environments of unequal development at all levels of society where apartheid policies prevented black South Africans from meaningfully participating in the affairs of government (Fourie, 2004:245; Kaldine, 2007:245). State repression in the form of brutal acts of public violence, detentions, murders, torture and intimidation affected many children, either directly or indirectly through their impact on family members, friends or community (Connolly & Eagle, 2009:540). Apartheid ended in 1994, and the new democracy brought expectations of change, but, after nearly a decade, South Africa still faces challenging social and economic problems (Kaldine, 2007:245; Mwakikagile, 2008:16; Connolly & Eagle, 2009:540-541). Mathews and Benvenuti (2014:26) state that poverty, inequality, unemployment, inadequate housing, a lack of proper law enforcement, rapid urbanisation all contributes to the dynamic forces of violence in South Africa. Legal and illegal guns are still extensively used to threaten and kill (Jewkes et al., 2009:2). Perpetrators are not always effectively punished, with the result that the law fails to discourage criminal and violent deeds, so that victims distrust the juristic system (Jewkes et al., 2009:2). Corruption and general under-resourcing within the police force, as well as challenges associated with transformation and restructuring in the detective services are given as reasons for weak law reinforcement in South Africa (Jewkes et al., 2009:2). Mpofo et al. (2010:95-196) also points out that the South African police give higher priority to law enforcement in predominantly white communities and often overlook the crimes reported by black people.

Liebenberg (2010:231) points out that “children do not participate in elections and have traditionally not been given a voice in matters which profoundly affect their lives and welfare.” Children should be involved in decision-making processes to ensure that interventions are aligned with their holistic developmental needs and socio-cultural concerns and policies relating to milieu disability and exposure to violence, including violence in the media. Children all over the world live in a media age of television,

computers, internet and video games that can have a powerful impact on how they perceive violence and how they behave.

5.3.4.2 Media

As a social work practitioner who worked in the Soshanguve Township for several years, the researcher observed that many households in Soshanguve, regardless of poverty, are in possession of a television. Both adults and children spend hours in front of the television as a leisure activity, as there is not much else to do. Because Sotho parents work far from home, children are often left without supervision after returning from school and therefore have the freedom to watch whatever they choose. Research has found that primary school children are heavy viewers who watch an average of 2 to 3 hours of television a day (Huston & Ripke, 2006a:12). Muskari and Brown (2010:8) postulate that children in this phase may therefore be at greater risk of television violence than other children. Several authors warn that spending extended periods of time on unstructured activities like watching television without adult supervision in the primary school phase places a child at risk of physical, psychological and social harm (Van Evra, 2004:23; Huston & Ripke, 2006a:12; MacBeth, 2014:93). Media also induce freight reactions in children, affect their sleeping patterns and interfere with a variety of normal, healthy activities (Cantor & Riddle, 2014:182).

Children's easy access to harmful adult information such as violence, pornography and sexual content puts them at risk, as they do not yet have the cognitive and emotional skills or the maturity to process this information adequately (Van Evra, 2004:231). Children viewing too much television with violent content may experience reading displacement in their primary school years and demonstrate aggressive, restless and impulsive behaviour (Schmidt & Anderson, 2007:78). Authors also warn that media use interferes with family life and the social development of children, and negatively affect participation in community activities (Van Evra, 2004:234; MacBeth, 2014:93).

Children's overexposure to violent content places them at risk to become desensitised to media violence over time (MacBeth, 2014:93). Slaby (2002:313) observes that when violence "is portrayed as commonplace, acceptable, and justifiable, the viewing of violence appears to undermine the viewer's feeling of concern, empathy and sympathy toward real-life victims." The author continues by saying that children may develop "an appetite for violence effect" particularly when repeatedly viewing and accepting violence portrayed in "glorified, glamorized and heroic ways." Frequent viewing and consequent exposure to amounts of violence lead to the cultivation of a hostile worldview in general (Lindsay, Dill-Shackleford, Anderson, Bartholow, 2014:31). Burton and Leoschut (2012:70) observe that violence inflicted online (cyber bullying) and through various social

platforms (e.g. mobile phones) is also becoming a common phenomenon in South African schools. Van Evra (2004:234) points to research that indicates parental involvement and mediation like co-viewing, monitoring, preventing misunderstandings or negative effects, as an important component of buffering and reducing the effects of media on children. Media input with parental supervision can have a positive impact on children owing to the educational value and enhanced connections with the world. Unfortunately the media, in subtle ways, also reinforce acceptance of aggressive attitudes and behaviour whereby children become desensitised to violence. Television, irrespective of race or poverty, has become a modern day baby-sitter and a replacement for healthy play, which in turn leads to a lack of interaction and communication between parents/caregivers and children.

5.3.4.3 Socio-cultural factors: Sotho ethnic group

The term “ethnicity” is used to describe a culture’s common history, heritage, worldview, needs and aspirations (Muskari et al., 2010:18). The ethnic-centric nature of this study therefore requires consideration of the Sotho ethnic group’s cultural practices as a contributing factor that impacts on the manner in which milieu-disabled primary school children developmentally experience and respond to violent exposure. According to Muskari and Brown (2010:18), values form the foundation of a culture and children are socialised into these values from an early age, and this guides their goals, aspirations and behaviour. Culture is created by the group themselves and is learned by children through a process of gradual or unconscious assimilation of ideas or knowledge (osmosis) (Uys & Middleton, 2010:156). Aponte (2008:109) includes socio-economic status, personality characteristics, racism, oppression and legal constraints as other variables that interact with cultural processes. Compliant values, beliefs, attitudes and behaviour are the results of this interaction and impact on the ethnic client’s psychological functioning and the use of mental and health services (Aponte, 2008:109).

Within the Sotho ethnic group there are social structures that are accompanied by certain social expectations. These expectations significantly affect the way that milieu-disabled Sotho primary school children exposed to violence develop, view and make sense of their worlds. The ethnic-client’s worldview is an important factor in the therapeutic process, as culture-specific elements of a person’s worldview can have an effect on a therapeutic intervention (Aponte, 2008:109). A worldview is described by Mkhize (2004:4:12) as “a set of basic assumptions that a group of people develops in order to explain reality and their place and purpose in the world.” The author continues by saying that these assumptions act as a frame of reference for addressing life problems. Some of the key worldview factors are considered to be beliefs about mental illness, emotional expression and attitudes towards authority figures (Aponte, 2008:109).

The Sotho ethnic group is directed by the norms and values of a collective (afro-centric) worldview, which may differ from that of western beliefs about family life. In individualistic (western) parenting, a child is taught: "...I think, therefore I am" (Descartes, 1596-1569) in other words, because I think I exist (Couto & Couto, 2006:2,3). This individualistic style of parenting is replaced by collectivistic (African) thought with "...I am because, we are and since we are, therefore I am" or "...a person is a person through other persons" implying the connectedness between people (Battle, 2009:3; Bahovec, 2012:253). Within the individualistic worldview, independence and self-responsibility, separateness and individual rights are promoted, while, within the collective worldview, solidarity, dependence, collective responsibility and co-operation are promoted (Jordaan & Jordaan, 2005:633). The collective spirit captured in the expression of *ubuntu* (*botho* in Sotho) promotes the belief that children in the Sotho culture can rely on family and friends. This collective strength within the Sotho culture can be used effectively as a protective factor for the design of ethnic-centric intervention programmes for milieu-disabled Sotho primary school children exposed to violence. The answer can, however, be posed as "How much of this *botho* (*ubuntu*) spirit still exists amongst Sotho-speaking people in the South African context?" There is unfortunately a shortage of literature relating to Sotho cultural groups. If this question is to be answered scientifically, it could be said that possibly the answer is to be found in the relevance of multiculturalism in South Africa, where previously disadvantaged groups, including the Sotho ethnic group, are demanding recognition and accommodation of their cultural differences (Radomsky, Hassane, Hay-Watkins, Bandawe, 2011:44). Multiculturalism is defined as "the capacity to accommodate diverse cultural influences so that they become part and parcel of your personal and social self-identity, without implying that people of different cultures become assimilated into a uniform new race or culture" (Jordaan & Jordaan, 2005:771). Culture is adaptive and dynamic, as it changes in response to new situations and pressures like environmental and technological activities (Srivastava, 2007:60). Andersen, Taylor and Logio (2015:49,50) report that cultural changes can happen owing to:

- Changes in societal conditions (economic and population changes and social transformation processes);
- The transmission of cultural elements from society or cultural groups to one another, referred to as diffusion;
- Innovations and technology;
- External agencies imposing cultural change (such as a powerful group taking over the country).

Exposure to multiple cultures, perspectives and environmental changes provides room for reciprocal influences whereby beliefs and traditions are challenged and new beliefs are incorporated. In this regard, Mkhize (2004:4:28) promotes dialogue between different

perspectives that address how African worldviews interface with new ideas such as Christianity, behaviour between men and women and individualism. Moeno (2006:257) maintains “that research must discover why “good” or “bad” characteristics exist in some groups but not in others; and also develop strategies to improve the quality of family life for all South Africans.” Cultural norms that support the use of violence against women and children should be challenged in a culturally sensitive manner. Krug et al. (2002:13) list several cultural factors relevant to this research study that could affect the amount of violence in a specific society:

- A culture that supports violent behaviour where young children are taught that violence is an acceptable norm or method to solve conflict;
- Cultures that fail to provide non-violent alternatives;
- Norms that promote domination over women and children;
- Norms that support political conflict;
- The media is also considered another means by which values and norms of violence are encouraged.

Keeping in mind the influences of multiculturalism and relative deprivation, consideration is given to the risks of violent exposure represented in the Sotho ethnic group. These risk factors include: a) beliefs and practices related to mental and physical health, b) cultural beliefs about abusive relationships and, c) cultural beliefs about child-rearing and discipline.

- **Beliefs and practices related to mental and physical health**

Tjale and De Villiers (2004:15) emphasise that there is a significant association between worldview and religion. The Sotho culture has certain folk beliefs and practices that relate to illness, including mental illness. Within the Sotho ethnic group, supernatural elements in nature play a role. The South and North Sotho culture believes, for example, that elements such as lightning, thunder, drought and hail are signs from their Supreme Being, *Modimo* (Tjale & de Villiers, 2004:15). Traditional healers view illness as the result of several factors: jealousy and bewitchment; psychosocial causes (conflictual relationships) and causes expressed in Christian religious terms (Mutiso, Gatenga, Ndetei, Gafna, Mbwayo & Khasakhala, 2014:138). They believe that one of the causes of illness is the neglect of certain customs, which offends the ancestors, resulting in illness and misfortune (Van Niekerk, Van Eeden & Botha, 2001:67).

Emotional and psychological problems may also present with different symptoms in context and these symptoms are referred to as culturally bound or medically unexplained symptoms (Uys & Middleton, 2010:162,164), which should be considered when working

with milieu-disabled Sotho primary school children exposed to violence. Culturally bound symptoms are “a collection of signs and symptoms which are restricted to a limited number of cultures primarily by reason of certain psychosocial features” (Berry, Poortinga, Breugelmans, Chasiotis & Sam, 2011:421). Dziegielewski (2010:41) thus observes that it is the beliefs and customs of the culture that influence the symptoms and social responses to behaviour.

To prevent conflicts or tensions, religious or moral authority is applied, specifically by calling upon the ancestral spirits (*Badimo* in Tswana and Pedi) (Tjale & De Villiers, 2004:15). Van Niekerk et al. (2001:69) observe that the Ethiopian and Zionist churches created a new culture of healing. An integrative approach is followed which draws on Christian teachings and traditional African belief systems (Van Niekerk et al., 2001:69). A spiritual model is applied to understand people with African backgrounds where families, religious healers and traditional healers are consulted to resolve psycho-social problems (Radomsky et al., 2011:44). Within the community context, the physically or psychologically sick are encouraged to become involved in various community activities, including: organising community prayer services; cleansing rituals that include baths, massages and purification rituals such as vomiting, or rituals that include making sacrifices to the ancestors (Van Niekerk et al., 2001:69). Traditional cultures view good social and mental health as a restoration of harmonious relationships amongst the individual, the family, the community and the ancestors (Radomsky et al., 2011:45).

Van Niekerk et al. (2001:69) maintain that spiritual and traditional healers can assist people in distress in a number of life domains and in the process allow them to experience comfort and support. It is a cultural way of adapting to or solving problems and restoring equilibrium in their family functioning. The beliefs about psycho-social health may influence the way in which violence is perceived by members of the Sotho culture and the manner in which they prefer to deal with a problem culturally, such as consulting a traditional healer or performing ancestral ceremonies. They may resist western therapeutic interventions such as Gestalt play therapy whereby the emphasis is on self-support. As pointed out earlier, multiculturalism within the South African context may influence the spiritual health-paradigm held by people of African descent.

Amongst African groups, including Sotho people, there are also potentially harmful cultural practices that may not be in the best interest of the child. Harmful practices include those that negatively affect children’s social, physical and psychological developmental welfare and also their dignity as persons (Himonga, 2008:84). These practices include circumcision and other genital mutilations, virginity testing, child betrothals and child marriages (Himonga, 2008:84; Achilihu, 2010:187). Himonga, (2008:84) and Achilihu

(2010:187) observe that in the South African context some of these practices are not completely banned and are tolerated as long as they are not forced on children or performed on a child below a prescribed age. Himonga (2008:84) expresses concern that these practices are merely regulated by Section 12(3)(4)(8) of the South African Children's Act 38, 2005 as amended, and believes that harmful cultural practices could never be seen as being in the best interest of the child. The researcher agrees with the author, as unclear legal boundaries relating to harmful cultural practices may open the door to rulings by the South African justice system that may not be in the best interests of the child and may encourage the continuation of such practices. Other harmful cultural practices like cultural beliefs about abusive relationships and child rearing are also expected to affect milieu-disabled Sotho primary school children exposed to violence.

- **Cultural beliefs about abusive relationships**

South African townships are characterised by a culture of “masculinity” that impacts both on the occurrence of domestic and community violence that explicitly includes acts of sexuality violence (Dinan, 2009:113). Mpofo et al. (2010:196) reports that young black men, because of the high unemployment rate resulting from apartheid, felt frustrated with their perceptions that there were no opportunities for their advancement. The author explains that frustration resulted in their organising themselves into gangs and perpetrating violence towards younger girls (aged 12 to 17 years). Many African men, including the Sotho ethnic group, argue that violent behaviour like beating spouses or children is culturally appropriate and is therefore acceptable (Muskari & Brown, 2010:24). The motivation for this violent behaviour is rooted in gender stereotypes relating to traditional norms that men should be dominant and aggressive and that women should be submissive (McKay-Cook & Zanjani, 2010:390). In patriarchal cultures, the family tends to be highly valued as the ‘cradle of the nation’ and women are to give birth to, and raise, children for the nation (Ericson, 2007:19). Within the cultural construction of male and female, men are entitled to control sexual relationships, and women are expected to be the passive partner (Shefer, 2004:8-4,5). Findings of international research confirm that male perpetrators of intimate partner violence engage in behaviour that puts their partners at greater risk of HIV and AIDS (Scott, 2008b:157).

Cultural beliefs and practices may present difficulties for a victim who wishes to escape from an abusive relationship (Muskari & Brown, 2010:24). Some of these factors include misinformation about the legal system and fear of politics and economic barriers (Muskari & Brown, 2010:25). Ericson (2007:17) observes that “it is difficult for women to set boundaries when they are dependent on their men for a living.” Women belonging to an ethnic or racial group already discriminated against may be particularly hesitant to report abuse from the men in the community, feeling afraid that such testimonies would only

reinforce stereotypes of their men as being violent or sexist (Ericson, 2007:20). Gender discrimination and abuse are also discernible in cultural beliefs about child-rearing and discipline.

- **Cultural beliefs about child-rearing**

Children are still highly valued amongst the Sotho group, as no marriage is considered complete without them (Moeno, 2006:261). Traditionally infertility was feared and potent medicine, and symbols like special dolls were used to promote fertility among the South Sotho groups (Moeno, 2006:261). Children are raised by both the nuclear and the extended family (Uys & Middleton, 2010:158). Developmental life events such as birth, marriage and death are community concerns (Radomsky et al., 2011:44). Customary practices include initiation ceremonies and circumcision that prepare for adult responsibilities and married life (Moeno, 2006:256). Within the Sotho ethnic group, child-rearing practices may differ from those of western cultures owing to the hierarchical, patriarchal and authoritative structures that exist in African groups. Differences in age, gender and social status continue to approve imbalances of power in the decision-making process between adults and children and husbands and wives (Mathews & Benvenuti, 2014:33). Men are usually regarded higher in the hierarchical structure than women and elderly people, and certain families are considered higher than others (Uys & Middleton, 2010:158). Traditionally it was expected of Sotho women to perform most of the tasks necessary for the survival and sustenance of their families but, because of migratory labour, many women were empowered to become the heads of families (Moeno, 2006:263).

However, Sotho families still retain certain general patriarchal structures within urban settings, but these structures are slowly eroding as women become more empowered. Social control over family members tends to be constricted, as norms and values must be respected, resulting in less individual freedom to choose a way of living (Uys & Middleton, 2010:158). Unequal distribution of work between genders within the home still prevails, as girls are obliged to help with domestic and family obligations (Moeno, 2006:263). Shefer (2004:8-9,10) observes that boys are socialised into manhood during puberty, which is associated with heterosexuality and the ability to be sexual with multiple women. As described above this leads to inequalities in negotiating safe sex and may lead to HIV and AIDS, sexually transmitted diseases and unwanted pregnancies (Shefer, 2004:8-13). Male rights over women and children contain the potential for abuse (Richter et al., 2008:66). In townships in South Africa there is widespread practice of premarital sex and unwanted pregnancy amongst young adults outside marriage, which is regarded as normal in courtship (Moeno, 2006: 258).

Children are considered the “property of their parents” and taught to respect age and status as it is not acceptable for children to communicate their opinions to the elders (Mathews & Benvenuti, 2014:33). Cultures have their own “unwritten rules” as to when, where and how emotions should be displayed as part of their subjective shared attached meanings (Jordaan & Jordaan, 2005:536). According to Uys and Middleton (2010:163), verbal emotional expression of feelings is difficult within the culture and they may use somatic and idiomatic ways of expressing deep feelings. The emphasis on manhood and being strong also hinders boy children from finding healthy ways of expressing emotion. Owing to their place in the hierarchal structure, children may accept violence as a norm that denies their rights to be heard. The “self” is often sacrificed in favour of the broader community (Radomsky et al., 2011:44). Flannery (2006:45) concludes that a child growing up in a family with religious beliefs that support the use of aggression and violence in discipline or family relationships is expected to grow up believing that these are morally acceptable means of behaving toward others. A great deal of violence against children and women is never reported and remains hidden on account of cultural socialisation.

A society in which violence prevails is inevitably experienced as unsafe, lawless and lacking the principles necessary to direct people’s behaviour and their future aspirations (Jordaan & Jordaan, 2005:763). Addressing harmful cultural practices relating to children remains a complex issue within the South African socio-political context, where the legal system has no clear boundaries and a culture of violence has become an accepted social norm. Cultural views that disregard the basic rights of children and their ability to make decisions on their developmental wellbeing should be addressed. Allowing children to talk about their experiences and voice their concerns about violence may be an important step towards overcoming indicated socio-cultural barriers.

In the above discussion, it was indicated how the multi-systemic risk and protective factors at bio-, micro-, meso- exo- and macrosystem levels impact on milieu-disabled Sotho primary school children exposed to violence. The ecological systems framework provides a holistic picture of the socio-cultural context in which milieu disability and violence occur and stresses that children do not develop in isolation from their environment. The next section of this chapter considers how violence and milieu disability viewed in the ecosystems context impact on the holistic development of Sotho primary school children.

5.4 THE IMPACT OF VIOLENCE AND MILIEU DISABILITY ON THE HOLISTIC DEVELOPMENT OF PRIMARY SCHOOL CHILDREN

Click and Parker (2009:19) describe the primary school years as a time when children should develop a sense of self, their capabilities and how others perceive them. However, exposure to violence negatively affects the primary school child’s overall functioning,

attitudes, social competence and school performance (Osofsky, 2005:78). Campher (2008:10) points out, that a child in “dangerous, abusive, neglectful, and vacant internal and external environments are faced with innumerable challenges and dilemmas – especially in relation to emotional and psychological development.” Charlesworth et al. (2011:206) also state that children who, at any part of their prenatal period, infancy or early childhood, have lived in poverty have already encountered several developmental challenges by the time they reach their primary school years. How primary school children respond to these adversities will impact not only on how the environment changes the children (positively or negatively) but also on how they impact on their environment (Galezewski, 2010:19). The inter-relationship between children, their environment and the choices they make with regard to their behaviour will ultimately determine the quality of their lives (Blom, 2006:98).

When it comes to a holistic approach, Gestalt theorists believe that people are naturally self-regulating and motivated towards growth, and that they cannot be understood in isolation from their environment (Yontef & Fuhr, 2005:84). Children are born as fully-functioning (holistic) organisms, possessing senses, body, emotions and intellect and they must use these functions to develop to their inborn ‘self’ (Carroll, 2009:284). In the following sub-sections, through the application of a Gestalt approach, the cognitive, social, behavioural, emotional, psychological, physical and spiritual impact of milieu disability and violence on the development of primary school children will be explored.

5.4.1 Cognitive impact

Cognitive development in the primary school phase is characterised by concrete operational thought processes (Kail & Cavanaugh, 2008:208; Schleser & Bodzy, 2010:248). In the primary school phase, children display a rapid growth in logical thinking and problem-solving skills (Kolucki & Lemish, 2011:21). They learn to make sense of information through the mental processes of classifying, ordering and finding alternatives (Urdang, 2008:385). This phase is further characterised by increased involvement in the external environment (school/social activities) and assimilation of intellectual and psychological capacities (Urdang, 2008:384). Schleser and Bodzy (2010:248-249) explain that children begin to think about situations in a holistic way through contemplating both internal and external factors as well as considering possible alternatives. They have a better perception of causality – in other words “that one thing leads to another” (Kolucki & Lemish, 2011:21). Growing experiences with siblings and friends who convey their own views of the world increase an understanding that events can be interpreted from various angles (holistically) (Kail & Cavanaugh, 2008:208). Connolly and Eagle (2009:55) point out that research found a strong relation between intellectual functioning and children’s ability to successfully overcome trauma, such as exposure to violence. Primary school

children exposed to violence may have concentration and attention problems related to distraction by intrusive thoughts about the violent event (Muskari & Brown, 2010:8). Thus, they may lack the cognitive capacity to process the violent exposures occurring in their lives. Altered cognitive and emotional functioning following a traumatic event can affect a child's capacity to perform academically (Connolly & Eagle, 2009:548). The risk factors in an unhealthy school, home and physical milieu, as discussed previously, negatively impact on the healthy cognitive development of milieu-disabled Sotho primary school children (see 5.3.1 & 5.3.2.1 - 5.3.2.4). Several authors indicate that the impact of violence on the cognitive development of the primary school child affects their world- and self-view, academic performance and ability to solve problems and make decisions (Osofsky, 2005:78-80; Connolly & Eagle, 2009:548; Galezewski, 2010:21; Muskari & Brown, 2010:5).

5.4.1.1. Unhealthy view of 'self' and the world

Violence affects a child's view of 'self' and the world and in turn interferes with their healthy cognitive development (Schleser & Bodzy, 2010:245). Their fantasies become more reality-based and more related to the traumatic event, as they have gained a better cognitive understanding of the dangers inherent in it (Connolly & Eagle, 2009:540-541). Jordaan and Jordaan (2005:764) state that chronic exposure to violence makes children feel insecure, fearful and anxious, and violates a major instrumental need for security. Schleser and Bodzy (2010:250) observe "the more the child experiences the world as a hostile place, the more acceptable violence becomes encoded into memory" (Schleser & Bodzy, 2010:250). In other words, they develop certain assumptions about the world based on their reality and assign meaning to it, which becomes a way of being in the world. Children exposed to violence (see 5.2.2) form the following assumptions/views about the world they live in:

- Learning that violence is everywhere and that the world may be unsafe, hostile, mean and dangerous. Slaby (2002:313) refers specifically to this assumption/view as the "mean world syndrome";
- Frequently feeling fearful, anxious and terrified, and experiencing a sense of loss;
- Viewing others as untrustworthy and undependable because significant people like parents or caregivers) have let them down;
- Expecting violence to be a daily event in their lives, which desensitises them from showing empathy with other victims of violence;
- Increasing acceptance of aggressive attitudes and aggressive behaviour. Muskari and Brown (2010:5) refer to a "pro-violence-attitude" (compare Slaby, 2002:313; Dunlap, 2004:62; Osofsky, 2005:78-80; Prever, 2006:33,37 & Schleser & Bodzy, 2010:245-250).

Prever (2006:37) maintains that the world of children exposed to violence “becomes threatening, all consuming, hostile and unpredictable...nothing seems the same anymore; their world is turned upside down.” As a result, some children may grow up with the fundamental belief that they are never safe and must always be on guard (Sterne et al., 2010:32). Ratele (2007:224) states that living in poverty also increases feelings of helplessness, powerlessness and lack of motivation. This becomes a manner of being in the world from which it is difficult to escape. It can therefore be argued that primary school children living in a milieu-disabled environment where violence prevails are at greater risk of developing unhealthy and toxic worldviews. From a Gestalt therapy perspective, milieu-disabled Sotho primary school children, although they can cognitively better understand the causes and effects of violence, need assistance in making sense of their world and how to avoid social conclusions/generalisations about others and the world. The second significant impact on the cognitive development of primary school children exposed to violence relates to their academic performance, which in turn affects their problem-solving and decision-making skills.

5.4.1.2 Poor academic performance

As stated earlier in this chapter (see 5.3.2.3), school plays an important role in the daily lives of primary school children, while their self-esteem is linked with successful outcomes at school (Click & Parker, 2009:19). Children’s developing sense of industry interlocks closely with the quality of the school environment (Newman & Newman, 2009:313). The emotional and physical wounds that poor children suffer means that they enter school with capacities and a mind-set that already put them at a disadvantage with peers and impede their cognitive development (Tajalli, 2007:94). Research has shown that milieu disability affects perceptual processes such as concept formation, learning, memory, language skills and academic performance in children (Ratele, 2007:223). Cognitive delays and school performance deficits that manifest as learning difficulties are also reported in primary school children as a result of their witnessing violence or being exposed to it, which, in turn, serves as a contributor to lowered self-esteem (Connolly & Eagle, 2009:548). Children exposed to domestic violence may suffer from speech, language and learning difficulties (Sterne et al., 2010:29). The authors explain that the reason for these difficulties may be abused mothers interacting and playing less with their children (Sterne et al., 2010:29). The lack of parental involvement and stimulation is thus apparent as a contributing factor to cognitive delays related to children.

Because of decreased attention and concentration, children chronically exposed to violence display a slower rate of information-processing and fewer decision-making abilities (Galezewski, 2010:21). Lacking the necessary problem-solving skills to deal effectively with adversities, children may not be able to perceive a situation holistically in

order to make a good decision (Galezewski, 2010:21; Muskari & Brown, 2010:5). Children may experience learning problems listed by Connolly and Eagle (2009:548) as any of the following:

- Constant thoughts relating to the traumatic event and, in re-experiencing the traumatic experience, the child seems distracted and unable to concentrate;
- Poor impulse control causes concentration and memory problems, consequently difficulty with completing tasks. Hyperactivity may be a consequence affecting a child's scholastic performance;
- Sleep disturbances such as nightmares bring about exhaustion due to lack of rest, resulting in poor school performance.

The above contributes to slow academic progress and maladjustment at school, characterised by poor school attendance, with low scores during exams and assignments, acting as warning signs of children's exposure to violence (McKay-Cook & Zanjarian, 2010:391). Milieu-disabled children may also lack the necessary motivation, as they show a low need for achievement or extending themselves in social involvement and a high inclination to dependency (Ratele, 2007:224). Some children may long for the attention of adults and behave in negative ways to get their needs met (Sterne et al., 2010:32). These children can be challenging for teaching staff and their behaviour as a result impacts on their own and others' learning (Sterne et al., 2010:32). In addition, primary school children will evaluate themselves in terms of good and bad behaviour while teachers and peers also apply these standards to label them in terms of "good or bad" (Click & Parker, 2009:20). Teacher and peer reactions to children exposed to violence may indicate to the children a lack of understanding of their experiences. This cognition of teacher and peer attitudes may result in anti-social behaviour and lack of motivation to attend school. If these problems persist, primary school children may feel that they are not gaining mastery over the environment, which leads to low self-esteem, under-achievement, dropping-out of school and more serious behaviour and emotional problems, to be described later (Urdang, 2002:341). A supportive and understanding environment at school could make a meaningful difference in the lives of milieu-disabled primary school children exposed to violence. In South Africa, the realities of large classes with up to forty pupils in a class present a great challenge to the teacher who wants to meet the individual needs of children.

Based on the discussion above it is evident that being exposed to and witnessing violence has a significant impact on children's cognitive development and their reaction to life stressors and trauma. Milieu disability also contributes to cognitive delays. Violence distorts their worldview and disrupts academic performance and adaptation to school. Such children may lack the motivation and self-support necessary for emotional

expression in order to satisfy a need. In Gestalt play therapy, the goal is always awareness through contact. It is the task of the Gestalt play therapist to consistently facilitate the milieu-disabled Sotho child's awareness of their behaviour and actions in the here and now in order to get into contact with unfinished issues relating to the traumatic event. It is necessary for the child to cognitively reconstruct the world in a meaningful and healthy way. In Gestalt play therapy, attention is paid to enhancing the child's self-support and resilience through, for example, strengthening the sense of self, providing opportunities for control, choices and mastery and owning projections (Oaklander, 2011:177-181). These opportunities would help children to make sense of a traumatic event and provide them with the self-support necessary for emotional expression. The Gestalt play therapist challenges inappropriate or self-destructive world and self-views, allowing the child to replace them with more adaptive beliefs (Oaklander, 2006:175). Children are provided with opportunities to experiment with healthier options and choices that could lead to more appropriate behaviour styles and healthier social interactions with others.

5.4.2 Social and behaviour impact

Industry in the primary school years focuses on building competence in children, while the family, the peer group and the school all play a role in the sense of supporting mastery and failure (Newman & Newman, 2009:314). In the primary school phase, peers impact increasingly on the behaviour, emotions and activities of the child and they seek approval and acceptance from these groups (Newman & Newman, 2009:314). The family, however, remains an important influence on the development of the child (Wood, Viggiani & Wood, 2003:199). Safe, stable and nurturing relationships representative of the physical and social environments children grow up in significantly contribute to the protection and optimal development of children (Kelly, Gonzalez-Guarda & Taylor, 2011:70). Nurturing in the best interest of a child include: bonding within a family; physical safety and welfare; nurturance; guidance; supervision; appropriate discipline; and consideration for the individual needs, desires and wishes of the child (Reardon & Noblet, 2009:63-65). Constant exposure to poverty and violence alters attachment experiences for children and leads to a breakdown in social support systems (Yule, Osofsky, Skodacek, Karapetian, Belarouci & Leth, 2005:71; Granqvist & Dickie, 2006:207). Chronic violent exposure may result in isolation characterised by a sense of estrangement from others and discord with the environment (Jordaan & Jordaan, 2005:763). Thus, the primary school child's experiences relating to violent exposure result in insecure and unattached relationships, leading in turn to isolation from the environment.

5.4.2.1 Isolation from environmental support

Abusive parents often lack a peer and social network and live in isolation from the environment (Barnett et al., 2011:178,179). Because they fear rejection, they often disregard attention or social support from others, compounding their isolated life (Kirst-Ashman & Hull, 2009:226). Affected parents and children alike may have limited contact with friends and/or family, or may be alienated completely from both. The researcher proposes three elements that contribute to isolation or alienation of children exposed to violence in the environment: parental/caregiver responses to violence; diminished social and sensory exploration and poor input and output regulation in the form of aggressive and anti-social behaviours.

- **Parental/caregiver responses to violence**

Osofsky and Pruett (2007:6) explain that children's reactions to violence may vary with the level of exposure and are influenced by relationships with people who are affected. Yule et al. (2005:65) also urge therapists to pay close attention to the stress responses by parents/caregivers, as children are very sensitive to their distress. Studies have shown that the way in which parents/caregivers respond supportively or unsupportively to their children's emotions and the behaviours that result predict how the child will cope and regulate emotions (Thompson & Meyer, 2007:256). If the abused parent is emotionally unavailable to their child because of depression or substance abuse, the child will probably experience attachment problems (Seifert, 2009:38). Children who observe that their parent/caregiver is disturbed after talking about the traumatic event often stop talking about the event to spare the parent's/caregiver's feelings (Yule et al., 2005:65). They learn to be self-reliant and approach parents/caretakers (these are often the perpetrators) only after assessing their mood, or else they attempt to find alternative sources of support that may or may not be appropriate (Schleser & Bodzy, 2010:245).

Children who are victims or have been exposed to violence have a diminished sense of support and they often have to learn to make decisions on their own with little/no parental guidance or support (Schleser & Bodzy, 2010:245). Campher (2008:11) explains that "violence is a very real, powerful, and extremely painful state the child finds him/herself in when the other doors and paths that could have provided a means of escape have been closed to him or her". Children exposed to violence are deprived of enjoying their childhood and freedom from adult responsibilities. Parents/caregivers therefore play an important role in the expected response in both the reactions and recovery of children (Osofsky, 2007:7). The parents of children exposed to violence are, however, often traumatised by their circumstances or are violent themselves, and therefore cannot always provide the caring support system that these children need if they are to work through their trauma. When adults are traumatised by violence they fail as role models

and may be less sensitive to their children's needs, resulting in the environmental isolation of the child. Children may view violence as a normal way of behaving.

The researcher has observed in practice that the majority of children living in milieu-disabled communities with constant exposure to violence lack not only the necessary basic resources for survival, but also love, nurturing and emotional support from a significant adult are at a disadvantage. This can impair healthy childhood development and complicate intervention programmes. The helping environment must be supportive and accepting of children's emotional expressive processes in order to assist them in developing corrective ways of connecting with the self and with others. A healthy way for children to connect with themselves and with the environment is through the use of their senses. Constant exposure to violence, however, diminishes a child's social and sensory exploration of the environment.

- **Diminished social and sensory exploration**

Increased independence in the primary school years helps children to gain increased control and mastery over the environments in which they spend time and to build their own niches (Huston & Ripke, 2006a:8). This is the time when children initiate activities and also build the competency skills needed to advance in these activities (Huston & Ripke, 2006b:423-424). Environmental opportunities for stimulation in this regard are of great importance, but, unfortunately, most milieu-disabled children do not have this advantage. Children who are chronically exposed to violence inhibit their social and sensory exploration, as they do not explore and play freely or show motivation in mastering the environment (Osofsky, 2005:78; Muskari & Brown, 2010:8). They may become overly sensitive to the sights, smells and sounds that remind them of the traumatic experience. Avoidance of all varieties of spontaneous behaviour results in the loss of personal freedom, choice and control over their lives (Jordaan & Jordaan, 2005:764). Interpersonal violence impacts on peer relationships and children may constantly worry about home life, feel inhibited and appear guarded or passive (Sterne et al., 2010: 29). These constant worries and fears impair the child's 'sense of community', which represents warm, friendly, trusting, humorous and spontaneous interactions with others (Jordaan & Jordaan, 2005:764). Sterne et al. (2010:29) observe that children exposed to violence in the home may find it difficult to talk about their home with friends or to invite them to play, because of their own unstable and unpredictable family life. They may be controlling in their relationships with other children or with adults, wanting to be in charge, and they may have difficulty cooperating with others (Sterne et al., 2010:29).

Children from certain minority ethnic communities may be afraid of bringing shame on their family honour if others were to find out about the violence at home (Sterne et al.,

2010:28). As explained earlier, children may accept what is happening to them as part of what the socio-cultural community demands of them (see 5.3.4.3). Jordaan and Jordaan (2005:764) observe that the above-mentioned perceptions “of being at the mercy of forces beyond your control gives rise to feelings of intense helplessness, isolation, lack of commitment to society and utter mistrust of people.” From the Gestalt play therapy perspective, the primary school child living in a violent home or community who experiences and constantly witnesses violent events will, as a result of the fear of taking risks, such as playing outside, suppress their sense of exploration (through contact functions) of the environment and thus not make full use of their senses.

The traumatic event could be too frightening for a child to face and they deal with it by withdrawing or becoming less likely to play or explore freely. This is referred to as deflection. The impact on primary school children is significant, as they may withdraw from social actions and isolate themselves from social contact with peers. Their sense of power/control over their world and their experiences of mastery and achievement are inhibited and diminished, resulting in unhealthy social development. Sensory experiences such as playing and exploring freely are of vital importance for enhancing healthy child development and for self-support. Denying feelings of pain, anxiety and anger in children may result in a weakened self-concept, whereby children find it difficult to acknowledge and manage feelings (Roberts, 2006:33). Offering children various sensory experiences and recreational opportunities within a safe therapeutic relationship will enable them to make healthy contact with their feelings and with the environment. Sensory contact and appropriate ways of regulating emotions are therefore essential for healthy contact with others.

5.4.2.2 Poor input and output regulation

Children exposed to violence have difficulty in regulating anger, frustration, and other negative feelings that impact on their social relationships. Primary school children may externalise at school behaviour that is characterised by anger outbursts, aggression and hostility (Sterne et al., 2010:22). They are expected to react more aggressively in response to a threat to the sense of self, in other words, beliefs about the self (Kirsh, 2006:25). Aggressive behaviour may be directed at others, in the form of kicking, biting, pushing, spitting, bullying, assault or homicide, or directed at themselves in actions like head-banging, cutting, scratching and suicide (Campher, 2008:9). Research has also found a connection among children between community violence and externalising behaviour problems, including anti-social behaviour (Fisher & Lerner, 2005:1122). Exposure to media violence may also increase negative behaviours owing to the potential for social learning, modelling inappropriate behaviour and numbing the senses in relation to real life violent events (Muskari & Brown, 2010:8). Weinreb and Groves (2007:74)

maintain that children growing up in violent homes “learn powerful lessons about the use of intimidation and force in relationships.” Violent family patterns increase the risk that the child will repeat these patterns (Seifert, 2009:38). Several research studies have shown that, over a period of time, children of all ages who are chronically exposed to violence tend to adopt aggressive and violent behaviour themselves (compare Fisher & Lerner, 2005:1122; Weinreb & Groves, 2007:75; McKay-Cook & Zanjarian, 2010:390; Muskari & Brown, 2010:xiv).

Children may as a result, perceive aggression as being part of close relationships (Weinreb & Groves, 2007:75). As children grow up, they learn that violence is an acceptable way of solving problems and may use violence and aggression to have their own needs met. For example, they may relieve stress by yelling or threatening another family member (Weinreb & Groves, 2007:75; Seifert, 2009:38). It could be speculated that children who are exposed to an excessive degree of violence may identify so well with their violent idol that they might deny their own personal boundaries of the self and project the idol's existence onto their own life. Children then give up responsibility for their own actions and beliefs as they become the violent heroes themselves. The child may develop social imprints with reliance on previous experiences with others and become aggressive in response to a possibly threatening situation (Galezewski, 2010:21; Schleser & Bodzy, 2010:250). Children become hyper-vigilant, or over cautious, and are easily aroused by things going on in the environment around them (Flannery, 2006:41). Galezewski (2010:21) observes that these social information processing patterns will affect their daily social interaction patterns.

Learning to control and regulate the experience and expression of negative emotions is a crucial skill for the development of adaptive peer relationships (Harris, 2009:86). Wood et al. (2003:199) explain that acceptance from peers and developing friendship networks becomes increasingly important for psychological adjustment in the primary school phase. However, children who have been exposed to violence have trouble getting along with their peers, and are more explosive and quick to anger, becoming violent themselves as a result of long-term exposure to violence (Urdang, 2002:346). McKay-Cook and Zanjarian (2010:391) point out that when children are exposed to interpersonal violence they display aggressive behaviour towards others not only at school but also in their community. They may misread social messages in the behaviour of other children, or behave in distrustful and aggressive ways (Weinreb & Groves, 2007:75). These information processing patterns include the fact that a child overestimates danger and wrongly interprets vague cues as aggression (Galezewski, 2010:21). This perceived threat refers to a child's own interpretation of a situation as threatening, irrespective of whether or not a true threat is

present (Kirsh, 2006:25). For example, if a child were to accidentally throw a ball at another child, it would be interpreted as an act of aggression.

These hostile attitudes and aggressive actions towards peers and others impact significantly on the level of social acceptance of the child, and induce problems with making and keeping friends (Galezewski, 2010:21,23). When it comes to dealing with problems, boys tend to externalise experience with aggressive and violent behaviour while girls tend to exhibit more depression, anxiety and withdrawal intimidation (McKay-Cook & Zanjani, 2010:391). Particularly girls in the primary school phase have been observed to act out in a more violent manner, than females of any other age group (McKay-Cook & Zanjani, 2010:391). Because they see their world as an unpredictable place and because they have experienced unexpected violence in their lives, they expect it from others. Flannery (2006:19) concludes that the relevance of a child's aggressive behaviour should be assessed in terms of the duration, intensity and frequency of the behaviour.

Aggressiveness impedes children's social development as well as their ability to solve problems and to relate with others in constructive ways. From a Gestalt play therapy perspective, unfinished business related to violent exposure may be manifested in aggression. The above-mentioned information shows that a child exposed to violent events may project his/her feelings of anger related to the trauma onto others, for example peers, through aggressive acts or play. According to the Gestalt play therapy approach, the way in which aggression is released or regulated is of importance. In the therapeutic setting, primary school children exposed to violence need help in releasing toxic aggression (for example, anger towards an aggressor who abuses a mother) in a healthy manner. They must learn resilient and socially acceptable ways of releasing aggressive energy through the various aggression-release techniques used in Gestalt play therapy. Children are provided with opportunities to experiment with behaviour and to discover and understand for themselves how their present social behaviour relates to their experience of being exposed to violence. More appropriate behaviours can be learned, for example, acceptable ways of expressing anger and connecting with their world. Unacceptable social behaviour will thus gradually disappear.

In conclusion, children need a warm, loving and stable home environment. The holistic development of milieu-disabled Sotho primary school children exposed to violence with little/no parent/caregiver support can be enhanced in a context of healthy external support, such as the church, the school and welfare institutions. Primary school children prefer to talk to their peers when trying to gain an understanding of their experiences and problems relating to violence. The therapeutic group milieu may offer the healthy support that they are deprived of at home and provide an opportunity for children to express

themselves in a safe, accepting peer environment. Primary school children's positive social relationships and behaviour experiences are dependent on healthy emotional regulation and a positive sense of self. Violence and milieu disability, however, impact negatively on the emotional and psychological states of primary school children.

5.4.3 Emotional and psychological impact

During the primary school years, children gain an increased understanding of complex emotions like pride, guilt and jealousy, as well as how to define the self through internal and social characteristics (Rodgers, 2010:200). The flooding of negative affect as a result of children's exposure to violence may lead to intense affective and physiological reactions, which in turn results in inappropriate ways of displaying emotions and difficulties in controlling impulses (Galezewski, 2010:23). Other emotional responses to exposure to violence, according to Sterne et al. (2010:32), may include the following:

- Preoccupation with painful and frightening memories of violence long after its occurrence;
- Lying, exaggerating or fantasising about revenge plans and hurting or killing the abuser. This coping mechanism reflects on-going distress in children and may result in self-harming behaviour and suicidal feelings as they grow up;
- Traumatized children with long-term anxieties may seem to be in a continual state of high arousal and may be 'hyper-vigilant';
- A child who has found adults to be unreliable or untrustworthy may have difficulty in trusting others (see 5.4.1.1).

In the primary school phase, children's emotional state become more integrated into their sense of self, as well as their sense of personal responsibility for causing or controlling different emotions (Rodgers, 2010:199). Muskari and Brown (2010:8) observe that owing to the primary school child's increasing comprehension of the intentionality of violence, they may blame themselves or worry about what they could have done to prevent or stop the violence. These feelings place an enormous emotional burden on children who feel that they should have intervened verbally or physically to do this, putting themselves in danger (Sterne et al., 2010:28). Primary school children may need to own and accept responsibility for some aspects of the events, which have troubled them, for example, fears and worries. It is also important for children to separate those parts of the events for which they were responsible from those parts for which they were clearly not responsible. Gestalt play therapy can assist children in correcting the faulty messages (interjects) they have about themselves. Work with polarities or conflicting parts of the personality facilitates these healing processes. In nurturing those painful or negative parts of the self, children can also learn to be nurturing to themselves. Primary school children's poor

emotional regulation as a result of exposure to violence and milieu disability may lead to developmental delays in the form of regression or post-traumatic stress disorder, and also manifest in their physical functioning (also see 5.4.4).

5.4.3.1 Developmental regression

According to the *Oxford Dictionary of Psychology* (2015:644) regression refers to “a reversion to an earlier mode of thinking, feeling, or behaving.” Primary school children may, as a result of exposure to violence, regress to earlier modes of relating to parents (Kagan, 2004:267; Openshaw, 2008:184). This kind of behaviour seems to repeat yearnings to parents or relationships lost due to cycles of loss and rejection; or a present-centred need to recreate a developmental experience that has been missed in the past (Kagan, 2004:267; Tomlinsin, 2004:27). Examples of regression may include any of the following: climbing into bed with parents, sleeping in strange places, baby talk, tantrums, enuresis, thumb-sucking and increased struggles over food, self-care, schoolwork, or household responsibilities (Openshaw, 2008:184). In Gestalt therapy regression is perceived as a contact boundary disturbance or defence mechanism that children employ to deal with the anxiety relating to exposure to violence, thereby avoiding managing real feelings. Under severe stress or anxiety, primary school children attempt to master the fearful violent event by reverting to earlier developmental stages (e.g. thumb sucking and crying; crawling like a baby) where it was more pleasant or secure (Sharf, 2016:746). Post-traumatic stress symptoms may be seen in children who have had prolonged exposure to violence, which may further contribute to developmental delays.

5.4.3.2 Post-traumatic stress disorder (PTSD)

In their primary school years, children learn better control over their emotional states and how to regulate them (Rodgers, 2010:200). Children exposed to violence become hyper-vigilant, or over-cautious, and are easily aroused by environmental stimuli, as well as finding difficulty with healthy emotional regulation (see 5.4.2.2) (Flannery, 2006:41). Extreme exposure to community or family violence may lead to symptoms of depression and post-traumatic stress disorder (PTSD), attention deficit disorder and conduct disorder that can disrupt the achievement of developmental tasks and social skills in the primary school years (Galezewski, 2010:21; Muskari & Brown, 2010:8; Schleser & Bodzy, 2010:245). The symptoms of post-traumatic stress may manifest in children in the following way: numbness, detachment, withdrawal, recurring dreams and nightmares, flashbacks, joyless play, a feeling of going mad, over-activity and irritability, impaired concentration and memory, bed-wetting and soiling, hyper-alertness, agitation and self-abuse (Hester, Pearson, Harwin & Abrahams, 2007:84; Sterne et al., 2010:26). Some symptoms may also be interpreted as being culturally bound (see 5.3.4.3). PTSD touches every facet of school life and inhibits children from “learning effectively, participating fully,

deriving enjoyment, achieving their potential, behaving appropriately and establishing positive social relationships” (Sterne et al., 2010:27). Early intervention is needed to prevent milieu-disabled Sotho Primary school children exposed to violence from developing long-term PTSD. Gestalt play therapy can assist the child in recollecting painful events safely and assures emotional expression of feelings relating to traumatic experiences with violence.

5.4.4 Physical impact

In the primary school years, children from impoverished backgrounds suffer from poor vision, dental problems, disease and ill health, which affect their ability to learn (Charlesworth et al., 2011:182). Connolly and Eagle (2009:552) are of the opinion that a large percentage of South African children do not have the physical resources required to overcome the psychological effects of trauma. This is especially true of milieu-disabled children, who already face numerous health challenges in the form of HIV and Aids as well as malnutrition. Early exposure to violence is also associated with later lung, heart and liver disease, as well as sexually transmitted diseases (Flannery, 2006:41). Children may also suffer physical harm because of abuse or by acting as a shield between parents. They may also display internal (dissociative) symptoms of anxiety, depression, somatic complaints and stress after exposure to domestic violence and intimidation (Openshaw, 2008:184; Galezewski, 2010:21; McKay-Cook & Zanjani, 2010:391), which will be briefly discussed next:

5.4.4.1 Anxiety, stress and depression

Galezewski (2010:20) states that occasional moderate stress can be helpful for children in learning healthy stress responses, but, on the other hand, chronic stress makes children feel overwhelmed. Cohen et al. (2009:2) refer to a strong, frequent, or prolonged activation of the bodily stress management system as toxic stress. Flannery (2006:39) also warns that when traumatic experiences are unpredictable and intense, and are repeated over time, a permanent change of children’s brain structure and chemistry can take place. Toxic (chronic) stress increases children’s vulnerability to future stress, their ability to tolerate stress and to clearly interpret and respond to a threat in an adaptive and socially acceptable way (Galezewski, 2010:20). Chronic exposure to stress has a damaging effect on the individual’s immune system and makes them more prone to illnesses, such as colds or events as serious as a heart attack (Flannery, 2006:39). Flannery (2006:41) explains that studies have shown that young children exposed to chronic violence show a lower resting heart rate than the increased heart rate experienced by most people when exposed to violent stimuli. Chronic anxiety, stress and depression severely impact on milieu-disabled children, who are already physically vulnerable. In

addition, children may retroreflect feelings during the violent event that may lead to physiological reactivity.

5.4.4.2 Somatic complaints and physiological reactivity

Somatic complaints are linked to developmental regression (see 5.4.3.1). As a result of anxiety and stress, primary school children are likely to report somatic complaints such as stomachaches, headaches, dizziness, digestive problems and enuresis (Openshaw, 2008:184; Sterne et al., 2010:36; Daniëls & Bradley, 2011:16). When a child re-experiences a memory, fear or sensory stimulus of the violent event witnessed, somatic reactions, restrictions in breathing or stomach aches may be experienced, which are referred to as physiological reactivity or, in Gestalt terms, retroflexion. The Gestalt play therapist facilitates the child's awareness of his/her present feelings by asking the child to exaggerate the symptoms, for instance, tightening the throat, in this way facilitating awareness of unhealthy ways of retroreflecting feelings. Primary school children also internalise their responses to domestic violence through insomnia, phobias, low self-esteem and impaired ability to concentrate (McKay-Cook & Zanjarian, 2010:391).

5.4.4.3 Sleeping problems and nightmares

Primary school children who witness or are exposed to violence often experience nightmares featuring the attack and feel afraid, which results in sleep disturbances (Openshaw, 2008:18). These sleeping disturbances may continue for several years for some children (Wolfson & Montgomery-Downs, 2013:158).

5.4.5 Moral and spiritual impact

Children's moral and spiritual development is closely linked to every part of their development and meaning-making processes and can be an important protective factor for children's exposure to violence. Moral reasoning and empathy continue to develop in the primary school years from the concrete level of understanding rules to more independent thought about right and wrong (Richter et al., 2006:600). Primary school children gain a clear sense of right and wrong, develop empathy with others and learn how to play according to the rules (Urdang, 2008:385). In the learning process of negotiating the rules of society, children may engage in the behaviours of lying, stealing and cheating to fulfil their fantasies, test boundaries or try to fit in with their peer groups (Richter et al., 2006:600). Adams et al. (2008:53) believe that "part of children's process of finding their voice and their identity, is being able to identify fairness and to empathize with others." If inappropriate behaviours such as stealing persist it may be the child's way of dealing with feelings of rejection and lack of nurturing (Richter et al., 2006:600). Flannery (2006:87) states that children exposed to violence exist to survive; and have little concern

about what happens to them or others, and may feel no empathy. The development of empathy is a protective factor to prevent anti-social behaviours such as school bullying and violence (Bellhouse, Fuller & Johnson, 2005:3). Moral reasoning is closely linked to spirituality, which influences the way children perceive their place in the world and make sense of their lives.

Spirituality and religion are important and central dimensions of human development (Boyatzis, 2005:123). Hood, Hill and Spilka (2009:2) believe that “regardless of time or place, religion is omnipresent and affects people’s lives.” Boyatzis (2005:125) defines religious or spiritual development as “the child’s growth within an organized community that has shared narratives, practices, teachings, rituals and symbols in order to bring people closer to the sacred and to enhance one’s relationship with the community.” Granqvist and Dickie (2006:200) found in their research that all children seek spiritual answers to spiritual questions, such as: Where do we come from? What are we? What is the meaning of life? Several authors (Saleebey, 2006:63-78 & Holloway & Moss, 2010:165) agree that spirituality has been a neglected aspect of social work practice and propose that a renewed professional interest be taken in it. The researcher concurs, and believes that spirituality could play an important role in the resilient recovery and strengthening and instilling hope in children. Granqvist and Dickie (2006:200) maintain that the spiritual needs of children seem to be closely linked with their social-emotional needs in the following ways: (a) experiences of belonging that create a sense of well-being; (b) the reciprocal relationship between mutual love and trust and (c) the feelings of being cherished as loved, unique and irreplaceable. The qualities described above establish the core of the sensitive, responsive relationship known to nurture secure attachment (Granqvist & Dickie, 2006:200). The concrete way of thinking in the primary school phase makes children perceive events in literal terms and their beliefs are often derived from authority figures like parents and teachers (Nierenberg & Shildon, 2005:59). Research studies have revealed that during the primary school years God is sought out, and becomes the more powerful and perfect substitute attachment figure that provides them with the security needed to function in times of adversity (Granqvist & Dickie, 2006:206). Hood et al. (2009:2) indicate that primary school children are also more accommodating of religious beliefs, while symbols are more easily accepted. Spirituality is associated with better outcomes among children who live in impoverished neighbourhoods where violence prevails (Belgrave & Allison, 2010:284). One research study revealed that children with strong spiritual beliefs were protected from the effects of violence, and displayed fewer symptoms of post-traumatic disorders than those without such beliefs (Belgrave & Allison, 2010:284). Religious involvement is also associated with lower levels of aggression and delinquency (Kirsh, 2006:266). Granqvist and Dickie (2006:200) found the parent-child relationship to be a key to understanding children’s

experiences of God/Supreme Being as loving, powerful, caring, nurturing, punishing, close or distant. Religion is a very personal experience, but is also deeply embedded in cultural interpretation; norms and values (see 5.3.4.3).

Jordaan and Jordaan (2005:790-791) describe religion as “a system of beliefs and practices through which a group of people experience that which they regard as supernatural and sacred as real, interpret it as such and respond to it.” Questions about spirituality, particularly the primary school children’s concept of God, are approached from within the children’s own cultural worldview and level of developmental sophistication (Granqvist & Dickie, 2006:200). In the Sotho culture, “God’s omnipresence is consistent with the holistic worldview; an account of the world in which everything is interconnected in such a way that elements of the whole are contained in each part” (Mkhize, 2004:4:19). A research study focusing on the religious systems of people in the Soshanguve Township has found that there are 254 different churches in the area (Bernstein & Rule, 2010:92). This may point to the fact that spirituality and religion are a central aspect in the lives of people of African descent (Belgrave & Allison, 2010:248). Walsh (2006:76) urges practitioners to gain an understanding of the spiritual sources of children’s distress and resources in recovery, resilience and growth. The Sotho primary school child’s own spiritual beliefs, experiences and meaning-making, and their affiliation with a specific faith-based community, could effectively be mobilised as internal and external support systems to soften the disturbing impact of milieu disability and violence in the process of their development.

5.5 CONCLUSION

In this chapter, the connection between milieu disability and violence in the South African context was discussed. It is evident that the historical socio-political roots and many facets of milieu disability are closely linked to the country’s socio-economic challenges, placing Sotho children and families at increased risk of violent exposure. Milieu-disabled Sotho primary school children exposed to violence face a variety of risks or developmental challenges that undermine their holistic development and need fulfilment in life. Chronic adversity results in unhealthy ways of viewing the world and being in it. It perpetuates cycles of poverty and violence for children.

Through the application of an ecological systems framework it was advocated that the characteristics of the milieu (environment) which sanction or hinder exposure to violence should be understood in context of the interactions between children and their socio-cultural environment. The genetic characteristics of the child (nature) and environmental (nurture) protective and risk factors impact on one another reciprocally, as none of these factors alone can holistically explain the child’s developmental responses to milieu

disability and violence. In the ethnic context, Sotho children may encounter cultural norms and values that promote violent practices. The strength of collective caretaking, on the other hand, was said to be a protective factor within the culture that could be utilised in intervention programmes. The multi-cultural environment, technological advances and socio-economic western influences on the South African context dynamically impact on the Sotho ethnic group.

Culture is not static, and these reciprocal interactions may lead to positive or negative deviations in ethnic groups. Social work professionals have to be culturally sensitive and mindful of these influences when designing intervention programmes. A strength-based approach is promoted whereby the enhancement of the resilience in children in ethnic context exposed to violence; and the support from the environment can result in healthy, reciprocal caretaking in a given socio-cultural context. Several risk and protective factors at the bio-, micro-, meso-, exo- and macro levels were discussed that significantly impact on the holistic development of in milieu-disabled Sotho primary school children exposed to violence. Specific cognitive, physical, emotional, behavioural, social and spiritual developmental trauma responses that were described are also evident in the primary school child as a result of exposure to milieu disability and violence.

The next chapter includes the presentation and interpretation of data obtained in the qualitative phase as an important foundation for the development of the prototype intervention.

Chapter 6

QUALITATIVE FINDINGS AND PRESENTATION

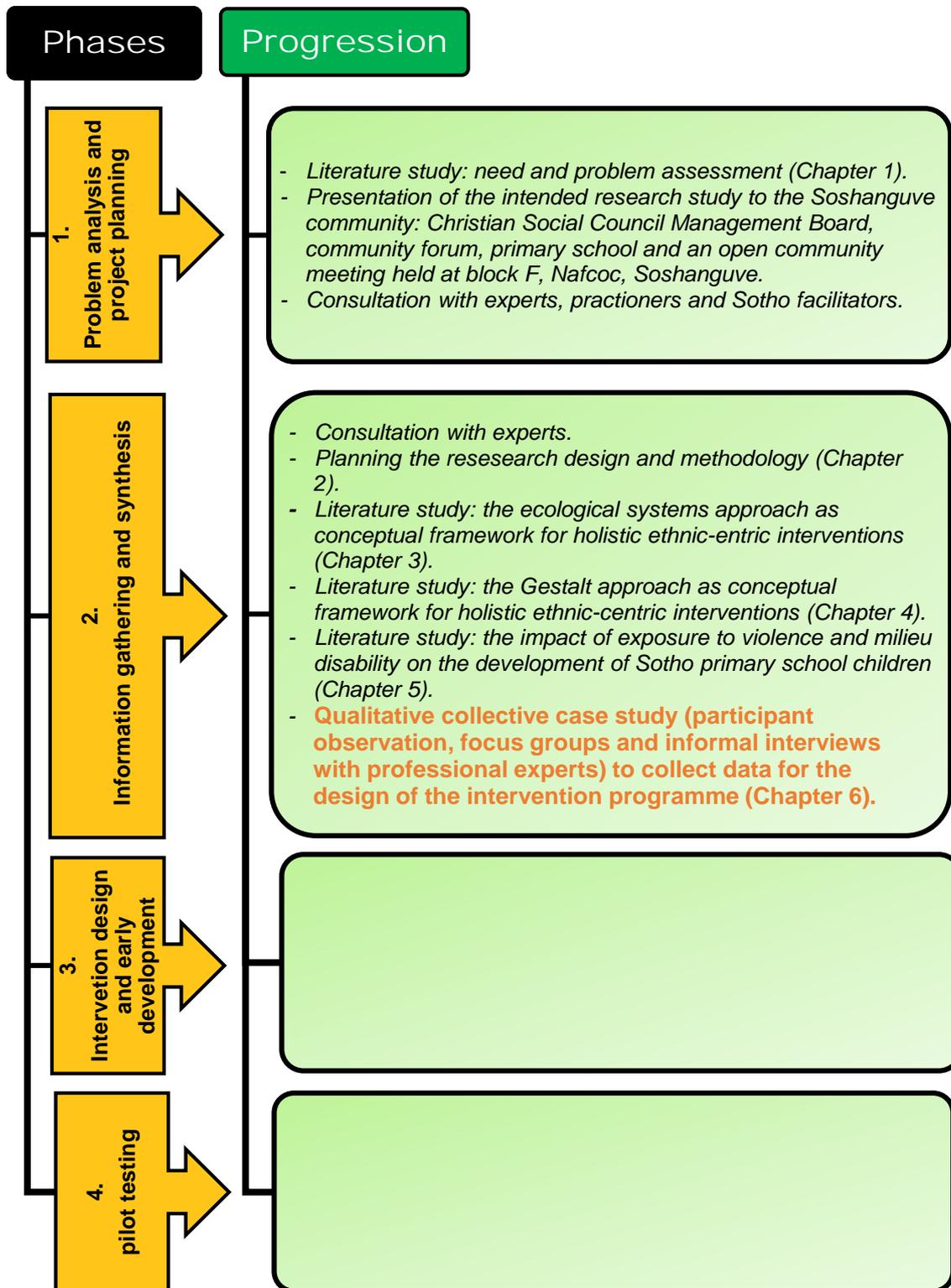


Figure 6.1: Progression of phases in the intervention research process

(Adapted from Rothman & Thomas, 1994:28; Fraser et al., 2009:36)

6.1 INTRODUCTION

The research methodology was discussed in Chapter Two. This chapter seeks to present and make sense of the qualitative findings that were collected in exploring and describing the research questions related to milieu-disabled Sotho primary school children's exposure to violence.

- How do the factors operating within the family and broader community, namely the socio-cultural and economic contexts contribute to the problem or provide resolutions that can be utilised for the development of the holistic ethnic-centric intervention programmes for milieu-disabled Sotho primary school children exposed to violence in order to enhance their holistic developmental well-being?
- How does the milieu-disabled Sotho primary school child's experience relating to violence interfere with meeting his/her own holistic developmental needs across the many ecological systems in which he/she is involved?

Assigning meaning to the empirical data was a process guided by the conceptual framework of the study.

Firstly, the research sites and demographic details of the participants in the various case units of the collective case study are introduced. Thereafter, the data and the research findings collected from the collective case study are presented and discussed in context of the relevant literature. The chapter ends with drawing holistic conclusions for the design of the intervention programme.

6.2 RESEARCH SITES AND DEMOGRAPHIC DETAILS

The research topic was studied in-depth in a single geographic area, namely the Soshanguve Township (see Chapter Two, 2.4.2). Gaining respectful entry to the community through gatekeepers was an essential process in order to sustain on-going collaboration in the research project. A presentation of the research sites and the demographic details of the participants of the various case units are discussed next:

6.2.1 Case unit one: Naturalistic observational study of milieu-disabled Sotho primary school children

The primary school in Soshanguve comprises of a total of 1 123 primary school pupils with 90% being Sotho speaking. A naturalistic observational study of milieu-disabled Sotho primary school children were conducted in collaboration with two Sotho speaking co-facilitators. This was done by means of observing learners at the following sites at school: (a) play areas of younger and older children; (b) sport and recreation areas and; (c) activities outside the school fence visible from within the school. In the pursuit of attaining more in-depth clarification of data it was at times necessary to conduct informal

interviews with some of the learners at the primary school. For further elucidation, see Chapter Two, 2.4.2.1.

6.2.2 Case unit two and four: Milieu-disabled Sotho primary school children exposed to violence

Two separate follow up groups were conducted with the participants in case unit 2 and 4 to confirm and clarify findings and to seek alternative explanations. Illustrative and verbatim data were obtained through utilising multiple, child friendly research stimulus activities as documented in Chapter Two (see 2.4.3.2). The demographic details of the child participants are presented in Table 6.1 and 6.2 in terms of sex, age and language against name codes.

Table 6.1: Demographic details of the child participants in case unit two

CODE	SEX	AGE	LANGUAGE
F1B01	Male	10 years	Tswana
F1B02	Male	11 years	Tswana
F1B03	Male	11 years	Tswana
F1B04	Male	10 years	Tswana
F1B05	Male	11 years	Pedi
F1B06	Male	9 years	Tswana
F1G01	Female	10 years	Pedi
F1G02	Female	11 years	Pedi
F1G03	Female	10 years	Pedi
F1G04	Female	11 years	Pedi
F1G05	Female	10 years	Pedi
F1G06	Female	10 years	Pedi

Table 6.2: Demographic details of the child participants in case unit four

CODE	SEX	AGE	LANGUAGE
F2B01	Male	11 years	Pedi
F2B02	Male	10 years	Tswana
F2B03	Male	11 years	Tswana
F2B04	Male	11 years	Tswana
F2B05	Male	9 years	Pedi
F2G01	Female	9 years	Pedi
F2G02	Female	10 years	Pedi
F2G03	Female	11 years	Pedi
F2G04	Female	11 years	Pedi
F2G05	Female	9 years	Pedi

6.2.3 Case unit three: Collective needs assessment with indigenous community experts

The demographic details of the indigenous community experts are presented against name codes in terms of their profession and qualification, sex, age group, language and the specific target groups that they serve as it related to violence. Unfortunately the traditional healer declined to be involved. An interview was hence conducted with a former traditional healer (see F3F10) who indicated her willingness to share her experiences and thoughts on the questions outlined in the interview schedule (see Appendix 3). The demographic details of the indigenous community experts are captured in Table 6.3.

Table 6.3: Demographic details of the adult participants in case unit three

Code	Profession and qualification	Sex	Age group	Language	Target group
F3M01	Lay community pastor Grade 12 Communication in call centre	Male	21-30	Zulu	All age groups from infancy
F3F02	Social worker BA Social Work	Female	31-40	Pedi	All age groups from infancy
F3M03	Community worker Grade 10	Male	31-40	Pedi	Pre-primary Primary school Secondary school Young adults
F3M04	Teacher Higher Education Diploma	Male	31-40	Tswana	Primary school children
F3M05	Auxiliary worker Grade 12	Male	21-30	Pedi	Infants and toddlers Pre-primary Primary school Secondary school Young adults
F3F06	Nurse Nursing diploma	Female	41-50	Tswana	All age groups
F3M07	Community leader in Soshanguve Grade 12	Male	41-50	Pedi	Infants and toddlers Pre-primary school Primary school Secondary school Young adults
F3F08	Women exposed to violence Grade 10	Female	21-30	Tswana	Personal experience
F3M09	Metro Police official Grade 12	Male	31-40	Pedi	All age groups from infancy
F3F10 (interview)	Former Ngaka Pastoral care Missionary Botswana Honours in Practical Theology	Female	41-50	Tswana	All age groups

Table 6.3: Demographic details of the adult participants in case unit three (continued)

Code	Profession and qualification	Sex	Age group	Language	Target group
F3M09	Metro Police official Grade 12	Male	31-40	Pedi	All age groups from infancy
F3F10 (interview)	Former Ngaka Pastoral care at a congregation in Tierpoort and a missionary in Botswana Honours in Practical Theology	Female	41-50	Tswana	All age groups

6.3 PRESENTATION AND DISCUSSION OF FINDINGS

This section presents the findings which are supported by a “thick description” of the participants voices presented in the verbatim quotes (Luton, 2010:150). With the socio-cultural context being a prominent theme in the study, the research process proceeded in collaboration with indigenous informants and through feedback loops with the participants in the study to ensure cultural validity. The findings were also compared with existing literature and theory. The multiple sources of information utilised in the collective case study generated a substantial amount of rich in-depth qualitative data that ultimately provided a holistic picture of the lived experiences of milieu-disabled Sotho primary school children as it relates to their exposure to violence.

The analysis process for the development of the thematic framework was guided by a structure developed through comparing analytical strategies as proposed by several authors (Unrau et al., 2007:342; King & Horrocks, 2010:150; Smith & Davies, 2010:145-158; Marshall & Rossman, 2011:167; Schurink et al., 2011:397-423; Gray et al., 2012:426; Creswell, 2013:177-179; Longhover et al., 2013:45). The researcher firstly searched for patterns, and themes within each case unit (referred to as a “within-case analysis” in order to determine the relationship of data with the research context (King & Horrocks, 2010:150; Creswell, 2013:101). A cross-case analysis was then conducted whereby the themes and categories that emerged from the within-case analysis were compared to determine the similarities but also the divergence across cases (compare King & Horrocks, 2010:150; Creswell, 2013:101). Table 6.4 outlines the broad thematic framework as the result of an extensive process of coding, categorising and analysing data across cases.

Table 6.4: Thematic framework and data sources

THEMATIC FRAMEWORK	DATA SOURCES				
	Case unit 1 Observation Primary school MDSPSC	Case unit 2 Focus group Sotho MDSPSC exposed to violence	Case unit 3 Focus group Indigenous experts	Case unit 4 Focus group MDSPSC exposed to violence	Informal Interviews External experts
THEME 1: MDSPSC⁴ EXPERIENCES OF EXPOSURE TO VIOLENCE	✓	✓	✓	✓	✓
THEME 2: IMPACT OF EXPOSURE TO VIOLENCE ON THE DEVELOPMENT OF MDSPSC	✓	✓	✓	✓	
THEME 3: RISK FACTORS FOR MDSPSC EXPOSURE TO VIOLENCE	✓	✓	✓	✓	✓
THEME 4: PROTECTIVE FACTORS FOR MDSPSC EXPOSURE TO VIOLENCE	✓	✓	✓	✓	✓
THEME 5: SOTHO CHILDREN: PLAY AND LEISURE	✓	✓		✓	

In presenting the collective case study findings, the researcher attempts to empower the participants in the study with a voice, apply gender differentiation and provide a holistic representation of milieu-disabled Sotho primary school children's socio-cultural realities as it relates to exposure to violence. The research findings will further reflect the accounts of the participants as it is recorded in the transcripts, the researcher and the Sotho facilitators' voices which were sometimes necessary to provide context. Table 6.5 lists the key symbols utilised for presenting the verbatim quotes and field notes throughout this chapter.

⁴MDSPSC refers to an acronym for milieu-disabled Sotho primary school children exposed to violence.

Table 6.5: Key symbols: participant voices

KEY	PARTICIPANT VOICE
M:	Male indigenous community expert (focus group)
F:	Female indigenous community expert (focus group)
B:	Boy child participant (focus group)
G:	Girl child participant (focus group)
PSO:	Field note: Primary school observational study
P:	Responses of more than one participant
EPE:	External professional experts
MSF:	Male Sotho facilitator
FSF:	Female Sotho facilitator
R:	Researcher

The central themes presented in Table 6.4 above; the subthemes; categories and sub-categories that emerged from the cross-case analysis are presented; discussed; compared and contextualised with existing literature to ultimately provide the holistic context.

6.3.1 THEME 1: EXPERIENCES OF EXPOSURE TO VIOLENCE

This section commences by reporting on theme 1 that includes the participants' experiences of exposure to violence. Experiences can be described as the inner processes of making sense of the world containing content such as: personal history, culture, views (doubts, hopes, fears), values and belief system (see Bronfenbrenner, 2005:5; Weiner & Graighead, 2010:786). The ecological system's risk- and protective framework provided in Chapter Three facilitates a comprehensive understanding of the contexts in which violence occurs and the way that milieu-disabled Sotho primary school children are exposed to violence (as victim or witness); experience and make sense of their socio-cultural environments. Experiences of safety in the community; perceptions of trust in support systems; frequency of exposure to violence and types of violence were identified as interrelated subthemes that described milieu-disabled Sotho primary school children's experiences of exposure to violence.

6.3.1.1 Subtheme 1.1: Experiences of safety in the community

Table 6.6 provides a summary of the categories and key findings which are representative

of subtheme 1.1 that relate to milieu-disabled Sotho primary school children's experiences of safety in the community.

Table 6:6: Summary of subtheme 1.1

THEME 1: EXPERIENCES OF EXPOSURE TO VIOLENCE			
SUBTHEME	CATEGORIES	SUB-CATEGORIES	KEY FINDINGS
Experiences of safety in the community	<ul style="list-style-type: none"> • Hostile and unsafe environments • Places in the community perceived as safe or unsafe 	<ul style="list-style-type: none"> • Church • Police station • Train station • Street • Vendors • School • Hospital • Home • Neighbourhood • Park • Town Council • Garage 	<ul style="list-style-type: none"> • Prolonged exposure to hostile and unsafe environments characterised by unlawfulness; drug activities and violence. • The majority of participants perceived their community (including their homes and public places) as mostly hostile and unsafe.
		<ul style="list-style-type: none"> • Children's court • Fire Station • Tavern and shebeen 	<ul style="list-style-type: none"> • Places in the community that were listed as mostly unsafe included the train station; garage; vendors; shebeen or tavern; shops; park and street. • The police station, church and social work office were, however, experienced as safe havens in the community that may buffer the impact of violence.

The following categories emerged in relation to subtheme 1.1: hostile and unsafe environments, and places in the community perceived to be safe or unsafe.

a) Hostile and unsafe environments

The majority of child participants indicated that they experienced a perpetual risk of exposure to unsafe and hostile milieu-disabled environments. Furthermore, they indicated that they are exposed to and witnessed violent events such as: robbery; rape; and hearing gun shots in the evening. These events were reported to frequently link with drug activities taking place in the Soshanguve Township. The participants shared their experiences as follows:

G: *"They shoot the gun in the evenings."*
G: *"Some boys rob us when we go to school."*
G: *"People who use drugs are stealing property from houses. They wake up early to do that. They steal property so they can buy drugs."*
G: *"In the morning when the people go to work, they are robbed and raped and killed."*

b) Places in the community perceived as safe or unsafe

The following sub-categories describe the participants perceptions of safe and unsafe places as mapped out in their community: church; police station; train station; street; vendors; school; hospital; home; neighbourhood; park; town council; garage; children's court; fire station; tavern and/or shebeen.

• Church

The majority of the child participants conveyed that they experienced the church as a safe haven due to the helping people that are present in the church. However, the church was also described by some as a place not safeguarded from lawless activities, mostly linked with theft, as quoted:

G: *"The church is safe because there are lots of people in the church."*
P: *"It is safe because there are brothers and sisters, ushers and pastors."*
B: *"I don't think that the church is safe because they have stolen the musical instruments."*
G: *"Other churches attend meetings at schools and at the end of the service people use their chance to steal."*

• Police station

Most child participants indicated that they experienced the police station as safe, and voiced that they can count on the police to offer protection and to ensure that criminals are caught.

G: *"If my family member or someone steals something we can call the police."*
B: *"If someone steal something and run away to Zimbabwe or Asia at the end of the day the police will catch them and arrest them."*

• Social welfare office

The social welfare office was perceived by the majority of participants as a safe place to be; and they experienced responsiveness to their needs as articulated below:

P: *"It is safe and they are helpful."*

- **Train station**

All the child participants consider the train station as one of the most dangerous and unsafe places to be. Yet, when asked if they experienced it themselves, they indicated that they have seen these events on television, or heard it from relatives who experienced it or witnessed it themselves. They nevertheless indicated that it is an everyday reality for them as someone was recently killed at the train station. The accounts provided by the participants revealed that illegal activities take place at the train station that involved armed robbery and assault. It was also said that people at the train station were at risk of being blocked or pushed by others in an attempt to safeguard a seat on the train.

B: *"There are many people and some are in the possession of guns."*
G: *"People get killed."*
G: *"They can push you, and you will be crushed by the train."*
B: *"They can block you."*
B: *"They can stab you in the train."*
G: *"They can take your car and your bag."*

- **Street vendors**

Street vendors or dealers operate in townships as informal traders selling for example fruit and vegetables in order to sustain themselves and to provide for education for their children (Stroebe & Van Schalkwyk, 2012:154). *Spaza* shops (tuck shops) are also commonly found in the townships but are usually attached to a persons' house (Stroebe & Van Schalkwyk, 2012:154). The child participants, however, pointed to a different perception of street vendors describing them as unsafe due to concealed illegal activities taking place at some of the vendors as reported below:

B: *"It is not safe because they rob you there."*
B: *"They also sell dagga there."*
B: *"I saw them wrapping it in a paper like a cigarette."*
G: *"You can also buy fake CD's" (Some girls chuckling in the background).*
G: *"They are fighting over the drugs."*

Some of the indigenous experts confirmed that the trading of illegal drugs at the vendors was actually happening and explained how easily children get drawn into the drug culture in townships as explained in the quotes:

M: *"I believe money is a problem to our kids. Most of the time in Soshangvue there are a lot of tuck shops, a lot of things which are being sold ... Some parents give their children a lot of money when they go to school. Then you find that the money is finished when they come home. You will find that this money is sometimes used for drugs. This is how the kids start doing drugs, because they got money. Later on the children are introduced to drugs at the vendor and then this money is used for smoking and drugs."*
F: *"You find that a parent would give a small child (7 – 10 years) between ten and thirty rand*

which is a lot of money for a little girl. Why not rather give them a lunchbox instead of money which becomes a temptation to buy nyaope⁵. If you are a parent and you put your purse on the table no child should be allowed to take money without permission. He or she should ask for money from the parent.”

- **School**

A security fence was constructed at the primary school where the participant observation studies were conducted and a security guard was guarding most of the time due to the extent of crime happening in the immediate neighbourhood surroundings. Except for one boy indicating that he feels safe in class, the child participants mostly expressed that they felt unsafe in the school due to daily fights occurring in class and during break time. Offenders also tend to repeat their behaviour even after being punished, causing the participants to constantly feel unsafe during school hours. The participants therefore conveyed a need for better security at school.

G: *“In my class, they fight on a daily basis.”*
G: *“They must have security at school.”*
B: *“When the children who are fighting are punished by teachers they say that it is not painful and they keep on doing that because there is nothing avoiding them to fight. If security is there they might feel afraid.”*

- **Hospital**

The majority of participants said that they felt safe in the hospital, accept for one boy. The findings reflected a blend of personal, family and /or media influence that created feelings of insecurity that is represented in the narrative below:

B: *“I feel scared in the hospital because a stranger will walk into the hospital.”*
P: *Some participants shook their head in agreement.*
B: *“I saw this on TV.”*
MSF: *“So what you see on TV is real for you?”*
P: *“Yes.”*
MFS: *“So the hospital is actually safe?”*
B: *“Not for me. I just don’t feel safe.” He didn’t want to give a reason.*

- **Home**

According to Africa Check Statistics (2014) more crime happens at homes in the townships where violence is a daily occurrence than in more upscale neighbourhoods. The majority of child participants reported that they are often home alone in the afternoon or left in the care of older siblings. Most child participants indicated that being home alone without parental supervision made them to feel unsafe. They expressed that they are fearful of criminals entering their houses and taking their personal belongings; and/or that

⁵ **Nyaope**’ a street drug that is a mixture a low quality heroin and cocain mixture (National Drug Master Plan 2013-2017:40).

they might be beaten or killed. It was also suggested that women or girls may be more vulnerable or at risk due to the probability of becoming a victim of rape.

B: *"When parents are not home it is unsafe."*
B: *"When you are women and thugs come."*
G: *"Criminals come with many tricks to get us out of the house and when we go out of the house the thugs come in the house to steal."*
B: *"They can break in and kill you."*
B: *"They like beating children."*

• Neighbourhood

It was conveyed by the child participants that they mostly experienced their neighbourhoods as unsafe; and that there "are things that made them to feel scared." Some said that they are exposed to real danger in close proximity that included property theft and threats related to emotional and physical harm that caused them to feel fearful, as indicated below:

G: *"I don't feel all right about the neighbours. There are people who swear."*
B: *"There are some things that make me scared."*
G: *"Our next door neighbour has a boy who is stealing. I am afraid of that boy. He is threatening us with a knife saying that he will beat us."*
G: *"Another man was stealing cables and steel doors to take them to the scrap yard."*

• Park

Mixed responses were received from the participants related to safety issues with the park. Some participants experienced the park as safe and found it an enjoyable place to be. The participants specified that there are several parks in existence in the Soshanguve Township. Unfortunately, for many participants these parks are located quite a distance from their homes as narrated below:

B: *"I go to Slovo park. There are swings and a playground. It is far to go there from where stay."*
B: *"There is a playground and a pool in block LN far from my house."*

When children endeavour to walk the long distance to the park without adult supervision, they might be exposed to safety risks such as being kidnapped or raped. There were also several children who experienced the park as unsafe owing to the presence of disagreeable characters; and the abuse of alcohol that occurs in the park. It was furthermore, indicated that girls may be more at risk to be raped. Skimpy clothing was given as one of the reasons for girls getting raped in the park.

B: *"Hundred percent not safe."*
P: *"There are people drinking alcohol there."*
G: *"It is easy for the thugs to attack there."*
G: *"Girls wearing miniskirts at the park are easily raped."*
MSF: *"This actually really happened on the 16th of December they raped someone at the Slovo Park."... Yes, I do agree it is not safe especially for young girls."*

- **Town Council**

The town council was experienced by a few of the child participants as unsafe; due to the possibility of getting robbed by drug dealers as articulated in the quote:

B: *"At the town council they sell electricity. The boys who sell nyoape there can rob you when you go out of the gate."*

- **Garage**

Most of the child participants initially indicated the garage as an unsafe place, but later changed their minds to say that it is not much of a concern to them. One boy, however, linked safety issues to automated teller machines (ATM) or cash machines located at some garages inviting the possibility of crime as quoted below:

B: *"Some of the garages have the Banks (ATMs). Some people will come and rob you."*

- **Children's court**

The majority of child participants perceived the children court as generally safe due to the presence of cameras and police.

P: *"It is safe there."*
B: *"I feel safe there because there are police and there are cameras."*

A few participants, however, indicated that they felt unsafe but could not provide reasons why they felt unsafe. It could possibly be that the participants may also experience the video cameras as invasive of their personal space causing them to feel uncomfortable and unsafe when their movements are monitored. It could also be that they are feeling scared to face perpetrators or that their voices may not be heard.

- **Fire station**

The researcher sought an explanation as to why the fire station (a place of protection) was perceived by the majority of the child participants as an unsafe place. The narrative indicates that the business and frequent emergencies observed at the fire station may cause fear in children.

G: *"It is very busy there."*
B: *"There are always emergencies."*

Connolly and Eagle (2009:541) indicate that the accidental risks such as burn-related injuries sustained by children may be higher in impoverished communities where flammable means are used, instead of electricity (Connolly & Eagle, 2009:541). Skelton (2011:76) observes that shack fires are mainly caused by open fires and unattended paraffin stoves because occupants are without electricity. Therefore the child participants perceived fire emergencies as a regular occurrence in the Soshanguve Township and may associate the fire station with danger and unsafe feelings.

- **Tavern or shebeen**

The participants described the taverns and shebeens as places where people dance and drink. Although most participants indicated that they are prohibited to go to these places; some revealed that they are sometimes sent by their caregivers to buy cigarettes.

B: *"At the tavern they dance."*
B: *"At the shebeen they drink."*
R: *"Are you allowed to go to the shebeens?"*
P: *"Loud no!" (most participants)*
R: *"But you are sometimes sent to buy cigarettes?"*
P: *Mixed responses of "yes" and "no."*

An indigenous community expert provided her differentiation between a tavern and a shebeen and confirmed the connection between children's exposure to violence and the shebeens or taverns. She also observed that the shebeens and taverns are not properly regulated by law.

F: *"The taverns have loud music, and drinking and younger people attend. I had a shebeen at my house that was more for older people. Young children are sent to go and buy things for the parents or caregivers at the taverns or shebeens and that is where they see all the violence. These places should be regulated by law."*

The male Sotho facilitator confirmed the above but pointed out that it is mainly the boys that are sent to buy beers or cigarettes that are exposed to witnessing violence. A boy participant shared his experience of witnessing gun-related violence through a window at the tavern as depicted in Figure 6.2:

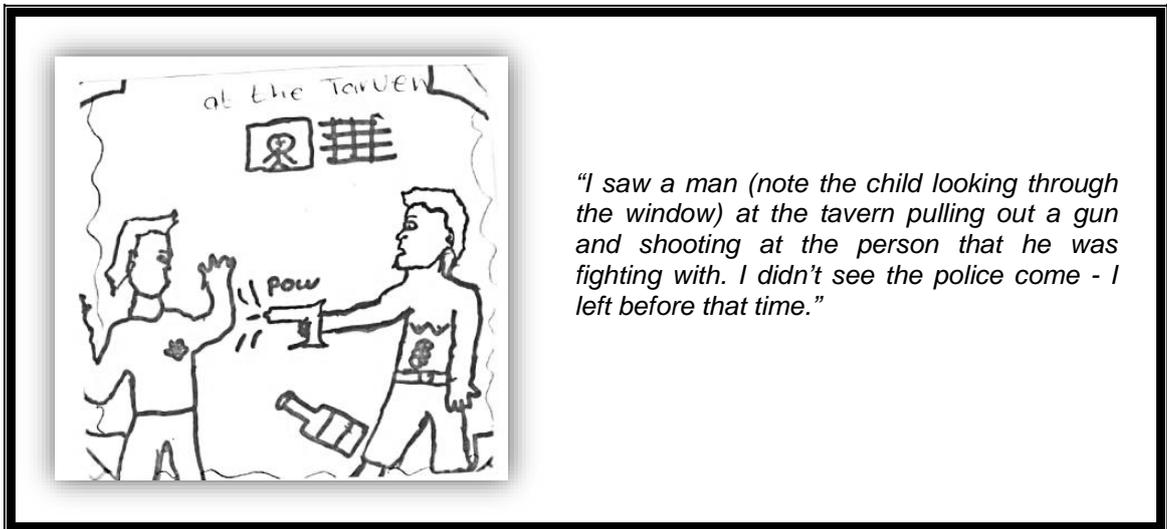


Figure 6.2: Violence in the tavern

Although boys are indicated as mainly being sent to the taverns to buy cigarettes, one of the girl participants also shared a personal experience whereby she witnessed violence at the tavern:

G: *"I saw people fighting and swearing at each other. These people they are in Khoza's tavern ('Khoza' is a surname in Zulu). They fight for a beer."*

It can hence be concluded that children irrespective of gender are sent by their caregivers to taverns and shebeens where they are exposed to violence and substance abuse at an early age.

Mkhize (2012) from the STAR newspaper provides an informative report on the difference between the shebeens and taverns found in Black South African townships and how it may present with alternative risks for children.

Shebeen: Most of these are operated by elderly people, predominantly women. Shebeen queens and kings share their living space with their customers, meaning there are no designated areas in the house for patrons. Children raised in these households often go to bed late or can't study because of the noise generated by patrons, despite the fact that most hard-core shebeens don't play loud music. The customers are normally regulars who are often given booze on credit. These are the operations that would normally fall outside the ambit of the existing legislation such as the Gauteng Liquor Bill of 2003.

Tavern: A place of business where people gather to drink alcoholic beverages and are served food, and in some cases those travelling through the town or city may receive lodging ... Taverns are highly organised and adhere to a code of conduct that was

drawn up in collaboration with the police to help stamp out crime.
(Mkhize, 2012, the STAR).

Mkhize's (2012) quote specifies that children living with caregivers owning shebeens are furthermore at significant risk of being deprived of sleep and personal quiet time to study due to the high noise levels at night. These factors may negatively impact on their academic performance. Furthermore, they are also at risk of being exposed to criminal activities and policing as these places are not always regulated by law. The availability of alcohol and even drugs may open doors for exposure to violence and substance abuse.

- **Street**

The child participants were in general agreement that the street is an unsafe place to be. By means of prompting the participants to share what happens in the street they indicated that they witnessed and/or are exposed to acts of violence including the beating up of people; bullying; rape and one boy also added kidnapping:

<p>G: <i>"They like beating up people in the street." (the other participants agree)</i></p> <p>R: <i>"Bullies?"</i></p> <p>P: <i>"Yes."</i></p> <p>R: <i>"Rape?"</i></p> <p>P: <i>"Some say yes."</i></p> <p>R: <i>"Kidnapping?"</i></p> <p>B: <i>"Yes it happens."</i></p>

- **Synthesis of subtheme 1.1**

Literature findings revealed that children living in low-income neighbourhoods are more vulnerable to violent exposure and consequent safety concerns (c.f. Swartz, 2009:39; Newman & Newman, 2009:312). In corroboration with the above-mentioned literature findings most of the child participants due to the milieu-disabled conditions that exist in the township; were found to be exposed to dangerous and violent environments characterised by criminal activities. The majority of the participants consequently experienced most of their immediate environment (including their homes, school and public places) as hostile and unsafe. Places in the community that were listed as mostly unsafe included the train station; garage; vendors; *shebeen* or tavern; shops; park and street. The police station, church and social work office were, however, experienced as safe havens in the community that may protect children from the impact of violence.

6.3.1.2 Subtheme 1.2: Perceptions of trust in support systems

Table 6.7 provides a summary of the categories and key findings of subtheme 1.2 that contain the participants' perceptions of trust in support systems as they relate to theme 1.

Table 6.7: Summary of subtheme 1.2

THEME 1: EXPERIENCES OF EXPOSURE TO VIOLENCE		
SUBTHEME	CATEGORIES	KEY FINDINGS
Perceptions of trust in community helpers	<ul style="list-style-type: none"> • Police • Social workers • Teacher • Pastor or priest • Friends • Traditional healers 	<ul style="list-style-type: none"> • Most of the participants indicated that they trusted the priest and/or pastor, social worker, police and teacher although there were some concerns expressed. • Friends and the traditional healers were trusted the least. • The participants expressed dubious trust in primary and traditional support systems.

The following key categories that emerged in subtheme 1.2 provide descriptive data of the participant' perceptions of trust in support systems: police; social worker; teacher; pastor or priest; friends; family and traditional healers.

a) Police

In the description of subtheme 1.1 most of the participants indicated that they experienced the police station as safe, and that the police would protect them from criminals. However, the majority of the child participants conveyed that they do not trust the police as reporting authorities as they do not always receive help at the police station. The police were indicated to be slow in responding to a call for help; to arrest the wrong people; and to not value or listen to children when they report an incident. According to the child participants the police only attend to the complaints of women. Furthermore, police officials are allegedly bribed by offenders.

B:	<i>"If you call the police they will take time to come to you."</i>
B:	<i>"When we go to the police they say that we are young and don't know anything." "They arrest the wrong people."</i>
B:	<i>"They only listen to women."</i>
G:	<i>"They don't listen to us."</i>
P:	<i>"The police will say go home you cannot report such a case. What do you know about rape? The police would say you are too young to report a case like this."</i>
B:	<i>"You can buy the police!" (Use bribery).</i>

Some of the indigenous experts shared similar opinions of the police also indicating bribery and one male participant controversially brought attention to the failure of the police to respond to male victims of domestic violence. Some police officials holding higher positions were also implicated as misusing their positions to partake in drug activities themselves. An expert in his capacity as metro policeman, however, dismissed the above-mentioned statements as a lack of knowledge in understanding the law and the processes needed to reinforce justice.

- M:** *"The problems come when a woman goes to the police station to complain about the husband abusing them. This is often not the case because it is more often the women abusing the man." No response was received from the other participants.*
- M:** *"With regards to selling drugs. You will be arrested and brought to the police station and will be requested to inform the police about who is selling drugs. When you say this or that one, they (indicating the police) are often bribed to set the criminal free. The police especially those in high positions are drug dealers themselves."
Disagreeing. "I think it is a lack of knowledge on how the justice system works... evidence and research must first be obtained in order to charge a person."*

If the findings discussed under subtheme 1.1 regarding the police station are compared with the responses from the participants above it appears that the police are trusted mainly for providing protection but not so much as reporting authorities for children and also adults. Van Niekerk (2004:264-265) of Childline (a free service for children in distress) explains why there might be trust issues with the police:

...[O]ne cannot ignore the on-going problems that many communities experience with the SAPS. Reports of attending crime scenes drunk, verbal abuse of complainants, using police vehicles for collecting alcohol from local shebeens, and the lack of availability of senior personnel to address complaints continue to come to the attention of Childline staff ... Police personnel who turn children and families or caretakers away stating that the assault is a domestic issue and should be resolved as such. SAPS members are sometimes reported to participate in negotiating payments of "damages" as an alternative to continuing the investigation.

Van Niekerk's (2004) quote confirms the lack of responsiveness to children and families especially when it relates to domestic violence. Unethical professional behaviour of police is also indicated that involves: performing duties under the influence of alcohol; unlawful use of police vehicles to collect alcohol at shebeens; and unlawful negotiations of payments. These may all be reasons that furthermore explain why the participants had the same dubious trust in the police as reporting authorities.

b) Social worker

The child participants confirmed a great deal of trust in a social worker's ability to help with a broad scope of problems as indicated in the quote below:

- B:** *"They will fix everything."*
- B:** *"Even if we don't have money or other things at home the social worker can help us to get some help."*

An indigenous community expert working in the health sector, however, found the waiting period for social work intervention a frustrating process detrimental to the helping relationship with the client as explained below:

F: *“At the Department of Health we usually refer children to a psychologist who is trying to help us and we also try to refer to the social worker. There are so many issues for example when the family cannot access food we refer to social workers. I find the time duration frustrating... If you tell a patient there is nothing I can do for you, and you find that you cannot reach a social worker it is difficult in my profession. If I could at least refer the patient to the social worker for counselling he/she may feel that somebody cares.”*

External experts confirm that social work offices are sometimes not accessible for trauma debriefing hence, considered a constraint. The researcher observed in practice that overwhelming caseloads, lack of resources, and funding are some of the challenges social workers and especially NGOs working in townships face for not responding timeously to the needs of clients.

c) Teacher

More girl participants than boy participants indicated trust in teachers as educators for their future; and as community helpers with whom personal problems could be shared as quoted:

G: *“Teachers teach us good things and we can have a future.”*
G: *“Teacher can teach and help you to take out the things that you are not able to talk about.”*

The child participants, however, also disclosed a different experience of teachers as they sometimes perceived them to be poor listeners and unwilling to report to authorities.

P: *“Sometimes they listen and sometimes they don’t.”*
G: *“It hurts me that the teacher doesn’t want us to report what is happening in school?”*

d) Pastor or priest

The pastor and/or priest were experienced by most child participants as safe and trustworthy community helpers owing to the spiritual support and help that are provided as substantiated in the quotes:

B: *“The pastor will come and pray for the family that all our problems will go away.”*
B: *“I feel safe because of the priest.”*
B: *“The pastor will take me to the social worker.”*
B: *“The pastor can help you take out the demons.”*

An indigenous community expert in his capacity as pastor explained that he is overwhelmed with spiritual work needed for people in the township who are exposed to violence hence, confirming the child participant's sense of trust:

M: *"It is overwhelming – we cannot relax. They will even call you in the early morning hours. I do individual counselling...and a prayer chain ."*

e) Family

Only a few children indicated that they would trust their family. One boy expressed his confidence in his family as follows:

B: *"I prefer the family because even if I grow up; if something happens to me I can go back to them."*

The majority of children, however, expressed that they cannot approach their caregivers, or speak to them to report incidents of violence against them. Some indicated that they fear the consequences of a scolding or a hiding when they dare to approach their caregivers. One boy, however, boldly encouraged the other participants to share with their caregivers what is on their heart and not to be fearful of them:

B: *"I must keep quiet." Echoed by another boy.*
G: *"We must tell them we mustn't be afraid of them."*
B: *"They are going to beat me."*
G: *"My mother will shout at me."*

If children don't have the confidence to approach their caregivers when they need help with matters related to violence, it may remain hidden and result in children isolating themselves from others; and finding alternative coping mechanisms to survive.

f) Friends

The majority of the child participants reported that they do not trust their friends with their problems related to violence and described them as unaffectionate and unsupportive with regard to their appeals for help.

B: *"Because friends can chase you away and say you are not part of my family. You are my friend for playing not to discuss problems with me."*
B: *"Even if you ask your friends to go to get the social workers they will not support you."*
G: *"Because my friend will not help me."*

g) Traditional healers

According to Ashforth (2005:52,53) the Zulu *sangoma* (spiritual diviner) and *inyanga* (herbalist or traditional doctor) are generally indicated in discussions as serving Africans irrespective of ethnicity. Other local terms used are *ngaka* (pronounced *di-nyaka*) meaning healer or doctor also known as a spiritual Sotho diviner with the ancestors (Ashforth, 2005:52,53; Shoup, 2011:269). The witch doctor (Zulu) is also known as a traditional doctor that gives curative herbs (Ashforth, 2005:52,53). Traditional healers play an important role in the lives of Sotho people (Mwakikagile, 2008:189).

One girl and one boy indicated that they will put their trust in traditional healers. The majority of child participants on the other hand indicated that they do not trust the traditional healers. They perceived the *sangomas* to be witches that teach and perform acts of witchcraft; and give *muthi*⁶ as voiced below:

B: “The sangoma wants money and if you don’t pay in time they will bewitch you. I am never prepared to talk to them.”
B: “I cannot talk to the sangoma because she can give me “muthi.”
B: “The sangoma can teach about witches and witchcraft. It is a bad thing.”

It is important to note that traditional beliefs also include *baloi* (*moloi* singular) considered witches who are capable of evil (Shoup, 2011:269). They use “covens to focus their power and are able to harm others by simply thinking it” (Shoup, 2011:269). Ashforth (2005:138) explains that all traditional healers are thus constantly on guard not to be called a witch (*moloi* in Sotho) as there are a general belief amongst people to presume that most traditional healers can cause harm, hence confirming most of the children’s fear and distrust.

• Synthesis of subtheme 1.2

The findings revealed that the priest or pastor, teacher, social worker and police were trusted by the majority of child participants when it came to reporting or seeking assistance with violence-related problems. On the other hand, some discrepancies were articulated related to the police, social worker and teacher. In this regard the participants expressed constrained trust in the police as a reporting authority. Police officials were also implicated in the study to misuse their positions to acquire bribes and allowing drug related activities to continue. One expert, however; dismissed the foregoing perceptions as misinterpretation of the ways that the justice system is implemented. Social workers were indicated by a few experts to be slow to respond to referrals leading to frustrations

⁶ “**Muthi**” Medicine, herbs and sometimes even poison prepared by the sangoma (Ashforth, 2005:56).

amongst professionals. The findings also revealed that some teachers are not trusted as a reporting authority as indicated in subtheme 1.4. Except for the pastor and/or the priest, the above-mentioned community helpers consequently are revealed as dubious support systems for children exposed to violence when help is sought.

It was distressing to find that the majority of participants also expressed a lack of trust in their primary caregivers and family as support systems. The children reported that they are afraid to approach their caregivers and talk to them as they expected a harsh response. Friends were indicated as being least trusted as they were experienced as being unsupportive. Traditional ways to deal with problems such as consulting a traditional healer also appeared to be a frightening option for most of the child participants due to associating them with acts of witchcraft. The presence of support systems for children exposed to trauma is vital to buffer the impact on development (cf. Connolly & Eagle, 2009:553). However, the researcher concludes from the findings that most of the participants perceived their primary and traditional support systems as untrustworthy to provide them with protection and guidance against exposure to violence through their developing years. The findings furthermore confirm that the history of apartheid and racial inequality within the South African context impacted destructively on the social systems of milieu-disabled families leading to a degeneration of family and community connectedness as promoted by *botho* (cf. Connolly & Eagle, 2009:553).

6.3.1.3 Subtheme 1.3: Frequency of exposure to violence

Table 6.8 provides a summary of the key findings of subtheme 1.3 that describe the frequency of exposure to violence.

Table 6:8: Summary of subtheme 1.3

THEME 1: EXPERIENCES OF EXPOSURE TO VIOLENCE	
SUBTHEME	KEY FINDINGS
Frequency of exposure to violence	<ul style="list-style-type: none"> The majority of participants, irrespective of gender are frequently exposed to violence in their homes, school and community. The participants were found to be frequently exposed to life-threatening types of violence including the use of force with weapons leading to injury and even death.

The majority of participants, irrespective of gender indicated that they experienced “a lot” or high frequency of exposure to violence in close proximity - indicated as their homes; the school; and the community. Many of the child participants described how they frequently witnessed and/or experienced life-threatening forms of violence involving the use of

weapons. The participants' furthermore, witnessed occasions where people got injured and died as a result of violence as captured in their drawings (Figures 6.3 & 6.4):



Figures 6:3 and 6.4: Frequent exposure to life-threatening types of violence

The types of violence will furthermore be elaborated upon in subtheme 1.4 discussed in the following section.

- **Synthesis of subtheme 1.3**

It is evident from the above-mentioned findings that children are frequently exposed to violence in the township. Furthermore, they are also regularly exposed to potentially dangerous or life threatening types of armed violence resulting in injury and death.

6.3.1.4 Subtheme 1.4: Types of violence witnessed and/or experienced

Table 6.9 provides a summary of the categories; sub-categories and key findings as they relate to subtheme 1.4 that describe the types of violence witnessed and/or experienced by the participants:

Table 6:9: Summary of subtheme 1.4

THEME 1: EXPERIENCES OF EXPOSURE TO VIOLENCE			
SUBTHEME	CATEGORIES	SUB-CATEGORIES	KEY FINDINGS
Types of violence witnessed and/or experienced	<ul style="list-style-type: none"> Family violence School-related violence Community violence Media violence 	<ul style="list-style-type: none"> Bullying and intimidation Theft and vandalism Exposure to drug activities Teacher inflicted verbal-; physical- and sexual abuse Horrific acts of violence Exposure to substance abuse Unlawful community retaliation Rape Fear of being kidnapped 	<ul style="list-style-type: none"> Children are exposed to and witness family violence between intimate partners and siblings and are also vulnerable to physical and emotional abuse. High levels of violence are experienced at school in the form of bullying, theft, drug abuse, and of incidents involving educators who physically, sexually and verbally abuse learners. Educators and parents or caregivers were found to be supportive of corporal punishment. High levels of violence are experienced at school in the form of bullying, theft, drug abuse, and of incidents involving educators who physically, sexually and verbally abuse learners. Educators and parents or caregivers were found to be supportive of corporal punishment. The children are frequently exposed to horrific acts of violence leading to injury and death. A culture of substance abuse prevails in the community. Children watch how the community revenge offenders; and sometimes children are also involved. Children expressed that they are fearful of getting raped or kidnapped The children were found to watch an extensive number of age-restricted movies on television without parental guidance

The following key categories derived from subtheme 1.4 offer insight into the types of violence milieu-disabled Sotho primary school children witnessed or experienced: family violence; school-related violence; community violence and media violence.

a) Family violence

Family violence can be described as a “complex phenomenon involving numerous relationships and behaviours” that can be intimate partner violence; parent- and child-violence; abuse of siblings or elders (Finley, 2013:157). The participants revealed that they witnessed and/or are direct victims of exposure to various forms of family violence that involved physical and verbal abuse between intimate partners and between siblings. A few participants also witnessed violent family events that ended in homicide and/or police intervention; described by one girl participant as a “very bad” experience - or in own interpretation as very traumatic. Sometimes children also acted as a shield between violent siblings, increasing their vulnerability to sustain physical and/or emotional harm.

- G:** *“My sister and brother were fighting. Then my uncle came to break up the fight. My sister then took a big bottle and hit my uncle on his head and then I came in between to stop the fight. My mother eventually came and stopped the fight.”*
- G:** *“I don’t feel happy when my grandmother beats me at home with her hands” (sad expression on her face).*
- B:** *“I saw it at Hebron (a place near Soshanguve) a man and a wife. I saw the man shooting and they killed each other.”*
- G:** *“I saw my mother and father fighting at home. It was very bad and my father got arrested.”*
- B:** *“My mother used to beat me without reason.”*
- G:** *“I don’t like the shouting.”*

Two girl participants in their visual presentations (Figures 6.5 and 6.6) depicted intimate partner violence with the use of dangerous objects such as pans, knives and a *sjambok*⁷. In the first picture (Figure 6.5) the woman was drawn as a helpless, sad victim while the male character was depicted as the aggressor. In the second picture (Figure 6.6) the girl participant did not want to share what is happening in the picture. In her picture both the male and the female characters held objects in their hands.

⁷ **Sjambok** – [A] long stiff whip, originally made of rhinoceros hide (Concise Oxford English Dictionary, 2011:1350).



Figures 6.5 and 6.6: Intimate partner violence

Extra marital affairs were given as a reason for marital conflict and associated violence. Such conflict is usually caused by the inability of the male figure to care equally in aspects of emotional, physical and material needs of the various partners and the children. Blocking out communication channels due to cultural stereotypes may furthermore oppress women and place them at risk to contract sexually transmitted diseases as subsequently narrated:

F: *“Domestic violence happens where the mother is beaten due to extra marital affairs. The fathers do this because they are frustrated in their marriage and also have children elsewhere. When children approach their father for help he will tell them “you are not the only child I have other children also.” The man associates with wrong peers that influence his marital life negatively. Pedi man require of their spouses not to discuss anything with them. This leads to frustration and a lack of communication in marriage. When the wife speaks the Pedi men will burst open and verbally abuse. Northern Sotho requires not asking anything from the husband. Women are not allowed to ask where the man is going. This leads to oppression of the women and often results in HIV and AIDS where a partner infects his wife without revealing his status.”*

Kirsh (2010:156) observes that frightening stories (seen on television or heard from others) may also create fear in children as well as adults that could leave a lasting impression on the memory. The following narrative of a girl participant confirmed how simply hearing stories about family violence can create feelings of insecurity in children:

G: *“There is another friend of mine. At her home she always calls the police because the other man (father) was having a child there. One day he killed the mother in law and the wife and the child and he ran to Hammanskraal – so that makes me to feel unsafe at home.”*

b) School-related violence

The child participants expressed that they experienced their school environment as mostly unsafe as substantiated in the following sub-categories: bullying and intimidation; vandalism and theft; exposure to drug activities and teacher inflicted verbal, physical, and sexual abuse.

- **Bullying and intimidation**

The most common type of school-based violence observed at the primary school involved learners acting violently towards other learners. The child participants confirmed that bullying was a collectively shared problem. Primary school learners were observed to display various forms of bullying behaviour on a daily basis. Some learners were even willing to expose some bullies who are usually violent by listing their names. Most of the times bullying was observed to happen at the school where such activities were concealed from teachers for example where bullies made sure that the bullying took place behind a tree or a building.

Older children were observed to play with younger children and hold their hands as it is expected in the Sotho culture that older siblings look after the welfare of their younger siblings (Mothiba, 2011). The younger children (between the ages of 7-9) without older siblings to protect them were observed to be sitting, walking and playing alone and only watching others from a distance as they either got rejected by the group or felt afraid of bullies taking their lunch boxes. Teachers sometimes seemed unresponsive to their plea for help. However, even when bullies were punished by teachers they would wait for the victim after school as a group (referred to as the boss and his/her followers) to take revenge. Bullying thus extends beyond the school grounds and therefore younger children may feel powerless to protect themselves against bullies as indicated in the field note:

PSO: Field note

Younger children were observed to eat alone. They reported that they are afraid of the older boys and girls who will take their lunch boxes by force without asking, especially when they have something delicious. They expressed feeling powerless to do anything as they were usually fearful of these children. Younger children were observed to tell the teachers as they don't always get help and if the teachers punish the bullies. After school they will still fight you as a group (the boss and his/her followers).

As indicated above, children due to fear of bullies and threats of physical harm, may be hesitant to report cases of bullying behaviour. During the observational studies at the primary school a few teachers were seen to occasionally patrol the school grounds; and some were observed to be staying in their classes. The presence of teachers did stop some of the behaviour for the moment but as soon as teachers were out of sight the

bullying continued. Most of the child participants, however, reported that little support is provided by their teachers and caregivers, consequently making victims of bullying feel powerless. It was also observed that owing to the lack of support and protection received from adults; children may join a group to empower them against bullies. Most of the learners at school consequently remain within the boundaries of a group to ensure that they are protected against bullies and theft taking place in the school as described in the field note:

PSO: field note

Some girls were sitting alone next to the fence looking extremely tensed. The male Sotho facilitator approached them to ask them why they were eating alone. They answered: "Ra batshaba" - meaning they are going to beat us. At the school there are bosses and bullies and they tease you and tease you and after school they will get you. They know you are weak and you cannot defend yourself. The Sotho facilitator asked if they have tried to report the bullies to the teachers. They responded: The teacher will say it is after school; and at home the caregivers will say: "why did you not tell your teacher?" What do you do then?" Two more girls joined the discussion. The Sotho facilitator then asked what they do when they don't have enough power to defend themselves. The children answered: "We join a group. If they attack me the whole group will help me."

Most of the child participants reported that when they tried to help their friends they often became victims of bullies:

B: *"After school when trying to stop children fighting they started hitting me."*
G: *"I tried to break up a fight because one was my friend. I was smacked through the face – it made me sad."*

The researcher often witnessed how learners would hit and push innocent victims without any reason. Learners furthermore, grabbed things (such as balls, food and stationery) forcefully from smaller children. Most township schools run a feeding scheme for the neediest children at break time. Learners benefiting from the scheme pushed each other while standing in the row to receive food from the feeding scheme. Other forms of bullying detected at the school included subtle bullying, that manifested in games usually played by girls as described in the field note:

PSO: field note

A group of girls were observed playing a teasing game. They were comparing who is the ugliest and who is the most beautiful. Another game also involved a group of girls forming a circle around one child in the middle. The girl closed her eyes and turned around while the others sang a song. When the song finished she stopped at a girl and said: "you are smelly, I don't want to play with you!" She then chose another girl whom she liked more. The rejected child looked very humiliated.

Insulting words uttered by mostly boys were also heard during break time that included words such as: "eish! I will kill you! "ke tla go bolaya wa phapha" translated as you are

annoying; “o *sekobo*” meaning “you are ugly! and *kakawa* – a harsh way of saying “come here!” Other forms of subtle bullying included behaviour such as laughing at children when they fall or get hurt; and cunning ways to copy the work of other learners as illustrated in the field note:

PSO: field note

Some boys were chasing a boy and when he fell in the plants everyone laughed and one boy said “I will kill you!”
Another time a boy was observed grabbing a pen from the boy sitting next to him threatening to throw it out of the window in order for the other child to get up and go out. This action was performed to give him the opportunity to copy the work. A fight erupts.

Some boys were observed to use excessive physical force that led to injury as quoted:

PSO: field note

Boys were observed to hit each other till their noses bleed.
One Boy grabbed another around the neck saying “I will kill you!”
A boy smacked another boy through his face using force.

Participants also conveyed that children at school insulted their mothers by saying sexual things about them as a form of emotional bullying.

G: *“We fight with others because they insult our mothers and it makes us feel hurt. They say things about the intercourse between my parents.”*

Several child participants revealed that boys show each other sexually explicit video’s and photos on their cell phones during school hours. This habit may lead to disrespect of female learners and open doors for intimidating and humiliating female learners.

- **Theft and vandalism**

The child participants explained that they were regularly the victims of theft happening at school. In addition, they often get letters from children stealing their suitcases saying that their school bags were stolen. Most of the learners in the lower grades were therefore observed to stay in class; or to take their suitcases with them during break time to protect their belongings. The subsequent field note describes incidents of theft observed to occur in the school that frequently resulted in revenge and violence:

PSO: field note

A girl was observed to throw another girl’s bag in the garbage bin and a fight broke out.
A boy in the classroom was observed to be stealing an item from a school bag. He looked very guilty and scared to be caught out. One boy was observed stealing food from another. The victim grabbed a long stick and chased the child to give him back his lunch box.

An indigenous community expert described the link between poverty and bullying at school in the following way:

M: *“Like bullying at schools. You see you get some kids who do not have enough money at school for lunch and others carry a lot of money. Those kids who do not have money will bully the other kids for their money. Mostly children from poverty stricken areas will resort to bullying.”*

Vandalism at school in the form of smashing windows sometimes linked with classroom theft was also reported by some of the child participants.

B: *“They broke windows in our school.”*
P: *“They open the teacher’s cupboard and stole something there.”*
G: *“Some bring hammers and smash the windows.”*

- **Drug activities**

The majority of child participants indicated that they are often threatened by drug dealers on their way to school demanding their money. A girl participant indicated that she therefore hid her money in her socks. It was also alleged that some learners smoke drugs and sniff glue in the bathrooms at school. The children also reported that they are sometimes pressured or threatened by peers to participate in smoking dagga in the school toilets.

R: *“Are there drug dealers at school?”*
P: *“No, they smoke benzene, glue and ganda marijuana.”*
R: *“Are there people waiting for you to take your money?”*
B: *“Yes, they are there. If you refuse to give money they will beat you.”*
P: *“Sometimes they force you to smoke cigarettes or dagga in the bathrooms.”*

During the observational studies learners at the primary school confirmed the existence and availability of the drug nyaope in the Soshanguve Township and explained the deceitful ways drug dealers attempt to get more costumers as quoted:

PSO: field note
The learners started to talk about drugs and indicated that nyaope is a drug frequently used and commonly known in the Soshanguve Township. They also observed that some drug dealers bring the powder of the drug within bread or cakes in order to drug those who eat that product. Furthermore, they indicated that it caused violence within their families.

- **Teacher inflicted verbal-, physical and sexual abuse**

Although corporal punishment is banned by South African law the majority of child participants confirmed that corporal punishment inflicted by teachers at schools is still prevalent. The child participants provided some names of schools (amongst others the

school where the researcher conducted the observational study) where the practice of corporal punishment is still in force. The child participants revealed that they were beaten with a “duster, a ruler, a tube pipe” and some were beaten on their “behinds with a stick.” Most of them said they have been left with red marks and a few said blue marks. They also stated that it won’t help to report violence to caregivers or teachers; as they fear that they will be beaten again in approval of corporal punishment. It is thus, evident that parents and/or caregivers support the teachers in corporal punishment forcing children to accept the beatings as there was no one defending their rights to be protected against all forms of abuse.

G: *“They beat us very hard there.” (The girl demonstrated how she is beaten with a stick)
“My fingers were green.”*
B: *“Some children when they tell their parent’s they say “they are doing a great job and they are putting you in the right way*
G: *“My parents will even beat me to proof that they support the teacher.”*

Furthermore, teachers were also implicated by some child participants as being verbally abusive or as expressed by a participant *“saying bad and insulting things”* such as:

G: *“I am not your grandmother.”*
G: *“If a child wants to borrow a pen the teacher say... use your buttocks to do that.”*
B: *“Go and wake up your grandmother at the cemetery.”*
B: *A female teacher said: “I will kick you in your private parts.”*
B: *A female teacher said: “Go and call your mom and come with her wearing your pyjamas.”*
G: *“I am not your grandma who smoke stuff for the whole day.”*

Most of the girl participants shared that they are inappropriately touched by teachers but were shy to provide details. A boy and girl participant was willing to share a personal experience that happened with a teacher touching them inappropriately as narrated below:

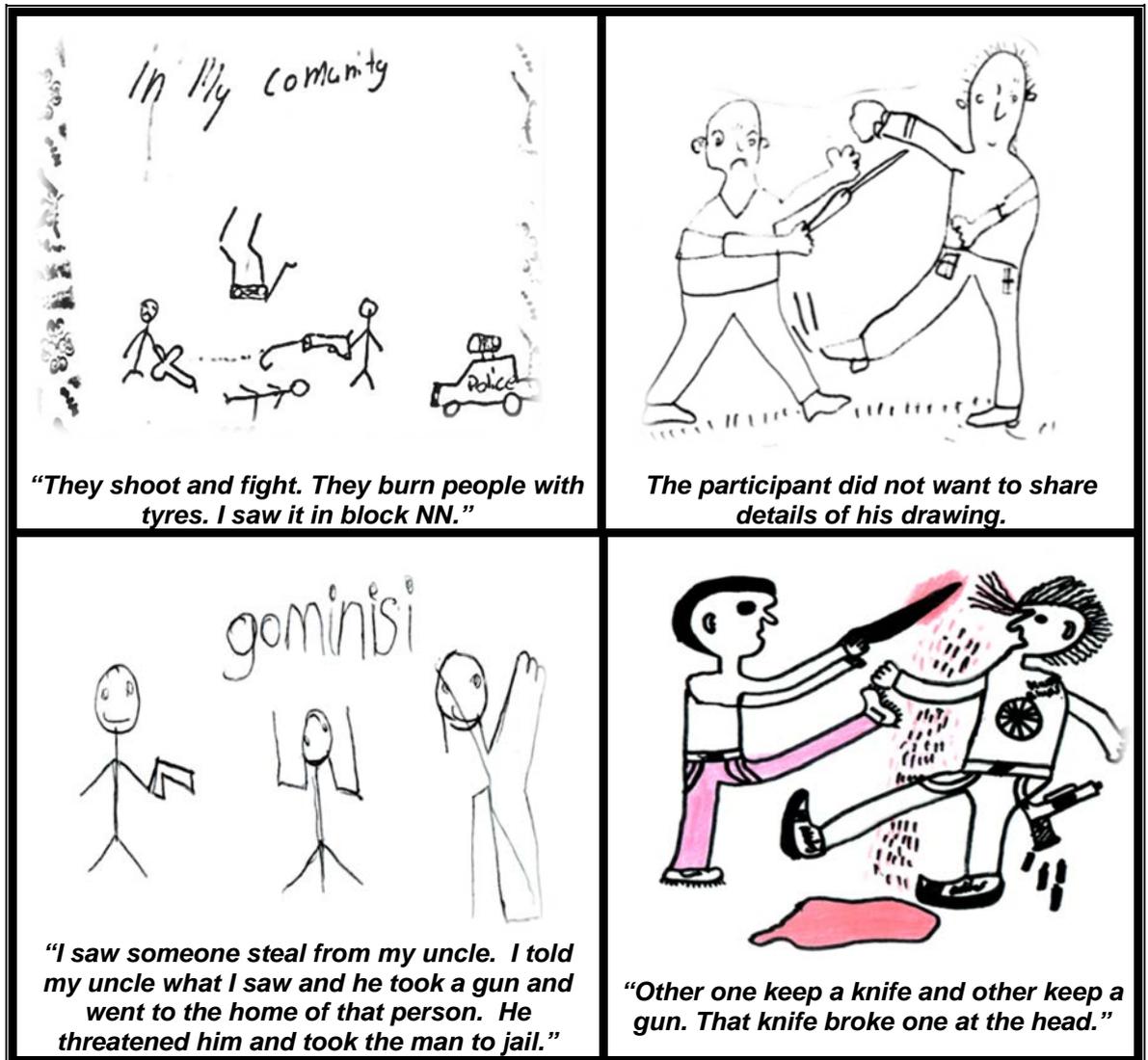
B: *“A teacher pushed me in the private parts and I had to go to the hospital.”*
G: *“A teacher touched my bums in a bad way.”*

c) Community violence

It was described in subtheme 1.1 that children experienced their community as an unsafe place to be due to hearing gun shots in the evening, being exposed to theft related to drug activities and women getting raped on their way to work. The following sub-categories such as horrific acts of violence, substance abuse, unlawful community retaliation and fear of being raped and kidnapped furthermore, inform about milieu-disabled Sotho primary school children’s exposure to community violence.

- **Horrific acts of violence**

As depicted in Figures 6.7 to 6.10 and the verbatim quotes of the child participants below, there is evidence of witnessing horrific acts of violence in the community: people getting burnt with tyres; stabbing and wounding people with knives; people being held at gunpoint; and even witnessing murder.



Figures 6.7 to 6.10: Community violence

Swartz (2009:37) explains that "stabblings occur in alcohol-soaked contexts and bystanders are too intoxicated to prevent someone from bleeding to death." As indicated by the author the illustrations depicted in Figures 6.7 to 6.10 could perhaps be related to the prevalence of substance abuse in the Soshanguve Township discussed next.

- **Substance abuse**

The child participants believed that the use of alcohol caused violence in the community as quoted:

B: *“Alcohol brings violence.”*

The majority of participants were also very aware of the drug activities taking place in the community, which made them to feel afraid and vulnerable. Some of the names of the drug addicts and places where drugs get distributed are known to the children. One participant indicated that he recognised that his neighbour is a drug addict; and indicated that he felt vulnerable because he is afraid that his neighbour might threaten him, or steal from his family. A participant also reported an incident where a drug addict was punished by the community, but continued shortly afterwards with his addictive ways. The fact that the drug addict was unaffected by his punishments; caused the participant to feel scared and unprotected. A few of the child participants also saw gambling activities that took place in the community associated with the smoking of glue or benzene (home chemicals).

B: *“Another man is stealing cables and steel doors to take them to the scrap yard. I am afraid because when they send us (his brother as well) to the shop to buy candles at night this man with his friends chased us looking for money to buy nyaope and cigarettes. They are staying next door. He wants to steal from us and sell it. I feel unsafe and afraid that the man can come to his house to steal.*

R: *“Where do they get the nyaope?”*

B: *“Makuleng” meaning from the Indians. It is a big shop in our street and they call it the shop for liners (people who are stealing).”*

B: *“A man called “P” steals scraps. The people found him stealing and beat him. When coming back from school we found that he was stealing again. He uses the money from the scraps to buy nyaope. It scares me.”*

B: *“People gamble, play cards and smoke glue and benzene.”*

- **Unlawful community retaliation**

Children often witnessed how the community take the law in their own hands when dealing with perpetrators such as beating or binding up criminals before informing the police. The child participants expressed that they dread crimes that are happening in their community and it makes them fearful to walk in the streets alone at night. When they witness a beating or a murder as a vindictive act of the community and experience slow responses from the police and/or the ambulance it causes them to be scared.

- B:** *“Seeing a person getting killed by community members make me scared and when we see the police and ambulance come late.”*
- B:** *“Some beat the criminal and then call the cops after that. The organisation is called Amakoporosh.”*
- G:** *“The community members caught someone stealing and tied him with a rope and then called the cops.”*

Furthermore, the child participants reported that the CPF (community policing forum) is quick to respond and trying hard to fight crime and violence in their community and families. The fact that the police are slow to respond as discussed in subtheme 1.2 may explain why the community take such strong action in law enforcement by means of traditional community policing forums and sometimes unlawful community retaliation. Some participants also indicated that children also sometimes partake in these collective actions as quoted:

- G:** *“The parents take the children out on the streets and then they fight.”*

Children may consequently be at risk to be physically harmed and also learn that violent and revengeful ways are acceptable ways of dealing with problems.

- **Rape**

It was found that “every five cases of sexual assault took place in a residential street (in suburbs and townships)” (Department of Social Development, Department of Women, Children and People with Disabilities & UNICEF, 2012:7). The above-mentioned finding may explain why most of the girl participants expressed that they are fearful of being raped. One participant also shared how destructively rape can impact on the existential outlook of a victim:

- G:** *“Because of rapists. I am scared.”*
- G:** *“When you get raped you don’t want to live anymore. It feels like the world is turned upon you.”*

- **Fear of kidnapping**

Statistics reveal that a child goes missing every five hours in South Africa and 23 per cent of these children are never found (South African Police Service Missing Persons Bureau, 2013). Before the Soccer World Cup 2010 in South Africa an official warning went out to parents and schools informing them of a group of men that kidnapped girls (aged 9 and older) with the intention of assisting prostitution for the 2010 Soccer World Cup. It is therefore understandable that most of the child participants voiced that they are fearful of

being kidnapped as they hear and see media reports on kidnapping and sexual exploitation of children.

B: *“Because of the kidnapers, I am scared.”*
B: *“I have heard of someone who has been kidnapped.”*
G: *“We saw someone on TV.”*
B: *“At school, they told us that during the Soccer World Cup they will kidnap children.”*

As also indicated in the quote above the media also play an important role in exposing children to violence, discussed next.

d) Media violence

Most of the child participants recognised that violence can spread via the newspaper, television and radio. All the above-mentioned forms of media are known to perpetuate violence in various ways, however, the influence of television emerged as a prominent theme. Regardless of their milieu-disabled circumstances it was found that the majority of child participants are in possession of a television set at home. One participant even indicated that he had his own television set in his room. The majority of child participants were found to be exposed to extensive television viewing during the school week as well as during weekends as their foremost leisure activity.

The content of the programmes that they watch are mostly unsupervised and range from innocent age appropriate animations such as “Cool Cats, Barbie” to South African television soap operas (Isidingo, Tshisa drama) and adult restricted movies such as: Jeepers Creepers; Dead Snow; Snakes on the Plane; Blood Sisters and Blood Thirsty. The researcher found a useful resource (IMDB – Internet movie database Website: <http://www.imdb.com>) which is considered to be “the world’s most popular and authoritative source for movie, TV and celebrity content” in order to determine if some of the movies mentioned by the participants are developmentally appropriate. The following information was obtained: (IMDB – Internet movie database Website: <http://www.imdb.com>)

Movie	Genre	Age restriction	Description provided
Jeepers Creepers	Horror/ Mystery	15	<i>“A brother and sister driving home for spring break encounter a flesh-eating creature in the isolated countryside that is on the last day of its ritualistic eating spree.”</i>
Dead Snow	Comedy/ Horror	18	<i>“A ski vacation turns horrific for a group of medical students, as they find themselves confronted by an unimaginable menace: Nazi zombies.”</i>

Movie	Genre	Age restriction	Description provided
Blood sisters	Horror/ Thriller	15	"A journalist witnesses a brutal murder in a neighbouring apartment."
Blood Thirsty	Horror/ Thriller	18	"A beautiful young woman develops a fetish for drinking blood from the veins of her roommate."

(IMDB – Internet movie database Website: <http://www.imdb.com>)

As indicated above, it is evident that the child participants watched movies that are age restricted (up to 18 years) and consequently developmentally inappropriate. The content of the movies described above included: violence, bad language, witchcraft and sex and these auditory and visual images negatively impact on their development as they are still too young to process such information. Some of the participants conveyed that they sometimes watch these movies with their caregivers but most of the time these movies are viewed without parental supervision, especially when caregivers are at work. Only one girl participant indicated that her caregivers "locked" the movies. Another participant reported that her caregiver sometimes switches it off and says that it is witchcraft, thus indicating at least some parental guidance.

A Grade 5 pupil at the primary school also indicated that he frequently watched television until the late hours, without parental guidance. It was also evident from what was said that his caregivers seemed to approve these habits as no limits were communicated.

PSO: field note

"I watch television almost every day; programmes are Isidingo (soap opera), Yo-TV, and movies during the night. My parents do not have a problem to watch TV with me and they are already asleep before I watch the movies at midnight."

The indigenous experts also confirmed young children's exposure to media violence. Some experts attributed caregivers' lack of knowledge to provide proper guidance to their children as a contributing factor for children's exposure to violence. The influence of peers and the immorality promoted by some television programmes also came to the fore as voiced below:

F: *"The TV programmes are rated according to the age restrictions. Most of the parents don't know parental control and a small child is exposed to violence in that way.*

F: *"The influence of friends and the media encourage violence and wanting to experience. The media is a root cause for rapes and drug abuse in children."*

Primary school children were observed to perform actions that included karate moves and boxing, beginning playfully and ending violently. They explained that they learned these

moves from actors such as Claude van Dam. The Sotho facilitator reported that he heard the learners at the primary school using lots of vulgar words that they learn from comedies and dramas seen on television. The use of violence and vulgar words; especially amongst the boys seems to be exciting, attractive and even acceptable to them. Muskari and Brown (2010:8) explain that exposure to media violence may lead to negative and anti-social behaviour due to the potential for social learning as well as desensitisation to real life events. The above-mentioned literature findings are supported by the following quotes:

G: *"It is not real. They only die in the movie and not in real life" (children laugh)*
R: *"Can TV cause violence?"*
B: *"I learn to kick others."*
R: *"Are you afraid when you see witchcraft and violence on television or in the movies?"*
P: *The children indicated that they are not afraid.*
R: *"Were you afraid when you saw it the first time?"*
P: *The children indicated that they were afraid the first time but have become used to it.*

A girl participant shared what happened to her when she watched a movie about a cultural evil spirit **tikoloshe**⁸ which demonstrates the powerful impact of media on a child's imagination:

G: *"I am afraid of the tokoloshe because it once came to our home."*
FSF: *"How did it enter?"*
G: *"I was looking at the movie of the tokoloshe with other girls and I felt it was next to me."
(Participants laughing in the background.)*

• **Synthesis of subtheme 1.4**

A substantial number of participants experienced a high frequency of exposure to more than one type of violence in their homes, the school and the community. The participants reported that they are also exposed to life-threatening armed violence where they witness and experience traumatic visual stimuli of people sustaining injury or people dying because of homicide. Connolly and Eagle (2009:541) observe that many South African children may not easily escape the prevalent occurrence of violence and abuse; and may also be the direct victims of violence, rape and abuse. The authors continue by stating that these potentially contextually related traumatic stressors impact negatively on the psychological development of children (Connolly & Eagle, 2009:541-542).

⁸ **"tokoloshe, tikoloshe or tokološi"** is a short human-like baboon known as one of the main servants of witches and sorcerers and hence a greatly feared creature in Africa (Van Wyk, 2009:24). It is well known in South Africa that black people will lift their beds with bricks in order for the short creature not to visit them.

The participants reported that they are exposed to violent relationships in their homes that involved their siblings; and/or parents or caregivers. They are also the victims of physical abuse and exposed to verbal abuse in the form of a lot of shouting. Violent sibling rivalry was reported to place children at significant risk for potential emotional and physical harm when they attempt to act as a human shield. Furthermore, the child participants were exposed to witnessing intimate partner abuse - portrayed in their drawings as physical threats involving dangerous objects. In the drawings it was mostly the male figures that were portrayed as the aggressors of their female partners. There is also evidence of oppression of women due to cultural gender stereotyping. Family violence can be described as a complicated phenomenon that is deeply rooted in cultural norms and shaped by individual characteristics (Finley, 2013:157).

Burton and Leoschut (2012:54) found that high levels of violence still prevail in South African schools. School violence is also seen as a reflection of what goes on in the neighbourhood (Bukatko & Daehler, 2012:627). Concurring with the literature findings most of the participants said that they are exposed to a considerable amount of school violence that included: bullying and intimidation; vandalism and theft; exposure to drug activities and teacher inflicted verbal, physical, and sexual abuse. Bullying sustained by the milieu-disabled conditions existing in the township was found to be a daily phenomenon at the primary school that manifested in various forms, and extended beyond the school grounds. Children reported to be continually on guard to protect their belongings such as carrying their suitcases during break time. The participants reported that they received limited support from their teachers and their caregivers that made them feel powerless. The participants therefore indicated that they will resort to the power of the group to protect them, or become socially isolated. Limber (2006:322) explains that bullying seems to prosper in school environments where there are positive or at least accepting attitudes on the part of peers and adults towards aggressive behaviours. Drug activities also infiltrated the school as children conveyed that they are often intimidated by drug dealers on their way to school; and pressured by peers to participate in drug taking in the school bathrooms.

Teachers were reported to still practise harsh disciplining styles that included corporal punishment practices. Educators were also implicated in verbal and sexual abuse, further increasing their feelings of vulnerability. Caregivers and teachers gave the impression of accepting the use of corporal punishment despite the fact that it is prohibited by law. In this regard the participants experienced very little support from teaching staff and their caregivers making them feel exposed and vulnerable to continuing cycles of violence. The pro-violence attitude and the lack of support and guidance from adults may lead to on-

going cycles of violence in the school where learners accept or adopt aggressive behaviours to defend themselves from bullies, or take revenge in an effort to survive.

Community violence seems to manifest in milieu-disabled environments that create opportunities for criminals and drug dealers to infiltrate the community and to flourish. The children witnessed and experienced horrific acts of violence - difficult to digest at such a tender age. A drug culture with nyoape being the most prominent drug has permeated community life in the Soshanguve Township positioning milieu-disabled Sotho primary school children to be at significant risk for premature exposure. Horrific acts of violence such as substance abuse, unlawful community retaliation and fear of being raped or kidnapped further emerged from the data. Children also sometimes partake in unlawful community retaliation as a reaction to the failure of the police to respond. They also witness how the community intervenes by means of burning tyres, tying up people with ropes and beating them. Sometimes children are involved in these actions, thus perpetuating cycles of violence.

The child participants were found to watch a substantial amount of unsupervised television. Parents or caregivers seemed to be passive about providing parental guidance and encouraging healthy viewing habits for their children. Most of the movies are viewed without parental supervision and are often age restricted. The participants were found to watch an extensive amount of television that included: violence, witchcraft, sex and nudity that children are developmentally not yet ready to process. Furthermore, boys were observed to identify with violent heroes that find their manifestation in their violent play patterns. As a result of frequent exposure to violence and the media the participants indicated that they have become desensitised to violent scenes on television as it does not frighten them anymore. Literature confirms that the media endorses positive beliefs about solving problems with violence that may lead to children becoming desensitised (Tischler, 2014:89). The media has also been criticised for the moral decay in society due to the amount of time children spend with the media and the viewing of stories about violence, sexual promiscuity, theft, and greed in a variety of media outlets (Wilson, 2008:97). Exposure to media violence will ultimately result in a lack of empathy with others and also lead to moral decline (Wilson, 2008:97; Tischler, 2014:89).

6.3.2 THEME 2: THE IMPACT OF EXPOSURE TO VIOLENCE ON DEVELOPMENT

Theme 2 reports on data findings associated with the impact of exposure to violence on the holistic development of the Sotho milieu-disabled primary school children. Milieu

disability and violence were found to negatively impact on the holistic development of children and their future expectations. The child participants were preoccupied with their existential realities which also manifested in their playing and singing as an outlet to make sense of their adversities.

The learners at the primary school were heard to sing songs that contained messages of suffering and violence, at times expressed with some harsh words. They sang about how a teenage sister is cheated on by her boyfriend, and the fights that erupt because the boyfriend failed to maintain the impregnated young girl. Their songs also gave expression to the violent relationships that they observe between a man and a woman. Some of the words of the songs described the hatred they have towards criminals in their community and the violence caused by witchcraft. Below is one of the songs that was written down word for word in the field note and culturally interpreted by the Sotho facilitators.

PSO: field note

Song:

“Ka shwelwa ke mme le ntate: ka sala le mme o mongwe wa moloi.”

“A sala a nsetla, a mpitsa bladishit.”

“Motho o mongwe o nale nako sa mahlomola pelo.” 2x

“Ka llela mma ii; ka llela papa ii.”

“Somebody o ne sekhathi sa mahlomola pelo.” 2x

“A mphosa ka bolo, ka e daka.”

“A nhlaba ka thipa ka re a tshuu.”

“Somebody o ne sekhathi sa mahlomola pelo.” 2x

Meaning of words from the song

Ka – I Shwelwa – passed away Mme – mother Ntate – father Sala – left with Mongwe – other Moloi – witch Nsetla – beat me

Mpitsa – called me Sekhathi – time Mahlomola pelo – heart breaking Llela – cried for Mphosa – throw me with a Nhlaba – stabbed me Thipa – knife

When my mom and dad passed away I stayed with someone else that is a witch.

She beat me and called me bloody shit.

A broken heart mends in time.

I cry for my mom and dad.

They throw me with a ball and then I duck and then they stabbed me with a knife.

According to the male Sotho facilitator “*Ka llela mma ii, ka llela papa ii*” expressed how a child due to experiencing hardships (physical and emotional abuse) under his/her new caregiver (considered to be a witch) was crying for his deceased parents. Viewed from a Gestalt perspective the metaphorical expressions of the child participants songs are an attempt to make sense and give expression to the violent environments that they are exposed to on a daily basis. Exposure to violence and milieu disability were found to impact negatively on the cognitive, emotional, social, physical and spiritual development of the Sotho primary school child in various ways described as sub-themes in the subsequent section.

6.3.2.1 Subtheme 2.1: Cognitive impact

Table 6.10 presents a summary of the categories and key findings of subtheme 2.1 that describe the cognitive impact of exposure to violence on the development of the participants:

Table 6:10: Summary of subtheme 2.1

THEME 2: THE IMPACT OF EXPOSURE TO VIOLENCE ON DEVELOPMENT		
SUBTHEME	CATEGORIES	KEY FINDINGS
Cognitive impact	<ul style="list-style-type: none"> Negative outlook on life Concentration problems Poor problem-solving skills 	<ul style="list-style-type: none"> Cognitively children developed an unhealthy, negative outlook on life; and believed that cycles of violence will continue. Concentration problems and a lack of parental involvement resulted in poor academic performance. Pro-violent attitudes modelled by caregivers and the community encouraged unhealthy problem-solving skills.

It was found that exposure to violence impacted negatively on the cognitive development of the participants as described in the following categories: negative outlook on life; concentration problems; and poor problem-solving skills:

a) Negative outlook on life

A female indigenous community expert stated that as a result of exposure to violence children become preoccupied with negative thoughts about violent events, which in turn create and intensify feelings of anger. This may lead to a negative outlook on life in general.

F: *“Children who are affected by violence have nothing positive to talk about. The child’s discussion with friends is based on talking about ‘my mother and father fighting at home and the child develop a sense of anger.”*

Although the child participants showed remarkable resilience to survive their adversities the majority of them expressed an overall sense of hopelessness and feelings of injustice in relation to their experiences of exposure to violence as expressed in the quotes:

B: *“There is always violence even while we are speaking people are fighting outside.”*
B: *“Even if there is the presence of soldiers or police all over there will still be violence – it is happening everywhere.”*
B: *“Gwa tshwana” (it’s the same – we have lost hope).*
B: *“It’s nice to be in the world, but there are many criminals.”*
B: *“The world will end.”*
G: *“I ask God why it is happening to me. I am too small.”*

The result of a negative view causes children to grow up with the beliefs that they are never safe; that they must always be on guard and that the world is a hostile and unpredictable place to stay in (compare Slaby 2002:313; Sterne et al., 2010:32). The child participants consequently believed that the cycles of violence and revenge will continue; and may become a norm to live by as substantiated in the subsequent narrations:

G: *"They will fight until they kill each other."*
G: *"They will continue violence."*
B: *"They will make revenge."*
G: *"They will teach their children how to fight."*

b) Concentration problems

The intrusive thoughts that children experience as a result of violence will furthermore, lead to concentration problems that in turn negatively influence their self-esteem, academic performance and positive adjustment in school (compare Flannery, 2006:41; Muskari & Brown, 2010:8). Endorsing the above-mentioned literature findings the child participants acknowledged that violence negatively impacted on their cognitive processes as illustrated in the verbatim quotes:

B: *"Violence damages your brain."*
G: *"I cannot concentrate."*

An indigenous community expert in his capacity as teacher related to the above quotes as he observed that children exposed to violence struggled to concentrate in class leading to anti-social behaviour and isolation from others due to a lack of parental or caregiver support:

M: *"You find it a lot in the school where children don't concentrate in class, don't do their homework and they fight with other children. These children tend to isolate themselves during break time."*
M: *"Sometime they resort to bullying and yes, it affects their academic performance. There are no supportive parents to help them at home."*

Frequent exposure to violence resulting in a negative existential outlook; as well as the lack of parental and community support to mode, guide, direct and edify children may present several developmental challenges for milieu-disabled Sotho primary school children to progress academically and to develop the necessary skills to solve problems in a healthy and constructive way.

c) Poor problem solving skills

Most of the indigenous experts were in agreement that children's exposure to pro-violent and vengeful attitudes in the home and community resulted in poor problem-solving skills. They also emphasised the importance for caregivers to make the time to talk their children about problems and to teach them "respectful ways" to communicate needs:

M: *"Hatred and violence lead to bad problem solving and therefore it is important to sit down and talk about the problem to solve it."*

F: *"If a child grows up with fighting in the home, or seeing violence he/she will grow up believing it is the right way to solve problems. Even at school this behaviour patterns will become visible. When he wants something and he doesn't get it he will beat another to get his/her way. He doesn't feel that this is a wrong way of doing things because he has never learned that you respectfully ask for something. Things must be obtained with force."*

M: *"You often find when the problems are put on the table, people resort to blaming. The other person will defend himself and it resorts to lack of solving problems. There must be an attempt to find the cause of the problem and talk about it without blaming. We tend to start with blaming instead of focussing on solving the problem."*

- **Synthesis of theme 2.1**

As indicated by several authors (cf. Osofsky, 2005:78-80; Connolly & Eagle, 2009:548; Galezewski, 2010:21; Muskari & Brown, 2010:5) the findings confirmed that exposure to violence impacted negatively on the cognitive development of the children in the following ways: negative outlook on life; concentration problems and poor problem-solving skills. It was described that milieu-disabled Sotho primary school children's exposure to violence created a general negative outlook on life associated with feelings of hopelessness and feelings of injustice done to them. Furthermore, academic progress was compromised as violence impacted on their concentration and reasoning abilities to logically solve problems and conflict situations in healthy ways. Children growing up in with violence in the home learn to solve problems with intimidation and force in the way that they have learned and witnessed from their caregivers and may be at risk to repeat these patterns (cf. Weinreb & McAlister Groves, 2007:74; Seifert 2009:38).

6.3.2.2 Subtheme 2.2: Emotional impact

Table 6.11 provides a summary of the categories and key findings of subtheme 2.2 that refer to the emotional impact of violence on the development of milieu-disabled Sotho primary school children:

Table 6:11: Summary of subtheme 2.2

THEME 2: IMPACT OF EXPOSURE TO VIOLENCE ON DEVELOPMENT		
SUBTHEME	CATEGORIES	KEY FINDINGS
Emotional impact	<ul style="list-style-type: none"> • Suffering from an emotional burden • Emotional void • Experiencing self-esteem problems 	<ul style="list-style-type: none"> • The child participants blamed themselves for not being able to stop the violence. • Caregivers were reported to be detached from their children's emotional needs. • Exposure to violence led to an emotional void and isolation from others. • Exposure to violence also impacted negatively on the self-esteem of children that led to inhibited social expression.

The findings related to the impact of violence on the emotional development of children are described in the subsequent categories: suffering an emotional- burden and void; and experiencing self-esteem problems.

a) Suffering from an emotional burden

Some of the participants indicated that they felt responsible to stop the violence and blamed themselves for the continuation of violence as narrated:

G: *"I feel I must solve it."*
B: *"I feel I must stop what is happening."*

The children carried an enormous emotional burden and responsibility as a result of exposure to violence that made them forget that they are merely children. They may feel emotionally abandoned and isolated by their battered mothers who kept quiet for the sake of survival as expressed by an indigenous expert:

F: *"Watching my parents fighting I asked myself: "why are they fighting? Are they fighting because of me? About us? (Referring to herself and her brother). My mother used to answer us: "leave those things for the elders – don't interfere. She said that because she didn't have anywhere to go, therefore she kept quiet most of the times and took her beatings."*

As indicated in the response of the mother to the child presented in the quotation above it is evident that it is difficult for women to set boundaries and to be emotionally available to their children when they are dependent on their husbands or co-habitat partner for a living as also validated by literature (Ericson, 2007:17). Children consequently feel confused and vulnerable while suffering an emotional burden of keeping the family secret.

b) Emotional void

The participants in the study indicated that they are mostly “angry” when exposed to violence; followed by feeling “afraid.” Some indicated that violence “mustn’t happen to them, that violence is not needed and that it is “painful.” Communication channels with elders appeared to be blocked out; and sometimes older siblings are engaged to do the talking on behalf of the younger children. Exposure to violence created an emotional void in the children that led to painful retreat from others in the form of crying; playing; closing the door of their room; hiding and not responding to those who hurt them as depicted below:

G: *“I go to my room and cry.”*
G: *“I don’t answer them I just go and play.”*
B: *“When I am angry I go to my brother and he tells them that it is not good.”*
G: *“I go outside hiding at the back of the house, when they call I don’t answer.”*
G: *“When they are moody they shout at us, I close the door and go away.”*

In an attempt to satisfy the emotional void that is created through being exposed to violence, children will furthermore start experimenting with inappropriate ways of being in the world as pointed out by an indigenous community expert:

M: *“I believe that emotionally is where it all starts – the feelings of depression etc. This is when children start engaging in certain things to fill up the emotional space that is lacking.”*

• Self-esteem problems

Closely linked with the general negative outlook on life that exposure to violence creates, some of the child participants reported that they experienced self-esteem problems which resulted in constantly feeling ashamed, foolish and worthless. They felt fearful of other children, thinking that they might laugh at them and consequently withdrew from play experiences as described in the subsequent quotes:

G: *“I feel ashamed at school. I do not feel good about myself.”*
G: *“I am afraid to play with others. I am afraid they will laugh at me.”*
G: *“I always feel like a fool.”*
“I feel afraid of the bullies at school.”

• Synthesis of sub-theme 2.2

The impact of violent exposure on the emotional development of the participants caused children to suffer a tremendous emotional-burden and void. The participants indicated that they blamed themselves for not being able to stop the violence and felt isolated due to limited support available from caregivers who were found to develop their own emotional strategies to survive. Furthermore, the emotional burden of the children increased when

caregivers had an accepting attitude towards violence and they had to keep the “bad family secret.” Children from certain minority ethnic communities may be afraid of bringing shame on their family honour if others were to find out about the violence at home (cf. Sterne et al., 2010:28). Literature substantiates that children exposed to violence find themselves in an extremely painful and lonely state as they feel alienated from others; and often have to learn to make decisions on their own with little/no parental guidance or support (cf. Campher, 2008:11; Schleser & Bodzy, 2010:245). Studies also disclosed that the way in which parents/caregivers responded supportively or unsupportively to their children’s emotions; and the behaviours; predicted how they would cope and regulate their emotions (cf. Thompson & Meyer, 2007:256). The emotional void created by unexpressed emotions associated with exposure to violence in turn impacted negatively on the self-esteem of children that caused them to feel ashamed, unworthy and foolish as well as socially self-conscious. As a result of exposure to violence children may inhibit their social and sensory exploration and not play freely or show motivation in mastering the environment (cf. Osofsky, 2005:78; Muskari & Brown, 2010:8).

6.3.2.3 Subtheme 2.3: Social and behavioural impact

Table 6.12 provides a summary of the categories and key findings of subtheme 2.3 that describe the social and behavioural impact of violence on development of milieu-disabled Sotho primary school children exposed to violence:

Table 6:12: Summary of subtheme 2.3

THEME 2: IMPACT OF EXPOSURE TO VIOLENCE ON DEVELOPMENT		
SUBTHEME	CATEGORIES	KEY FINDINGS
Social and behavioural impact	<ul style="list-style-type: none"> Externalise behaviour Social isolation 	<ul style="list-style-type: none"> Socially children may display anti-social behaviour in the form of externalising aggressive behaviour or withdrawing from social interaction.

The lack of parental attachment and support were found to cause children exposed to violence to externalise behaviour; or socially isolate themselves from others as discussed in the subsequent categories:

- **Externalise behaviour**

The indigenous experts shared how children who had experienced a lack of parental love and support may find ways to express themselves outside the home; give in to peer pressure or in not knowing how to regulate their emotions, project their feelings of anger on others in the form of bullying:

- M:** *“Children then resort to alternative problem solving methods and are easily influenced by friends to start drinking, smoking and to attend parties. If the family system is not healthy, the children will seek other social replacements. Sometimes children feel they can just talk to their friends, but sometimes bad character corrupts the good. You will find that she was always a good child, but she changed due to wrong influence of bad company. For example they encourage her to smoke Nayope. It makes her feel good for the moment, but the problems are not solved.”*
- F:** *“I was raised by a stepmother and I didn’t get the support from my father. My stepmother will always do things that hurt me. So many wrong things were said to me: ‘your mother left you’, ‘you are stupid’. Because I didn’t have anyone to express myself to at home, I expressed myself outside the home. At school I struggled to concentrate in class, and when I went out I wanted to hit the boys to express what I felt inside, and show people that I am strong and that I can fight the boys. They would ask me why are you fighting because they didn’t know what was wrong with me. I didn’t myself know what was wrong but now I know it is because of the way that I was raised at home by my stepmother leading to fights with others.”*

The majority of boy participants were found to be more likely to exhibit violent outward behaviour as they stated that they would make use of physical force, and may even use a weapon or other dangerous objects like a broken bottle when threatened. The participants nevertheless agreed that the use of weapons and/or objects for defence may cause harm to others:

- B:** *“I will shoot him.”*
- B:** *“I will punch him.”*
- B:** *“You can injure another child. You can throw stones.”*
- B:** *“You can use a bottle and break it and use it to stab someone.”*

The boys explained that it is customarily expected of them to be tough and to defend themselves against offenders to earn the respect of others as further elaborated upon in subtheme 3.4.

- B:** *“We want the respect of the other boy therefore we must fight him.”*

An indigenous community expert furthermore expounded on the issue of fighting for respect as a need to gain self-worth - thus, a way to externalise the emotional void that they experienced as a result of violence.

- F:** *“Some feel belittled or undermined; and they use violence as a response to get a sense of worth. Examples in the family are when siblings are treated as degrading and then they will fight to get respect.”*

The girl participants indicated that they would withdraw from others and cry when they feel threatened or intimidated; rather than acting violently towards others. However, it is evident from the narration below that some girls may also resort to aggressive behaviour when their need for respect and dignity is compromised.

G: “I will be sad and cry.”
G: “I also cry because people don’t respect me. I was fighting to let them respect me.”

• **Social isolation**

The fear of exposure to violent bullies resulted in young children breaking contact with others and becoming socially isolated as described in the following field observation:

PSO: field note
 Younger children (between the ages 7-9) at the primary school were observed to withdraw from others. They played alone as they were fearful that they will be bullied by older children and that they will never enjoy playing.

• **Synthesis of sub-theme 2.3**

Validated by literature (cf. Jordaan & Jordaan, 2005:763; Kirst-Ashman & Hull, 2009:226; Sterne et al., 2010:22) it was found that children exposed to violence due to a lack of parental attachment and support may externalise behaviour in the form of bullying; or may socially isolate themselves from others. Boys were found to mostly resort to physical and revengeful behaviour in an attempt to be respected. The majority of girls on the other hand reported that they would withdraw and/or cry, however, some girls were found to also resort to physical aggression in order to gain respect from others.

6.3.2.4 Subtheme 2.4: Physical impact

Table 6.13 provides a summary of the categories and key findings related to subtheme 2.4 that refer to the physical impact of violence on development of milieu-disabled Sotho primary school children exposed to violence:

Table 6:13: Summary of subtheme 2.4

THEME 2: IMPACT OF EXPOSURE TO VIOLENCE ON DEVELOPMENT		
SUBTHEME	CATEGORIES	KEY FINDINGS
Physical impact of violence on development	<ul style="list-style-type: none"> • Risk of physical injury • Psychosomatic behaviour 	<ul style="list-style-type: none"> • Acting as a shield between parents or caregivers placed children at significant risk to be physically harmed. • Psychosomatic behaviour in the form of enuresis and bodily stress reactions.

The findings related to the physical impact of violence on development are described in the following categories: risk of physical injury and psychosomatic behaviour.

a) Risk of physical injury

As indicated in subtheme 1 the participants were frequently exposed to dangerous situations at home and in their community that creates stress, but can also result in serious bodily harm. Children may also be at risk to suffer physical harm when they attempt to act as a shield between parents or caregivers. It was mostly the boy participants who indicated that they will intervene with physical force or try to separate their caregivers when they witnessed them physically fighting with each other. Caregivers might warn children to “stay out of the fight”, and/or act out in rage towards them for interfering. This may be especially dangerous when caregivers are under the influence of alcohol or using drugs. Intervening to assist one of their caregivers could result in fatal physical injury especially when dangerous objects are used as described below:

B: *“When my mother and father are fighting I want to defend them.”*
B: *“I bite my father and punch him when he hit my mother.”*
B: *“I hit him with a cold drink bottle.”*
B: *“I try to separate them.”*
G: *“They tell me... “Stay out of this”.*

One of the female indigenous experts also shared her childhood experiences of exposure to intimate partner violence; revealing how her brother attempted to intercede on behalf of his mother. The dangerous measures children are willing to take to defend a caregiver may lead to fatal consequences for both the child and the caregiver.

F: *“I grew up in a home where violence was happening. My father was beating my mother. One day my brother stood up to my father and said to him: “I will take an iron and beat you that you can feel how my mother is feeling.”*

b) Somatic behaviour

One boy participant revealed that he experienced somatic symptoms in the form of enuresis when he felt afraid. Some also shared how their bodies trembled as a physiological reaction to stress and anxiety associated with exposure to violence:

G: *“My body shiver?”*
B: *“I will wet my pants.”*

• Synthesis of subtheme 2.4

The findings reveal that especially boys may perhaps perform dangerous actions to shield a caregiver that could result in disastrous physical injury. Somatic complaints in the form of enuresis and physiological reactivity were also reported due to the stressful situations

of exposure to violence as substantiated by literature (cf. Openshaw, 2008:184; Sterne et al., 2010:36; Daniëls & Bradley, 2011:16).

6.3.2.5 Subtheme 2.5: Moral and spiritual impact

Table 6.14 provides a summary of the categories and key findings of subtheme 2.5 that refer to the moral and spiritual impact of violence on development of milieu-disabled Sotho primary school children exposed to violence:

Table 6:14: Summary of subtheme 2.5

THEME 2: IMPACT OF EXPOSURE TO VIOLENCE ON DEVELOPMENT		
SUBTHEME	CATEGORIES	KEY FINDINGS
Moral and spiritual impact of violence on development	<ul style="list-style-type: none"> • Weakening of moral structure • Spirituality a source of strength 	<ul style="list-style-type: none"> • The child participants' moral understanding of <i>botho</i> and <i>seriti</i> values were found to be commendable, but compromised by the waning of these crucial traditional values in community life. • Spirituality was seen as a source of strength for the participants in the midst of their adversities.

The succeeding categories describe the findings related to the moral and spiritual impact of violence on development: weakening of moral structure and spirituality as a source of strength.

- **Weakening of moral structure**

Seriti (shade/shadow) and *botho* (humanness or the art of being a human being) philosophy guide the cultural processes of the Sotho ethnic group and the way that they behave and view their environment (cf. Rathete, 2007:14; Boon, 2007:31; Bordas, 2007: 227). The child participants revealed a good understanding and appreciation of the underlying principles of '*seriti*' and '*botho*' and described them as a positive feature of their culture characterised by: "respect and obedience towards the elders; having good manners; being brave and strong and showing kindness and forgiveness towards others." Some participants even feared to be labelled with a bad *seriti* as described in the quotes:

R:	"Who of you are afraid to have a bad <i>seriti</i> ?"
P:	Participants seem uncomfortable. Three raised their hands.
G:	"I am afraid. Because everywhere that I will go people will tell me I have a bad <i>seriti</i> ."
R:	"How do they know you have a bad <i>seriti</i> ?"
G:	"Your behaviour can give you a bad <i>seriti</i> ."
R:	"Once you have a bad <i>seriti</i> can you change it.?"
MSF:	"They say so. You can change but they will always look at you in that way. You can individually change but if there is a mark there is a mark."

The indigenous experts however perceived a decline in the moral behaviour of Sotho children manifested as a lack of ethical conduct and respect towards elders. Furthermore, the media were said to promote misconceptions about how children's rights should be exercised and this lead to disobedience and disrespectful attitudes.

F: *"There are moral issues to address such as how we conduct ourselves. There must be respect. Children need to be taught to respect elders."*
F: *"Even at home you would find that children when reprimanded are very disrespectful. Especially the girl child because they forget that rights come with responsibility. The media forget to emphasise children's responsibilities of respect and obedience."*

Swartz (2009:14) describes township life as "...one in which, violence, crime, gangsterism, substance abuse, poverty and religious and cultural belief interact in producing complex moralities." Sotho children exposed to milieu disability and violence in contemporary South Africa have to make moral sense of several socio-cultural polarities in the midst of their adversities as particularised in subtheme 3.4. Swartz and Taylor (2011:47) explain that youth in townships live "in communities that profess collectivism but practise harsh, retributive justice, selfishness and indifference." The pro-violence attitude and culture of substance abuse modelled in their homes and communities are not reflective of a healthy moral structure to follow.

- **Spirituality as a source of strength**

Most of the child participants expressed that spirituality provided them the strength and hope to cope with their adversities:

G: *"I believe God can stop violence."*
G: *"I just ignore violence and live! I pray for people to stop."*
B: *"Doing the cleansing ceremony."*
B: *"You go there and use snuff (motsoko) and mqombothi and you mix a small dish."*

Traditional healers and prophets of the Zion church were also indicated by some of the indigenous experts as playing a crucial role in community interventions regarding cleansing and making things right with the ancestors. As indicated in subtheme 1.2 the children expressed fear and dubious trust in traditional healers. Copeland-Linder (2012:139) maintains that religious and spiritual beliefs of Black people in South Africa are complex, diverse and vary considerably; including a variety of Christianity practices, devotion to indigenous religious practices and traditional African beliefs. An indigenous expert observes that some Sotho people may find it difficult to reconcile the contradictions between Christianity and African traditional beliefs that may cause internal conflict as described in the quote:

M: *“The culture mainly focuses on the traditions and customs, and we focus on Jesus who died on the cross. This leads to clashes in beliefs. These things don’t work together with the New Testament with Jesus who died and did away with these traditions. Jesus gives a new way of living. Something you cannot see, it is a physical thing.”*

- **Synthesis of subtheme 2.5**

Regarding the moral and spiritual impact of violence, it was found that although there is still a good understanding and appreciation amongst Sotho children with regards to *botho* and *seriti* values that guide the culture, the community does not model the collective care that is promoted by these values. The weakening of a moral structure may lead to confused boundaries in children whereby they might want to seek alternative moral guidance. The influence of the media was also provided as a reason for the moral decline of Sotho children as it represents a distorted picture of morality. Spirituality was, however, reported as a source of inspiration in the midst of their adversities. It was also reported that spirituality presented some inner conflict when attempting to reconcile traditional and Christian beliefs.

6.3.3 THEME 3: RISK FACTORS

Theme 3 describes the findings linked to the risk factors that perpetuate violence. Bronfenbrenner’s bioecological systems model of development (see Chapter Three, 3.4) as a conceptual framework guided the researcher to explore a wide range of risk factors perpetuating exposure to violence that operated at different systems levels of the participants’ developmental ecology over time (chronosystem). Several risk factors at bio-, micro-, and macrosystems level were found to perpetuate children’s exposure to violence defined as subthemes in this section. Milieu disability however, emerged as a risk factor that permeates all systems levels as subsequently described.

6.3.3.1 Subtheme 3.1: Milieu disability

Table 6.15 provides a summary of the categories and key findings of subtheme 3.1 that links milieu disability with the risk factors that perpetuate cycles of violence.

Table 6:15: Summary of subtheme 3.1

THEME 3: RISK FACTORS		
SUBTHEME	CATEGORIES	KEY FINDINGS
Milieu disability	<ul style="list-style-type: none"> Strategies to survive deprivation Overcrowding Sugar daddy and Ben Ten trend Scarcity of leisure activities 	<ul style="list-style-type: none"> It was reported that people in poverty may develop several strategies to survive and may as a result engage in anti-social behaviour such as stealing and violence. Overcrowding leads to children observing sex at a young age and may cause the onset of becoming sexually active at a tender age. The sugar daddy and Ben Ten phenomenon are also seen as products of milieu disability. Children are bribed by adults to provide sexual pleasure. Boredom of children due to a scarcity of leisure activities in milieu-disabled communities was found to be a risk factor for engaging in violence.

Strategies to survive deprivation, overcrowding, the sugar daddy and/or Ben Ten phenomenon as well as the scarcity of leisure activities were identified as categories in subtheme 3.1 that are interconnected with milieu disability as risk factors for exposure to violence.

a) Strategies to survive deprivation

There was general agreement amongst the indigenous experts that being in a state of deprivation is an extremely difficult experience; and people will “do anything to survive” to meet their daily needs. Some people in adverse situations may amongst other things, engage in violence and unlawful activities to feed themselves and their families. Siblings would also fight with each other to get their fair share of food.

<p>M: “People who are in a situation of destitution - they are almost there when they can’t rise up and will do anything to survive. That’s why you sometimes see adults steal to support kids. If a child comes to you and he needs food, you will do something to give them that food. Children on the other hand, will steal sweets just for the sake of wanting to eat that sweet.”</p> <p>F: “I want to give a personal example. I was standing in a long queue to obtain water from the well. After standing for a long time I eventually reached the front and it was my turn to get water. A woman then insisted that it was her turn and a fight broke out. The result was getting hit with a stone on my head, hence erupting in a violent episode. It is a daily struggle to get what you want and you have to fight for it.”</p> <p>F: “I agree, for example the boys at the Soshanguve station who watch over the cars and fight about who gets the money.”</p> <p>M: “You find that if people don’t have money they fight with each other. Say for example the children go to school and there was one loaf of bread left at home. When the brother who returned earlier ate the loaf, the children returning later would find that there is no food; they would start hitting each other.”</p>

b) Overcrowding

Townsend and Dawes (2004:71) observe that unemployment and the structural aspects of poverty such as RDP housing and overcrowding perpetuate sexual vulnerability of children. An indigenous expert in the quote below supports literature findings whereby it was found that overcrowding limits personal space between sexually active adults, children and teenagers and may lead to opportunities for sexual abuse (Richter et al., 2008:71).

M: *“Poverty is one of the factors of a lot of things. You get people not qualifying for RDP’s, queuing for RDP’s, they go and rent a home and because it is small, they have to live in one room with the kids next to them. The children often have to sleep with their parents in one bed. When the parents have intercourse, the children sometimes pretend to sleep, but they observe these actions. This often results in kids starting prostitution at a very tender age.”*

c) Sugar daddy and Ben Ten phenomenon

Another challenge that children may face as an outcome of milieu disability, is the risk of being exploited by caregivers to provide food on the table. This may lead to young girls getting involved with older men commonly known as sugar daddies; and young boys getting involved with older women referred to in the townships as the ‘Ben Ten’ phenomenon. Most often children are used for human trafficking. The indigenous experts explained how this happens in the subsequent quotes:

- F:** *“Say for example there is no food in the house and your child just starts going out, you just let them. How do you tell your child don’t go and have boyfriends outside while there is no food inside the house because the boyfriend is providing your daughter. She sometimes even brings it at home. The father and the mother are also eating whatever the child has brought to the house. They know in which way she obtained the food. Sometimes they even have sugar daddies.”*
- F:** *“Sometimes they become prostitutes.” (The previous participant agrees).*
- F:** *“How then do I tell my child not to prostitute while I’m also benefiting (eating) from the prostitution?”*
- F:** *“They let it go on because of poverty in the house. The child is now providing. If it’s a boy, he goes and steals outside and maybe he’s also involved in drugs wherever they are selling nyaope. The parents know very well that their child is involved in those things. How then do I tell my child to stop stealing, because I’m also benefiting? They even protect them. When the child is caught, you hear the parents say, it is not my child, but knowing very well that the child is doing the thing that he has been accused of. They will protect them.”*
- F:** *“Because the mother has no means, she knows that her child has done the wrong thing, but the fact that she is surviving through the money gained from sex work she lets the child continue with the unacceptable behaviour. They do not protect the child.”*

The child participants were familiar with the sugar daddy and Ben Ten trends existing in the community. They perceptively stated that the sugar daddy and Ben Ten tendency may lead to sexually transmitted diseases and cause violence, specifically when a teenage girl

becomes pregnant; and the sugar daddy denies responsibility or when caregivers were unaware that the relationship exists.

B: *"A sugar daddy is older than the girl."*
B: *"He buys presents to bribe you."*
R: *"How can these sugar daddies and Ben Tens cause violence?"*
B: *"If your mother finds out."*
G: *"They can pass on the disease of HIV and AIDS from one person to another."*
B: *"Teenage pregnancy can cause violence. If a boy makes a girl pregnant and he denies it, it can cause violence."*

d) Scarcity of leisure activities

The scarcity of leisure activities for children living in milieu-disabled townships and the consequent boredom were indicated by the indigenous experts as a main reason for children engaging in violence:

M: *"...The second point is the lack of something to do. I strongly believe that children don't have anything to do after school (no leisure or extra-mural activities). My experiences are that in most black townships (Soshanguve or any town) it is true."*
M: *"Children lack resources relating to after school activities, such as sport. These activities can act as a buffer against learning criminal or aggressive behaviour. It will give them something constructive to do instead of lacking something to do."*

The child participants confirmed that although there are some parks, sport activities, drama and soccer clubs are not easily accessible due to the distance from their homes. The parks were also found to present some threats as discussed in subtheme 1.1. Sometimes children also have to pay or get selected to become members of the clubs. When asked what else they would like to have in their community they voiced the following:

B: *"More parks where they can play soccer."*
G: *"Parks where they can play netball."*
G: *"A park near my house to enjoy ourselves with swings, slides, a place where they can stay with taps to drink water."*

• Synthesis of subtheme 3.1

Milieu disability has been found to permeate all systems level and to contribute significantly to the prevalence of violence in the township. It was reported that people in poverty "will do anything to survive" in order to meet their basic needs, even if it involves stealing, and using violence. When parents or caregivers fail to provide for their children, and due to their state of mind, children may feel responsible to obtain food or money in unlawful ways as a means to survive. Overcrowding and the Sugar daddy and Ben Ten phenomenon results in pre-mature sexual exposure of young children and is considered a

product of milieu-disabled environments. Boredom of children due to a scarcity of healthy and safe leisure activities in the Township was indicated as a main reason for children engaging in violence.

6.3.3.2 Subtheme 3.2: Biosystems risk factors

Table 6.16 provides a summary of the categories and key findings of subtheme 3.2 that describes the risk factors at bio-systems level that perpetuates cycles of violence.

Table 6:16: Summary of subtheme 3.2

THEME 3: RISK FACTORS		
SUBTHEME	CATEGORIES	KEY FINDINGS
Biosystem risk factors	<ul style="list-style-type: none"> • History of exposure to violence. • Attachment problems • Premature exposure to substance abuse • Spiritual root • Social comparison 	<ul style="list-style-type: none"> • A history of exposure to violence was found to perpetuate cycles of violence. • Attachment problems seemed to be closely link with family disintegration and cultural gender stereotypes of child rearing. • Boys expressed a need for more involvement of their fathers in their lives as well as better communication with their mothers. • Premature exposure to substance abuse in the home and in the community increased the potential for pre-mature involvement in substance abuse. • Violence was said to have spiritual roots that requires a new mind set and a personal choice for Christ. • Social comparison owing to relative deprivation was presented as a risk factor that resulted in lack of self-esteem, loss of ethnic identity and unhealthy ways of measuring up to the materialistic standards of others.

At the individual or biosystem level consideration is given to the reciprocal interactions between the child’s biological nature (genes) and their environment (nurture) that impacts as risk factors on milieu-disabled Sotho primary school children exposed to violence (Cook & Cook, 2009:4). The history of exposure to violence; attachment problems; pre-mature exposure to substance abuse; spiritual roots; and social comparison as emerging categories were found to directly impact as risk factors at the biosystem level:

a) History of exposure to violence

As indicated in subtheme 1.3, the participants were frequently exposed to violence in close proximity. Several research studies have shown that early and prolonged exposure to violence placed children at greater risk to adopt aggressive and violent behaviour themselves (compare Fisher & Lerner, 2005:1122; Weinreb & McAlister Groves, 2007:75;

McKay-Cook & Zanjarian, 2010:390; Muskari & Brown, 2010:xiv). The indigenous experts in agreement with literature findings explained how a history of exposure to violence may perpetuate cycles of violence:

- F:** *“Aggression is passed from one generation to the next. If the parents or the surrounding environment such as the neighbours are hostile or aggressive the child will automatically also display violent behaviour.”*
- M:** *“It is passed on from generation to generation for example through the way we live our lives and practise our religion. You find that a family characterised by substance abuse and physical abuse will repeat its negative patterns in next generations. It can only be broken when the chain of abuse is broken.”*
- M:** *“It takes us to the norms of how a child was brought up. A child is governed by the principles that he was taught while growing up; such as boundaries. If a child stabs someone it will depend on how a child was raised.”*

Exposure to frequent violence will not only perpetuate cycles of violence as mentioned above but will also have a destructive impact on the special bond that must exist between parent and child as described in the following category.

b) Attachment problems

Obegi and Berant (2009:4) describe attachment as “the enduring tie that one person has with another who fulfils needs of safety and comfort” and also emphasises the importance of the quality of these attachments. The indigenous experts refer to attachment problems as the lack of bonding or connection and love shared between a parent and a child. They also explained how poor parent-child bonding impacts on the holistic functioning of children and perpetuates unhealthy cycles of behaviour.

- F:** *“Violence is from a psychological root. It comes from the parents and that first bond of the child with the parents is very important. If there is no bond and love, the child will develop anger and start doing things that are morally not allowed. The child will start fighting with the other kids. They will do the opposite of what is expected of them.”*
- M:** *“No love and isolation cause behavioural problems in children. It all starts inside the house. You cannot blame other people. When there is love and the home environment is in a good condition and in good connection everything is fine. You find that separation brings a loophole and that everything that comes in is not in the same manner that they are used to. I believe that if these connections are broken the relationships and the boundaries are broken. This will affect the overall functioning of the individual or the family as a whole.”*

African households may also constantly change in their composition due to parental mobility, seeking employment and illness and separation through death leading to detachment problems with caregivers (Penn, 2012:185). Furthermore, attachment issues with caregivers also appeared to be linked with cultural gender stereotypes. In this regard the boy participants expressed a need to spend more time with their fathers and desired better communication with their mother as described in the quotes:

B: *“We are closer to our mothers than our fathers. We want our fathers to spend more time with us.”*

B: *“Girls have it better. The mom talks to them all the time. We also need our mothers to talk to us. We have to be strong and work hard as boys.”*

In African patriarchal cultures, child rearing is mainly seen as the role of the mother figure, that may explain why fathers tend to be perceived as absent in child rearing (Ericson, 2007:19). Confirming literature findings, a male indigenous expert explained that fathers only engage in life coaching of their children when boys are ‘man enough’ as depicted in the quote:

M: *“In our culture it is mainly the mother who explains life issues. The father is only approached when the child is ‘man enough’ to talk about the issues of manhood. The mother’s touch is required when it comes to issues about growing up and wrongdoings.”*

A female indigenous expert explained that it is expected of the mother in the house to act upon instruction of the husband as is anticipated in patriarchal cultures. She may be punished for children who are not meeting the standards set by the father. Unemployment was also given as a reason for fathers not fulfilling their roles. In a changing society where women’s roles are altered she calls for collaborative parenting where child-rearing responsibilities are equally shared as quoted:

F: *“The father advises the mother to tell her children “ruta bana ba gago” translated as teach your children. Women are punished if children are not doing well. Authority roles changed of working women. Men are not holding their position. Christ must be the head of the man. Unemployment plays a role where the man is not respected. Fathers are not involved enough in children’s early development. Parents should be equally involved.”*

c) Pre-mature exposure to substance abuse

The National Drug Master Plan of South Africa (2013-2017) found that drug use has become a culture in South Africa and that a substantial number of South Africans consume high volumes of alcohol especially over weekends. A theme occurring throughout the case study is the “drug culture” and especially the availability of a drug called nyaope that infiltrated township life. Tau (2013) of the Global Girl Media report:

The drug Nyaope made a name for itself between 2000 and 2006 in the Tshwane townships of Soshanguve, Atteridgeville and Mamelodi. Now, Nyaope (a deadly mix of dagga and cheap heroin) is becoming the “drug of choice” among thousands of youth across South Africa. Nyaope abusers are typically between 13 and 19 years old. The drug is cheap – about R30 a straw and is easily obtainable. Nyaope is a highly addictive drug, which is sometimes

mixed with bicarbonate of soda, pool cleaner even Rattex to make the “high” stronger and last longer (Tau, 2013).

The majority of indigenous experts also pointed to the shortage of leisure activities for children and youth experienced in the Soshanguve Township as a possible cause for premature exposure to substance abuse. The role-modelling of caregivers in promoting the use of substance abuse to escape the harsh realities of an impoverished life was also presented as risk factors.

M: *“The environmental background where the child grows up plays a role. For example in the city you don’t find people roaming around. There are more arranged activities (rugby, cricket) after school. In Soshanguve you will find people roaming around and people selling dagga.”*

M: *“I’ve realised that in most cases in this area, in poor families the fathers, they are abusing drugs or alcohol. Sometimes even the mothers, because they are trying to relieve the stress inside the family, so they need this alcohol or substance abuse. And then you find that in most cases whenever there is a little bit (of money), instead of buying bread they will go and buy this beer or the substance abuse. And remember, these parents, they are the role models to the children. Whatever is happening to the parents, the children are watching. They think... it’s my father and they start to model the behaviour.”*

With a drug culture prevailing in the township and the easy access to drugs, children are not only exposed to the dangers of violence but also to the risk of pre-mature involvement in substance abuse. It may be for reasons as stated above that the South African National Drug Plan (2013-2017) envisaged the construction of more recreation facilities in townships for taverns to be closed down, and for dependency-forming substances be removed from these places.

d) Spiritual root

Some of the indigenous experts believe that the root of violence lies in the spiritual sphere in the form of sin passed on from one generation to the next. It was said that this generational “baggage” determined a person’s way of living in the present and will also affect his/her future expectations. In order to overcome violence it was put forward that a person should renew his/her mind (in other words break with generational sins) and make a personal choice to follow Christ as explained below:

M: *“The root of violence is sin. It is a spiritual thing, a mind-set and a personal choice. If the mind-set is towards Christ and that choice is made for Christ, there will be less violence. You have to know the truth. Violence is a spiritual thing it is not a physical thing. It is God who wants to take control, but it is still the person who must decide if they want God to take control.”*

F: *“The spiritual side has a great impact on how we live our lives and conduct ourselves. It is because of the genes that we carry from our parents. The root of violence is sin that continues as cycles of violence. She quotes (Gen 20:5, New Living Translation, 2007): ‘You must not bow down to them or worship them, for I, the Lord your God, am a jealous God who will not tolerate your affection for any other gods. I lay the sins of the parents*

upon their children; the entire family is affected--even children in the third and fourth generations of those who reject me.' Cultural ways modelled for solving stress or problems in a way that is violent will continue in the same cycle and so will the baggage that people bring into marriage. The decision you make in the "here and now" will affect how you face your future."

Most of the child participants agreed that violence has a spiritual root described by them as sin and Satan; as well as people's lack of diligence in prayer. They also believed that God doesn't approve of violent behaviour:

B: *"Violence continues because others don't pray."*
B: *"Our sins and Satan causes violence."*
G: *"God doesn't like violence."*

An indigenous community expert gave a practical example of how her mind set towards violence was changed when she understood what she was doing wrong; and accepted the moral responsibility for her actions as shared below:

F: *"As I explained I was a violent person when I was young and nobody taught me that this is wrong. When I trained as a nurse I learned that I don't have to do that and that it is wrong. And it made me to follow the right way. My career tells me that it is crime and I will be ethically charged if I act in this manner."*

e) Social comparison

In contextualising the findings it is firstly necessary to define relative deprivation and the relation to social comparison. The *Oxford Dictionary of Sociology* (2009:170) describes relative deprivation as:

...deprivation experienced when individuals compare themselves with others: that is, individuals who lack something compare themselves with those who have it and in so doing feel a sense of deprivation. Consequently, relative deprivation not only involves comparison, it is also defined in subjective terms.

Swartz and Taylor (2011:47) observe that youth may start seeing materialism as a means to dignity and in the process forget their own values by starting to steal in order to acquire drugs, cell phones and clothes as indicated in the first verbatim quote. Mozolo (2014:106) also explains that the majority of black people (both poor and rich) suffer from a deeply rooted inferiority complex that leads to inward-directed anger. Confirming the literature findings the indigenous experts observe that owing to western individualistic orientations promoting materialism; black people started to socially compare themselves with white people leading to a loss of identity and culture (*botho*) as indicated in the following verbatim quotes:

- F:** *"If I have money I will buy my kids expensive clothes and the child without money compares himself with the other child. He wants the same for himself or herself. They will then try and obtain the clothes somehow and that is where the problem starts."*
- M:** *"Today I realise that the blacks don't like themselves as blacks and they want to be like the white people."*
- M:** *"He is talking about the biosystems level (individual) where people compare themselves with others way of living and if theirs doesn't measure up with their poor standard they feel inferior. Like a copycat – imitate a better way of life that looks better."*
- M:** *"Yes, Blacks think that white people's lives are better. It is just that blacks come from somewhere - a backlog and whites don't have that. They need to love themselves and come with a plan to get themselves out of the mess of their lives."*
- M:** *"Say for example a person who is poor is in the company of a rich person who is wearing expensive clothes, and eating expensive food he or she will feel he doesn't belong. He cannot even understand the communication and high words; the lasagne that they are eating is unknown because they are eating chicken feet. They don't have common ground. You feel that that person is different. He is working and having a good life and you cannot even work. It becomes a pressure in your life. He starts stealing in order to match the standard of the compared person. If you are not comfortable with who you are, how can you improve the situation and get out of it."*
- F:** *"There are those people who make you feel incompetent as they make you feel that they are achieving and being successful and you are not. It comes to the respect that people have for each other otherwise it will lead to clashes in personalities."*

In the following quote of an expert there are also signs of inter-family comparison that is characterised by jealousy and fear that others would be more successful. Jealousy referred to as "fufa" (*lehufa*) in Sotho may sometimes lead to witchcraft as was elaborated upon in subtheme 3.4 (Ashforth, 2005:70).

- M:** *"...You find that a black child is finishing school and that there are no funds available to send him / her to university because you haven't saved. Even if it is a bright kid, they apply for a government fund and it is not granted. You then go to the family for help, but because of jealousy they are not prepared to help. They are afraid that this person would be more successful than them. They are not supportive. We as blacks should change our perspective, the way we value the future."*

• **Synthesis of subtheme 3.2**

A history of exposure to violence linked to unhealthy environments and pro-violence role-models were firstly indicated as a risk factor to perpetuate cycles of violence. Flannery (2006:45) explains that a child growing up in a family with religious beliefs that support the use of aggression and violence in discipline or family relationships is expected to grow up believing that these are morally acceptable means of behaving toward others.

Attachment problems with caregivers caused by family disintegration and cultural stereotypes of child rearing were also found to be risk factors at biosystem level leading to unhealthy behaviour in children. In the literature overview in Chapter Five (see 5.3.1.1) it was argued that growth, also referred to as trophic factors, meaning 'to nourish', is vital in the process of guiding and nurturing neurons during the development of the nervous system (French, 2008:26). The ecological biosystems model of development of

Bronfenbrenner informs that proximal processes refers to the environmental interactions with those closest (face to face) to the child considered as the “engines of development” (Berns, 2010:2). The findings of the study revealed that poor proximal bonding results in seeking alternative sources of support outside the home.

Attachment problems may be caused by the behaviour and emotions related to distressing situations such as infants feeling hungry and tired (poverty), frightening events in the environment (such as violence) and caregivers perceived as absent, unresponsive or rejecting and abusive (Senior, 2009:217). Within the South African context, the labour migration of families leading to the absence of fathers, the impact of HIV and AIDS have significantly contributed to family disintegration and the increase in orphan hood amongst African children (compare Senior, 2009:217; Liebenberg 2010:229; UNICEF, 2009). As was defined in literature; the mother or female caregivers were reported to be mainly responsible for child rearing (Ericson, 2007:19). Children are also raised by their grandparents and relatives. Fathers are described as absent caregivers showing little involvement until a boy is “man enough.” The strength of collectivistic orientations has always been on collective care, but these social support systems seem to be weakening. It is therefore that boys expressed a great need for their fathers to be more involved in their lives and a female indigenous expert called for mutual responsibility in childrearing.

It was found that the easy accessibility of drugs has become a great threat and an out-of-control problem for children and youth growing up in the Soshanguve Township. The Drug Master Plan of the Department of Social Development (2013-2017:2) indicates that the youth in South Africa are “hit the hardest” with the negative impact of substance and drug abuse thus, confirming the findings. Furthermore, the milieu-disabled environment contributes significantly to the availability of drugs. Parents or caregivers turn to substance abuse to relieve stress related to poverty and unemployment. Drug addicts steal from others to maintain their habits of which children become the easily targeted victims. Premature exposure to substance abuse at home and in the community thus place Sotho children at significant risk to become dependent on substances as it is demonstrated as an acceptable way to relieve stress and escape the realities and adversities of township life. Information and life skills training to warn about the dangers of substance abuse should crucially be incorporated in the design of intervention programmes.

Some indigenous experts and most child participants believed that the root of violence is a sin against God and a “mind set and a personal choice” that will continue as cycles of violence in generations to come if not broken. A personal choice to be morally responsible and a mind set on peace and harmony is hence promoted as a means to break cycles of

violence. Goldberg, Blundell and Jordan (2012:200) philosophise that “peace does not just happen. It has to be built but, most importantly, peace has to be imagined before it can become a reality.”

Social comparison due to relative deprivation was presented as a risk factor that resulted in lack of self-esteem, loss of ethnic identity and unhealthy ways of measuring up to the materialistic standards of others. This may lead to unlawful ways of obtaining material goods. Inter-family comparisons also were reported whereby personal insecurities resulted in jealousy of those who were more successful.

6.3.3.3 Subtheme 3.3: Microsystem factors

Table 6.17 provides a summary of the categories and key findings of subtheme 3.2 that describes the risk factors at microsystem level that perpetuate cycles of violence.

Table 6:17: Summary of subtheme 3.3

THEME 3: RISK FACTORS		
SUBTHEME	CATEGORIES	KEY FINDINGS
Micro-systems risk factors	<ul style="list-style-type: none"> • Stress associated with poverty • Inadequate supervision and monitoring • A lack of parental instruction • Peer pressure 	<ul style="list-style-type: none"> • Due to stress associated with poverty parents or caregivers were reported to be unresponsive, harsh and punitive leading to increasing dissociative behaviour in children and a general lack of trust in adults. • The child participants reported that they are left unsupervised after school and it was also found that their whereabouts were not properly monitored. • The lack of parental instruction caused children to come up with their own safety plans. • Due to the absence of love and guidance at home; a need for belonging; social comparison and for “the pleasure of it” children may give in to peer pressure.

The stress associated with poverty; inadequate supervision and monitoring; a lack of parental instruction and peer pressure are categories that relates to the microsystem risk factors that perpetuate cycles of violence.

a) Stress associated with poverty

The Department of Social Development et al. (2012:8) observes that unemployment and overcrowding increased the risks of exposure to violence, as parents feeling overwhelmed with responsibilities may experience high levels of stress and frustration. Substance abuse was already discussed in subtheme 3.1 as one of the ways that caregivers cope with stress. The majority of indigenous experts supported the view that caregivers’ coping

mechanisms with stress are pushed to the limits when there is poverty, consequently leading to all kinds of socially related problems. An indigenous community expert explains how this happens:

F: *“According to what I understand in the community of Soshanguve, poverty is a cause of violence. You find that the mother and the father aren’t working and they have six children. Automatically there is going to be a lot of stress in the family between the mother and the father. You find the father is failing to provide for the family and the mother is the one who is always there with the kids. The kids are pressurising the mother with the basic needs of the house. Obviously the mother is going to pressurise the father. So that is when the problems start.”*

Stress associated with poverty may result in persistent conflict in the home and caregivers may model punitive violent behaviour difficult for children to process. Intense stress responses of caregivers impacts negatively on children as they are very sensitive to the distress of caregivers as substantiated by literature findings (Yule et al., 2005:65). Many of the child participants shared that they experience their caregivers (when under stress) as harsh and insensitive as well as unsympathetic to their needs as depicted in their responses:

B: *“When my uncle is angry and we ask for something then the uncle says: I will take out my stress on you!” (boy points his finger to demonstrate)(Some kids were laughing).*
G: *“When my mother is angry she takes out her stress on me by beating me.”*
B: *“When my mother is angry and I ask for something she doesn’t respond to us or give us something.”*
G: *“When I am hungry and asking for food, my mother will say: out of my way – make your own food!”*
B: *“I ask for money and she doesn’t answer and when I ask again she will shout at me.”*

Responses of caregivers thus demonstrate poor emotional regulation that contains verbal abuse; beatings; and ignoring children’s basic needs. The harsh reactions of caregivers impacts negatively on children’s holistic development and may lead to emotional detachment from their caregivers as described in subtheme 2.2 and 2.3.

b) Inadequate supervision and monitoring

The majority of child participants expressed that they are mostly left unsupervised after school due to work commitments of caregivers. They are therefore left with the responsibility of securing and caring for themselves described below:

R: *“Are you alone a lot?”*
B: *“Yes, after school.”*
R: *“Are your parents all at work?”*
P: *Most of the children said “yes.”*
G: *“My parents bring me the keys at school.”*

It is also important to emphasise that most township homes are not secured with strong fences, security bars on the windows and doors or alarm systems due to financial constraints. Leaving children unsupervised may expose them to criminal activities in the community; sexual exploitation and harmful media input as discussed in subtheme 1.3. An indigenous community expert alleged that teenage pregnancy is inevitably linked with inadequate supervision and monitoring of children's whereabouts.

F: *"Parents send their children to others without knowing the circumstances or what is happening there. For example, girls get pregnant, because parents are not familiar with the happenings at the places the children go to."*

Keeping township children safe as a preventative measure remains a challenging issue for most social workers with so many impoverished caregivers being absent from home due to work commitments.

c) A lack of parental instruction

Closely linked with parental supervision is parental instruction. The importance of parents or caregivers being there to instruct children about dangerous and potentially threatening situations and to communicate safety plans is crucial for prevention and protection even if there are promises of community involvement. The child participants were asked what they would do when a stranger comes and they are at home alone. The participants' reactions represented a blend of reactions: mostly hiding in fear; safeguarding the premises (note only when the danger is already there; 'fantasy protection', most likely seen on television ("pour tomato sauce")); and feeling fear; enuresis and screaming. None of these reactions, however, reflect that proper safety plans were in place and it was found that children did not know the numbers of childline and the police making them vulnerable and exposed to danger and violence.

B: *"I lock the door."*
B: *"I scream."*
G: *"I run away to the next door."*
B: *"I lock my window."*
G: *"I hide inside my wardrobe and I will wet my pants."*
G: *"Under the bed."*
B: *"I defend myself with a hammer."*
B: *"I pour tomato sauce over myself to pretend I'm dead."*

An indigenous community expert also related the lack of timely parental advice or instruction as a risk factor for children being exposed to; or behaving in violent ways and challenged the other participants to be more pro-active in this regard:

M: *"I would say the lack of advice. We tend to talk to our children when there is a problem. But if there is no problem, I wouldn't advise my child. So we as parents are also at fault for not advising our children ... It should be a preventative measure advising children in matters such as stealing, violence etc. I ask all of you when did you last call a group of children in your yard and speak sense to them and advise them how to tackle problems?"*

d) Peer pressure

Most of the indigenous experts were in agreement that milieu-disabled Sotho primary school children exposed to violence conform to the expectations of peers; to gain a sense of belonging and acceptance. Social comparison as well parental discord and lack of nurturing were also indicated as drives to conform to peers. One expert, however, indicated that it is mostly for the pleasure that they engage in unhealthy peer activities that may relate to boredom due to the scarcity of leisure activities in the township.

M: *"Violence starts on the street as peer pressure or at home with parents who are fighting." "Peer pressure is a key factor for children engaging in violence. They want to fit with the group."*

M: *"Since I started working at the social work office doing counselling, I have found that it's not every child who commits violence due to poverty, a lack of food or their parents who are fighting. I have found that in most cases it is because of peer pressure. They want to belong somewhere. Because there is no love at home, they do things to get a sense of belonging and acceptance from others." "Disagree and say: "They do have love at home, but it is for pleasure that they go out."*

F: *"Children must know who their friends are."*

M: *"It is the company (friends) that they keep that also creates violence. In peer relationships they talk about sexual things instead of maybe talking about things that can develop their minds such as going to school."*

M: *"The peer pressure of comparison is there such as when a child tells another that his/her father bought a smart car and the other one knows that he/she can never afford it. The one who doesn't have is rejected and isolated and he doesn't feel a sense of belonging. Mentally it is a difficult place to be."*

The child participants in relation to the above-mentioned quote, however, indicated that they do not trust friends or peers correlating with the findings discussed in theme 1.2. They confirmed that peers gave them poor advice and taught them how to be violent. The participants also admitted that they were pressurised and threatened by peers to engage in anti-social and addictive forming activities as substantiated below:

B: *"My friend teaches me how to bully others."*

G: *"They give you bad advice."*

B: *"They tell you to smoke."*

B: *"They take revenge."*

G: *"They want you to go to places that you don't feel you want to go to. Like the shebeens. They want to beat you when you say no."*

G: *"They want to hit me and force me to do things I don't want. I asked the teacher to help me."*

African childrearing allow for children to learn through participation at home, in the community, peer culture and other activity settings with little or no instructive support (Nsamenang, 2010:163). With the lack of parental attachment milieu-disabled Sotho primary school children exposed to violence may be at risk to adopt destructive behaviour learned from peers.

- **Synthesis of theme 3.3**

Poverty causes emotional distress and depression for parents or caregivers and may present with inconsistent and harsh parenting styles (Kotchick & Forehand, 2002:255-269). As substantiated by the above-mentioned literature, it was reported that the participants experience their parents or caregivers as unresponsive, harsh and punitive leading to increasingly dissociative behaviour in children and a general lack of trust in adults. In addition, it was found that impoverished families with many children may experience a great deal of stress; and it is especially the mother who has to deal with children complaining about their basic needs which are not being met.

The child participants informed that they are left unsupervised after school due to work commitments of parents or caregivers and are given the responsibility of securing the premises and caring for themselves. It was also found that the whereabouts of children are not properly monitored and caregivers are also unaware of the safety of the places to which they send their children. Milieu-disabled Sotho primary school children are consequently exposed to potentially harmful situations such as sexual exploitation and possible substance abuse. Due to the lack of parental or caregiver instruction reported, the participants lacked the knowledge and understanding of violence as well as the necessary skills to protect themselves against the dangers of township life. Penn (2012:186-187) observe with regard to African child rearing practices that:

Children are expected to get on with things themselves. Beyond early infancy, adult attention and direction is unnecessary and even inappropriate, unless it is a direct instruction to carry out an errand, or to avoid danger (and even ideas about what constitutes danger and risk are very different).

In substantiation with literature it was reported that due to the absence of love and guidance at home a need for belonging; due to social comparison and for “the pleasure of it” Sotho children may give in to negative peer pressure. The child participants however, experienced their peers as unsupportive and as negative force that pressures and intimidates them to abuse substances and to engage in violent behaviour. It was emphasised that parents or caregivers should take responsibility to monitor their children’s whereabouts; and also to encourage their children to “know who their friends are.”

6.3.3.4 Subtheme 3.4: Macrosystem factors

Table 6.18 outlines the categories and key findings of subtheme 3.4 that describe the risk factors at macrosystem level that perpetuate cycles of violence.

Table 6:18: Summary of subtheme 3.4

THEME 3: RISK FACTORS			
SUBTHEME	CATEGORIES	SUB-CATEGORIES	KEY FINDINGS
Macro-system risk factors	<ul style="list-style-type: none"> Rainbow nation issues Ethnic risk factors 	<ul style="list-style-type: none"> Collective trauma Xenophobia Fight back or seek revenge Socialisation practices Secrecy surrounding initiation schools Verbal and physical abuse an accepted practice. The prevalence of witchcraft. The waning of <i>botho</i> values. 	<ul style="list-style-type: none"> Rainbow nation issues related to apartheid, xenophobia and cultural segregation were reported. Sotho children are taught to fight back or to seek revenge. Socialisation practices promote gender inequality whereby women and children become at risk to be abused. The secrecy surrounding initiation schools and the consequent lack of knowledge lead to children feeling afraid to attend school. Verbal and physical abuse is considered an accepted practice. The waning of <i>botho</i> values lead to the lack of a moral structure for children.

The macrosystem contains the characteristics of a given culture, subculture or social class such as the ethnic group system in which the micro-, meso-, and exosystems are embedded (cf. Lewis & Greene, 2009:232; Shaffer, 2009:88; Bernstein et al., 2011:40). It also includes social policies and laws, political ideologies, social norms, technological advances, media, cultural change, the quality of the physical environment and international trends (Churchill, 2011:19). The categories that emerged related to macrosystem risk factors were: “rainbow nation issues” and ethnic factors.

a) “Rainbow nation issues”

The term “rainbow nation issues” refers to matters related to the diversity of cultures represented in post-apartheid South Africa (see 1.1). The participants were requested in

small groups to write songs about violence. Not forgetting the deeply rooted apartheid era; a group of boys wrote the following Zulu / Xhosa song that seems to be a variation of a song heard in an old anti-apartheid film called “The power of One” (Thabethe, 2014).

*Senzeni na, senzeni na
Senzeni na, senzeni na, senzeni na
We are all crying because of white people killing our grandmother, shooting our mothers.
We don't know to stop violence.
Senzeni na, senzeni
Senzeni na, senzeni na, senzeni na, senzeni na.
(Senzeni na translated as “What have we done?”)
(Culturally interpreted as violence we want you to stop)*

Collective trauma and xenophobia were found as sub-categories that described rainbow nation issues in South Africa as a result of apartheid.

- **Collective trauma**

The majority of child participants in the study shared painful memories related to their family members as communicated below:

G: “My grandfather told me that the white people called the black people “kaffirs”⁹ (Only whites were allowed to enter shops and the black people had to use shops outside. They were not using the same transport and the same toilets.”
G: “The whites made blacks to carry *dompas*¹⁰.”
G: “Blacks and whites went their separate ways.”
G: “They were not allowed to vote and to marry a white person.”
B: “They brought Mandela out of prison.”
B: “The white people will beat them.”
P: “The people without *dompas* were caught.” (In the past, people who couldn't show their *dompas* to the police were beaten and imprisoned).
G: “They remember the day when white people were killed.” (referring to Blood River)

The following newspaper commentary provides some understanding of why black children would still remember and feel the consequences of apartheid:

Kaya Langa of the Sunday Independent, June,10,2012 report on:
Why blacks still raise apartheid?

Instead of passing on wealth from generation to generation, their descendants inherited poverty and a very clear message that they were not allowed to prosper in the land of their birth. To dismiss these realities as mere laziness on the part of a black person is ignorance. The black person is still playing catch-up.

⁹ **Kaffir** an insulting and disrespectful term used by the Dutch and British colonisers for black Africans in South Africa. In contemporary South Africa the usage of the word falls under the South African legal category termed *crimen injuria* defined as insulting behaviour, linguistic and other (Hughes, 2006:280-281).

¹⁰ **Dompas** - the Pass Laws Act of 1952 required black South Africans over the age of 16 to carry a pass book, known as a “domboek” or “*dompas*”, everywhere and at all times (Field, 2001:24).

Some of the indigenous experts argued that the time orientations related to financial management of black people (living in the now), and an unwillingness to work for little money are reasons for people remaining in deprived situations or experiencing a “backlog.” Disagreement followed with an indigenous community expert charging the apartheid regime where it was experienced that white people have and black people don’t have as the main reason for black people’s backlog and difficulties to “catch up” or to live future orientated in their financial planning as voiced below:

- M:** *“There are differences between black and white financial management. White people tend to plan for the future of their child by starting a trust fund before a child is born. By the time the child reached twenty-one he or she already has a flat and a car and no longer stays at home, she is independent. She has educational fees, she has everything. The blacks don’t think about tomorrow, they think about today (now). If they get a hundred thousand rand today, they throw a big party, we slaughter cows and everything. We use it all at once ... We as blacks should change our perspective, the way we value the future.”*
- F:** *“I don’t agree with him. The whites have money; they can save. While we do not have money, we cannot save for the future. The other is because of the way we grew up politically.”*
- F:** *“They are not even willing to work for a little bit of money. Then you will find that immigrants or people from other countries, such as Zimbabweans are willing to work hard for less money. You will find in this community people who are unemployed (without qualifications), staying home and not even having money for bread are rather prepared to suffer. For example, when given an opportunity to get a cleaning job, they are not prepared to work for little money. I don’t know if this is a sickness or what?”*

External experts of the Centre for the Study of Violence and Reconciliation in an interview stated that “collective trauma due to rainbow issues” remains a challenge in combating violence and moving forward.

- **Xenophobia**

The researcher encouraged the child participants to honestly share if they are still treated poorly by white people. They collectively agreed that they are not treated badly by white people. The researcher however acknowledges that she represents a white South African that might have inhibited the children to answer honestly even if invited to do so. Hostility was instead expressed in relation to other cultural groups residing and running businesses in Soshanguve as indicated by the child participants:

- B:** *“With the Indians there is apartheid.”*
- G:** *“The blacks hate the Indians in Soshanguve and want to chase them away.”*
- MSF:** *“They are talking about the Pakistan people because of their spaza shops. All the people buy at the Indians who ensure that their prices are lower than all the other shops creating anger amongst local sellers. In other words xenophobia.”*

As confirmed in literature “xenophobic violence”, brought about by fear of strangers or foreigners, are inevitably linked with milieu deprivation, and injustices leading to black people feeling insecure (Swart, 2007:192; Mwakikagile, 2008:17). An indigenous community expert also indicated that the segregation of ethnic groups in South Africa can present with conflict that may result in violence due to the following reasons:

F: *“The segregation of cultural groups also plays a role. Various cultures prefer not to mix with each other, for example if I’m a Tswana, I don’t want a Zulu to come to my place. I don’t want my child to marry a Zulu, because he is not my type. He is of the culture that I don’t like. That is where violence also erupts.”*

b) Ethnic risk factors

In exploring and describing ethnic risk factors it is important to take cognisance of the meaning that each member of an ethnic group gives to his or her membership and the social cultural norms that guide behaviour (*Concise Dictionary of Social and Cultural Anthropology*, 2012:84). Crusec and Hastings (2007:534) propose that “we must evaluate what culture is for each individual in each group considering the immediate and historical realities that community members share.” Due consideration should be given to the way that ethnic children adapt to their mainstream culture as well as the degree of acculturation impacting on their worldviews (Zunker, 2012:202). In reporting the findings the researcher thus, acknowledges and respects the role of socio-political and religious orientations; individual phenomenological interpretation; and the role of acculturation processes that impact significantly on the socialisation practices of the Sotho ethnic group.

Several sub-categories emerged related to ethnic risk factors that perpetuate violence: fight back or revenge; socialisation practices; secrecy surrounding initiation schools; verbal and physical abuse as an accepted practice; the extent of witchcraft; and the waning of *botho* values.

• Fight back or seeking revenge

The majority of the child participants reported that they are socialised by their mothers to fight back or plan a revenge strategy when insulted or physically threatened. Some boys also shared that they are beaten by the mothers when they don’t fight back as described in the subsequent quotes:

B: *"My mother tells me I must fight back."*
G: *"When I was young my mother told me to take revenge."*
B: *"When I was beaten by a boy my mother hit me because I didn't beat the boy back. She told me: "you are a boy why don't you hit him back?"*
B: *"When it is the same age I will revenge because he/she will be my moggadane (street language for enemy – Sawa, 2012)."*

Most of the indigenous experts confirmed what the child participants said and a female expert even provided a personal example of how she encouraged her son to stand up for himself and hit back as articulated in the quotes:

F: *"For me I tell my son that if someone hits you, go and hit him back."*
M: *"We are trying to give the message to the child 'you are always going to be bullied – so try and defend yourself."*
R: *"Would you say this is a cultural thing?"*
F: *"Yes it is."*

Two of the indigenous experts were, however, in disagreement as they believed that revenge can perpetuate violence if taught and that it was a matter of individual choice and not a cultural norm. However, the aspect of fighting and revenge were found to closely linked to socialisation processes whereby boys are taught to be tough discussed in the subsequent sub-category.

Furthermore, when Sotho children are insulted by older perpetrators they deal with it in the following ways: The parent or caregiver especially the mother and, other family members or the community are involved to deal with older perpetrators in a manner that may or may not include violence:

B: *"I will tell my mother if somebody older insults me. When someone the same age insults me I will beat him."*
G: *"When an older person insults me I will call my parents and then go to the family to report it."*
B: *"I will tell my mother if somebody older insults me."*
B: *"When an older person insults me, I will call my two brothers and they will sort the person out and beat him."*
B: *"I will tell my grandmother when it is an older person."*

Street committees are appointed by the police and the community policing committee. The indigenous community consultants informed the researcher that the majority of households in the Soshanguve township have whistles. If someone blows a whistle everyone comes out to help or to find out what is wrong. The victim reports what happened and then the community goes after the offender to seek revenge. There was some disagreement between the participants about what should happen with offenders. Some said that offenders must be taken care of by the community in a violent manner. On the other hand

some participants wanted the police to take care of the criminals. The participants in favour of violent community intervention had the following to say:

G: *“They must release him for the community to beat him and take him back to the prison again” (supported by another boy).*
B: *“They must take him out and the community must beat him.”*
P: *“They must beat and burn them with the tires” and one boy even added “kill him.”*

- **Socialisation practices**

The indigenous experts emphasised that the gender differentiation in socialisation processes of Sotho children relates to the different social roles that they fulfil in the family. Girls are raised with more affection from their mothers than boys. Sotho boys are taught to be strong and to fight for their worth and respect. They are prepared for their sexual roles through the initiation schools and therefore gay preferences may be viewed as a rejection of traditional roles. A female expert however detected that boys as a result of a lack of affection from their mothers experienced rejection and also feelings of anger. The subsequent quotes substantiate the findings:

M: *“From generation to generation we are being taught that a boy needs to be strong or a man needs to be strong. We all know that women are always disadvantaged.”*
F: *“I tell my boy one day you have to be a strong man – go and fight for yourself. And when he comes back I will also beat the child to encourage him to fight for himself.”*
M: *“As a boy you are raised to be strong and in control. Imagine every time you come to your mother and cry...’I’ve been beaten’. Then you become a nuisance and you are not man enough so you need to stand your ground. If ever someone take me on or attack me I won’t leave it without a fight. But religiously I am requested to turn the other cheek. I understand but doing this is very difficult for me to do. It is like being humiliated and my pride is affected and I must just stand and take it. It is very difficult.”*
F: *“Even the way that we are raised in our Sotho culture there are differences between boys and girls. Girls are raised with more parental affection and especially comforted by the mothers when crying. But when it is a boy child the mother would say don’t even come next to me, go and sit there. The boy child feels rejected like he is not being loved. That is why most boys have this anger, because they feel rejected by their mother.”*
M: *“Gay cannot happen amongst blacks. From boyhood it is imprinted that they must marry a wife.” (He refers to initiations schools where girls and men are prepared for their sexual roles in society).*

The boy participants shared similar views as the experts about boyhood. One boy participant asked spontaneously why boys are treated differently than girls when they go out and/or play. He confidently believed it is because girls must be protected against rape as they cannot defend themselves like boys.

B: *“My brother teaches me to be angry and when I complain to my mother she said she cannot interfere and the matter must be settled between us.”*
B: *“My brother doesn’t want me to play with girls otherwise they will think I am gay.”*
 Asked a spontaneous question: *“Why don’t our parents asks us as boys why are you dirty, why are you playing rough, climbing a tree, why were you gone for a long time but they do*

ask these questions to the girls?" The same boy insisted to answer his own question.
B: *"They are doing that to protect the girls so that they cannot be raped." While answering some of the children seemed to be amazed and covering their faces with their hands (culturally it is not allowed to talk about these things in front of the elders- Sawa, 2012).*

Sotho boys are somehow taught to reserve their emotional expression and may be teased when they cry or show intense emotions as observed at the primary school and captured in the field note:

PSO: field note

A boy was observed swinging on a tree. Some girls were eating under the tree. The girls said they will tell the teacher. The boy then used vulgar words. He continued swinging and fell hurting himself badly and then started crying. Then the girls went to a teacher to report the incident and the teacher never responded or inspected the incident. The children then saw the boy crying and they laughed at him because it is culturally not acceptable for a boy to cry. He then got so angry that he wanted to hit them with his sore arm's fist. The translators then went to his rescue and break up the crowd.

The girl participants perceived their place in the hierarchy as lower than that of men. Most of the girl participants shared that they feel humiliated when sexual remarks are made about their bodies or when they are beaten. They also indicated that they feel sad when men in their culture speak degradingly about their mothers.

R: *"What is the place of the women – higher or lower than the man?"*

G: *"Lower." Showing with her hand lower.*

R: *"How do you feel about this?"*

G: *"We feel that we don't have rights when they beat us. It is against the law."*

R: *"Do you ever experience any violence from men or bad remarks where they say awful things to you?" Lots of giggling due to feeling uncomfortable...*

G: *Speaking on behalf of the girls. "When the boys are after them they say they love them. They say you are sixhoba (ugly). You have big breasts or they say you don't have breasts you have..." She touches her breasts to show what is meant.*

R: *"How do men treat women good or bad?"*

G: *"Bad" (Participants talk amongst each other....uncomfortable. Laughing...) "They speak badly and talk bad words about our mothers."*

R: *"How do you feel when they talk that way to your mother?"*

G: *"I feel bad... like crying."*

Patriarchal dominance impacts greatly on how women are treated by men in the culture and how they react as a result to this treatment. As substantiated in the quote Sotho men may beat their wives to reinforce submissive obedience (or show love) rooted in cultural gender stereotypes (cf. Muskari & Brown, 2010:24; McKay-Cook & Zanjani, 2010:390). It was indicated that women may display an accepting attitude towards abuse that becomes a norm to live by.

F: *“Boys in the past were taught how to fight or protect themselves with sticks. He is not a man if he doesn’t beat a women and he doesn’t show that he loves her. Women provoke the man to beat her. Women accept beatings. My mother was also beaten so I accept that.”*

Teaching boys to be tough is a reality for most cultures and a means of survival. However, when not modelled through a loving attached relationship it can be harmful to relationships with others especially for females in the Sotho culture. Teaching boys to physically fight to prove that they are strong can perpetuate cycles of violence and may lead to a diminished sense of respect and empathy with others. There seems to be a strong link with the initiation schools in this regard as young boys when returning from the initiation schools show a change in behaviour and start acting disrespectfully towards younger children and the females in the household discussed in the subsequent section.

- **Secrecy surrounding initiation schools**

Sotho speaking people have initiation ceremonies for boys and girls that has been a traditional way of life ensuring the progression to adulthood hence differentiated from western developmental models (Mwakikagile, 2010:192). Bawa, Ahmed, Shabalala (2008:291) observes “that initiation is marked by secrecy, and divulging the activities of the ‘forest or the mountain’, as initiation schools are called by some groups, is punishable by exclusion from the society and even death.” A female indigenous community expert (former traditional healer) confirms the secrecy surrounding initiation schools:

F: *“Culturally children are afraid to talk about what is happening at the initiation schools. Children know that what happens there must not be shared with anyone, especially outside your culture. People attending initiation schools are forbidden to talk about it because they are told you will become crazy (o tla gafa – you will go out of your mind). This makes people fearful.”*

Rituals include exclusion and male circumcision (Mwakikagile, 2010:192). Bawa et al. (2008:291) describes the initiation process as “marked by extreme hardships and painful lessons under the guidance of designated elders in the community.” The boy participants were interviewed in a separate group of their own to share their experiences as boys in their culture these were some of their responses:

R: *“Do you have to go to the initiation school?”*
B: *“Yes we have to. We are forced to go.” (Confirmed by other boys).*
R: *“If you don’t want to go, can you tell your parents?”*
B: *“No we can go to the social worker or priest who can talk to the parents. Sometimes the parents are too stubborn.” (The other boys agreed).*
P: *Some say that they have already been to hospital.*
B: *“I went to the hospital and it was painful enough. The bandages were put on.”*
B: *“I am afraid of the initiation school because people are dying there.”*

R: “Do you agree that some boys run to the initiation school when they have committed something wrong because they feel they will be protected or strong there?”
P: General agreement about the matter.
R: “Now that you have heard on the news that boys are dying there do you want to go?”
P: All screaming “no”.
B: “I would like to go because I want to be the same as other boys.” He later indicated that he wants to go the hospital.

A female indigenous community expert shared a personal family experience and called attention to the fact that it is often due to peer pressure that boys attend the initiation school even if given a choice:

F: “My brother ran to the initiation school as my father didn’t want his children to go there. He went himself and admitted that nothing good came out of it. My brother said if there was a course two at the initiation school he will never go back and I will also not go back and be a supervisor for someone. If they teach you something there you will never forget it – it is like a spiritual hypnosis. I think there is a connection to become a traditional healer and be part of the initiation schools. Rituals of circumcision performed there are for example frightening. For example the jump over the pot of fire. When you jump over the fire you will fall on the other side and are circumcised with unhygienic instruments. They are told then, that they are a man now and when going home they can become sexually active. The mother and sister must also now be respectful towards the boy. The boy can be disrespectful to any female because now he is a man. This leads to abuse of power as a male forcing respect and dominance. They get a new name from the initiation school using it when they are angry saying that they are a man now.”

The following article indicates that young boys who are influenced by their peers and not yet ready for the initiation process attend traditional initiation schools with or without parental permission putting them at risk to be emotionally and physically harmed:

Eyewitness News, Johannesburg – Deputy Traditional Affairs Minister Obed Bapela says a new age restriction placed on male circumcision is justified by the Children's Act and is aimed at preventing children from running off to traditional initiation schools due to peer pressure...Bapela says the tradition is an important part of many South African cultures and should be protected from being abused by young boys who are not ready to undergo the process. “Let’s use it as a determination of the age of who should be going into initiation because initiation is a passage from boyhood into adulthood. You cannot tell me that a 13-year-old boy is now a man, I think we can really engage on this matter as a society (Edited by Tamsin Wort).

A boy child participant suggested that the initiation school may offer some form of escape for troubled youth:

B: “His brother has a friend who steals nyaope and the community was looking for him so he ran to the initiation school.”

The relationship between the initiation practices and violence was described by the child participants as learning to fight; dying in the mountains and becoming disrespectful towards females in the households upon returning from the initiation schools as depicted in the quotes:

B: *"Peers disrespect their parents. When a person comes back from initiation school they say you must not respect your parents."*
R: *"Where did you hear that?"*
B: *"I heard that from my brothers who returned from initiation schools."*
P: *"They fight with sticks and some die of foul play with sticks." (Supported by most participants).*
G: *"They die in the mountains because of the rituals."*
B: *"Others demand money from their mother when they come back in a violent way."*
B: *"There is a better relationship with the father."*

The last quote is significant as it suggests that where the mother was solely responsible for child rearing before the initiation school, after returning from the initiation school the father seems to become more involved in the boys upbringing in preparation of manhood. It is furthermore evident that the mother or female caregiver is then pushed into the background, even treated with less respect confirming gender inequality and perpetuating cycles of violence against women and children.

All the girl participants also voiced that they were afraid of the initiation school due to a lack of information from caregivers as depicted below:

R: *"Are you afraid to go to the initiation school?"*
G: *"Yes."*
R: *"What makes you feel afraid?"*
P: *(Participants are shy) "We are afraid that they will cut our vagina."*
R: *"What do your parents tell you are going to happen?"*
G: *"They don't explain anything." (agreed by other participants).*
G: *"They say you should see for yourself."*
R: *"And you don't know what you are going to see."*
P: *"Yes."*

A female indigenous community expert gives insight as to some harmful practices happening at the initiation school that may lead to sexually transmitted diseases as pronounced below:

F: *"A girl told me that girls at the initiation school are taught for their sexual roles by being forced to have sex with an older man. Sometimes the wife is standing there looking on. My children will not go there. I will buy you gifts but do not go there. Boys are not only prepared for their sexual roles there. For me I, sum it up as sexual and emotional abuse and a risk of contracting HIV and other sexually transmitted diseases."*

The majority of child participants also referred to the secrecy related to initiation schools and shared that they desire to know more:

G: *"I feel bad and I would like to know more about it and what happens there."*
B: *"What do they do to them?"*
G: *"How they will be treated?"*
G: *"The kinds of food that they are eating in the mountains."*
G: *"How they wash themselves?"*
G: *"How they sleep?"*

The researcher asked the child participants what could be done to ensure that people don't die at the initiation schools and this is what they answered:

G: *"They must change the razors what they are using and clean them and also test them for HIV and AIDS before circumcision."*
G: *"They don't explain anything."*

The secrecy surrounding initiation schools is contradictory to the rights of children who deserve to be informed about rituals that will drastically change their lives. Findings reveal that children are fearful and want to know details about what will happen to them at the initiation schools. No information may lead children to fantasise and seek explanations from peers who advise them incorrectly. Without generalising there is concern about the effect that initiation schools have on boys after they return and the consequent disrespect for females of the household. There is also a concern for those who do not attend and the ridicule they may face as shared by a pig farmer "[t]hey took my 20 pigs while shouting that I was a worthless man who had not been culturally circumcised... all I want is justice" (South African Press Association, 2014a). The following news report supports the unease with the practices of some initiation schools:

Initiations becoming a 'money-making scheme' 2014-07-16

Johannesburg - The number of initiates who have died in the Eastern Cape since the beginning of the winter initiation season has risen to 35, the province's health department said on Wednesday. "Over 180 boys have been admitted to hospital and 35 have died so far since the initiation season started," spokesperson Sizwe Kupelo said. "We have observed issues that we believe are circumstances and contributing factors, including criminal elements, lack of discipline, improper conduct by those who are responsible for running the schools, greed, and the so-called custom of being hijacked as a money-making scheme." "It is a traumatic experience for health workers because of the injuries and the septic level of the wounds - it is unnecessary and can be prevented," he said (South African Press Association, 2014b).

The secrecy surrounding initiation school and consequent lack of information to children raise concerns for concealed harmful activities happening at the initiation school over which there is little legal control.

- **Verbal and physical abuse an accepted practice**

Absolute obedience and respect for elders is expected from African children (Bawa et al., 2008:291). Finley (2013:155) observe that “parental rights are considered to supersede the rights of children.” The author continues by saying that it is therefore considered a normal and acceptable practice to discipline and punish their children through violence explaining why teachers and parents support corporal punishment (Finley, 2013:155). The researcher enquired from the community experts if corporal punishment is still an accepted practice amongst Sotho speaking people in contemporary South Africa. The responses were as follows:

M: *“Today it is child abuse, but before the elder boys taught the young ones to fight.”*

F: *“Children used to expect beating when they have done wrong. And now people are taught to talk in a nice manner to kids.”*

F: *“In our culture they use the term discipline, today it is called abuse. For example at school you cannot beat children. In the olden time it was discipline – it was a good practise.”*

M: *“The western socialisation has taken away our culture. We no longer have culture anymore. In relation to the punishment there is a difference between punishment and assaulting a child. The one of punishment is a ‘nice chastising’. In today’s law it could be used as a ground of defence but it will all depend on how much force did you use. For example you cannot use a sjambok to chastise a child.
In response to what is used currently to discipline children:*

M: *“Just a belt. A child must be explained as to why he or she is chastised.”*

M: *“In our Sotho culture, the elders bring the children to order by beating them. So I want to differentiate between ‘killing someone for a very long time and beating him.’”*

M: *Challenge previous participant. “You will again sit down with the same child repeating the same mistake. You will sit down again and again. I must first look at my mistake – what did I do wrong? For a child to do something wrong there is a cause. For a child to swear he has seen it somewhere.”*

The above-mentioned quotes inform that physical punishment plays a central role in the Sotho culture’s discipline system of children and is still considered a good practice to reinforce respect with children. As indicated in subtheme 2.5 it was generally observed that children in contemporary South Africa are lacking respect for elders due to the loss of corporal punishment. According to some indigenous experts verbal abuse amongst the Tswana speaking people may also lead to violence across cultures described in the verbatim quotes below:

F: *“I refer to the Tswana people, specifically to the ‘Bakwena’ (surname of a Tswana group meaning crocodile). When they talk, they just say things the way it is. It wants to call people something.”*

R: *“You mean verbal abuse?”*

- F:** *"Affirms. The other cultures feel offended by those words. I myself am a Tswana, but I don't do it, but I do feel offended by those people around me doing it. Being a Tswana is different, because if you do anything wrong, you will be beaten, they will just whip you. It teaches the child violence, as it sets the example that if you do wrong, you will have to be beaten. This is how the child learns to solve problems as opposed to understanding and talking about the problem with the child. I used to believe that it is the way that it should be done. If you are swearing at someone in the Tswana and Southern Sotho cultures, it means you are giving praise to that person, but to others it is swearing. As for me, I don't feel comfortable, but for others it's ok. So the young ones learn that it's ok to do that."*
- M:** *"It's mainly the elders who use this way of communication."*
- F:** *"The Tswana people they call a spade a spade and for example will talk about private parts in an insulting way. When a girl reaches puberty and their body starts changing the group will say "mogwethe" (which is an insult of all your anatomy referring especially to the buttocks). Although it is meant as praise a person feels humiliated and insulted. This can lead to violence when it is another cultural group and they start to fight. The young Tswana people don't like this kind of language so it is mainly used by the elders."*

The aspect of verbal abuse was explored with the child participants by making a statement that in the Tswana culture some elders may swear and if they think this may lead to violence? This is what they had to say:

- B:** *"Some have a small heart (bad temper) and will take out a knife and stab the person who swears at him."*
- G:** *"Yes, it is violence. When someone says something bad of my mother for example a person will want to fight back." The other participants agreed.*

Owing to their place in the hierarchal structure, children may accept violence as a norm that denies their rights to be heard. The "self" is often sacrificed in favour of the broader community (Radomsky et al., 2011:44). Children are socialised to know their place in the hierarchy and are not allowed to express how they feel as indicated by an indigenous expert:

- F:** *"Children are not allowed to ask questions and to be completely informed. Some traditional Sotho families say "I see you are like the white people in the way you are doing things like sitting with the children at the table. Children must sit on the floor. Girls must close their legs and boys must sit on one their knees outside."*

In agreement with the above-mentioned quote the participants indicated that they are not allowed to express their feelings openly as indicated in the quotes:

- B:** *"My mother says I must not be angry."*
- B:** *"Yes, even when they send you to do something and you complain that you are tired they say "a child shouldn't be tired".*
- B:** *"When they shout at you, they say that they are showing you the right way to live." This is how old people were living – not to be angry and not get tired."*
- G:** *"When you are angry they will say: you will be angry until you become calm again." (Interpreted as they won't culturally comfort you when you are angry – because they will spoil you – Sawa, 2012).*
- G:** *"They say when you cry you don't cry blood – you cry water." (You can cry as much as you*

can as long as you don't show blood indicating that there is no sympathy or affection when a child is crying- Sawa, 2012).

G: *"They say that you are not a small baby so you are not allowed to cry."*

- **Extent of witchcraft**

The Sotho people refer to witches as "baloi" and distinguish between day witches that are mostly men (sorcerers that use medicine) and night witches (women) considered to have a naturally evil character and use physic power, beasts and zombies dug up from graves to cause evil and harm (Chidester, 1992:14-15). Witches should hence not be confused with traditional healers.

Van Dyk (2008:212) informs that traditional healers are considered the "guardians of tradition and the codes of morality and values" and always played an important role in the spirituality of Sotho people. According to Ashforth (2005:313) "traditional healers promise a limited form of justice akin to revenge in treating a victim of witchcraft healers promise that the evil forces will be returned to their source to kill the witch who dispatched them." Symptoms related with Aids (such as diarrhoea, abdominal pain and coughing) have been associated with malevolent assaults of witches known in the Sotho culture as *sejeso* ("to eat" or to be poisoned) (Ashforth, 2005:9). When people believe they are bewitched they will go to traditional healers or a prophet of the Zion Church for help and cleansing as explained by an indigenous community expert:

F: *"For example a woman exposed to domestic violence goes to a ngaka or prophet for advice. The healer performs rituals to find the problem. The reason why this problem exists is because of certain ancestors, bewitchment, curses and this is what you must do. Perform rituals cutting and putting herbs in the women to take out senyama (bad luck or bewitchment) or the prophets will cleanse you in a special bath and give you sewasho¹¹ (mixture of luck to cleanse your home or to chase evil spirit)."*

Ashforth (2005:313) explains, "when justice is unobtainable violence breeds violence in a cycle of revenge: witchcraft also breeds witchcraft." Where traditional healers have been known to fight against evil spirits that want to harm, today they have to protect themselves against being called witches themselves. These games of power in the spiritual sphere create a real fear in children that can negatively impact on their development and increase feelings that they must always be watchful for evil forces seeking revenge. The child participants are very superstitious (see theme 5, 6.3.5.4) and associate certain animals, the lightening bird, *tokoloshe*, witchdoctor and traditional healers with witchcraft and violence, as indicated below:

¹¹ "**Sewasho**": a mixture of medicine and ashes, applied to the face to gain favour with witches. It may also be poured into a person's bathwater, to ward off witches or have the strength to resist them (Semenya & Letsosa, 2013:6).

G: *"They kill people."*
G: *"They take the small children and use them."*
FSF: *"Do you think the sangoma and the lightening and the tokoloshe can stop or make violence worse?"*
P: *Some children answer angrily – "it makes it worse."*
B: *"Sangoma is a witch using herbal medicines – we don't want them in South Africa."
"Tokoloshe can steal the children and hide them in the mountain."*
B: *"Because of what we saw from the news a small child's heart was taken out by a sangoma, so we don't believe that they can stop violence." (Translators confirmed that this really happened in Soshanguve).*
G: *"I know a witchdoctor his name was M (name left out to protect participant) when he finds children he take them in his home and cut them into pieces."*
B: *"The traditional healer helps people to bewitch you and someone to attack you."*
B: *"The traditional healer helps the neighbour to bewitch you – it is a violent thing."*
G: *"The tokoloshe will take you and witchcraft you."*

For one child participant witchcraft was a very real experience leading to the death of a sibling and she blames the sangoma:

G: *"I don't like the Sangoma, because my family went to a Sangoma and they gave us 'muthi' (traditional herbs) and after my parents used that and do what the sangoma told them one of my family members (a sibling) passed away."*

Witchcraft is all about revenge and jealousy and embodies nothing of the spirit of 'botho'. People have been known to accuse those of whom they are jealous of being witches (Chidester, 1992:14). Therefore it is important to ensure an understanding of who is the accused and who is the accuser. Witch purging may take place and "[w]hereas in the past, elderly people, particularly women, were accused, these days the number of children accused of witchcraft is increasing" (UNICEF, 2010:2). The researcher hence supports UNICEF's (2010:17) conviction that "while accepting the right of everyone to their own belief, witchcraft accusations that end in extreme violence require a different response." UNICEF (2010:6) explains that vulnerable children are also accused of being witches and become at risk to be abandoned and killed when they fit in the following descriptions: are an orphan; disabled; have a physical illness (epilepsy, tuberculosis); are autistic or have Down Syndrome or stutter; is an Albino and also gifted children. Indigenous experts in this regard observe the following:

M: *"There is too much witchcraft."*
F: *"Maybe if I give birth to a disabled child I will think that someone bewitched me. If that person comes to my house and wants to help me with anything, I don't accept anything because I think he's the one who bewitched me and that he wants to make up for the bewitchment. So, if he gives me money to take care of my child, I would not accept it."*

It is hence evident that UNICEF (2010:59) appeals for the protection and support of vulnerable children linked with being witches; promote community awareness and dialogue with religious leaders and traditional healers to achieve common ground.

- **The waning of *botho* values**

In Chapter Three (see 3.2.3) it was indicated that the principles of openness and sharing promoted by *botho* welcome orphans and problem children within the community and even poor people are willing to share what they have with others (compare Boon, 2007:28; Mwakikagile, 2010:193). There was, however, general agreement amongst indigenous experts that the collective spirit captured in the expression *botho* was waning due to the influence of individualistic orientations, materialism and the extent of witchcraft. They provided the following examples of ways that *botho* principles are changing:

F: *"I would say the influence of the western culture also plays a role. If I'm in my house the children next door are also my children. In the olden days in our culture I would give my children food and I would also call the neighbour's children if they didn't have food. It is no longer like that."*

F: *"You will find that I have extra bread; I would rather let it rot and throw it in the dustbin than to help a struggling neighbour."*

M: *"It is survival of the fittest."*

M: *"Sometimes when you have everything and trying to help someone. They don't accept it gracefully; they think you are pompous. They swear and shout."*

In the face of moral decay Mmualefhe (2007:12-13) encourage:

...[S]ince *Botho* demands communalism, and as *Botho* falls apart of the rejection of one, the challenge is to embrace even those who violate the communal ethical codes... Our *Seriti*, our magnetic field, ought to propel us to action, to draw near to the reject! In so doing we become one with those in need, instead of being mere sympathisers.

The researcher observes that the spirit of *botho*, although weak, is still fulfilling a great need amongst black people in general. The *stokvel* practice (a savings and investment society) and burial society clubs where people regularly contribute are all ways that Sotho people are helping each other in contemporary South Africa to overcome the milieu-disabled circumstances that they find themselves in.

- **Synthesis of sub-theme 3.4**

Collective trauma and xenophobia are risk factors related to "rainbow nation issues" as a result of apartheid in South Africa. Meyer (2012:353) states that "the apartheid regime created conditions that traumatised everyone." The "collective trauma" caused by the apartheid era in South Africa has left many black South Africans with scars and painful memories still influencing the way that they perceive themselves and the world around them. In an attempt to "catch up with the backlog" Sotho people may experience deeply rooted poverty insecurities that are becoming a basis for on-going xenophobia attacks. The child participants reported that the black people dislike the Indian shopkeepers in

Soshanguve pointing to the possibility of xenophobic violence. Cultural segregation whereby certain cultures will not mix with each other or inter-marry was also asserted by some indigenous experts as presenting with possibilities for violence.

Several ethnic risk factors were reported that may perpetuate violence including: fight back or revenge; socialisation practices; secrecy surrounding initiation schools; verbal and physical abuse an accepted practice; the extent of witchcraft; and the waning of *botho* values. Revenge can be closely linked to the socialisation processes of boys where they are taught to be tough and fight back to prove their masculinity. At the initiation schools this principle is even endorsed through teaching boys how to fight. A female indigenous expert even suggested the following: *"I tell my boy one day you have to be a strong man – go and fight for yourself. And when he comes back I will also beat the child to encourage him to fight for himself."* Yet, as expressed by some it is an individual choice and not a cultural way of existence. The legacy of apartheid, the lack of trust in the police and living with constant threats of violence in the township due to poverty increases an understanding as to why revenge would be promoted as a means of survival. However the futility of revenge in perpetuating cycles of violence cannot be reasoned away and non-violent alternatives should be explored.

A Sotho proverb that communicates gender stereotype says: *"Tsoho la Monna ke mokolla"* translated as "a man's hand is the marrow." This is culturally interpreted as "Without a man's assistance women would be completely helpless" (Sekese, 2002). An indigenous community expert in the study said it in this way: *"We all know that women are always disadvantaged."* Confirmed by literature it was found that boys and girls are socialised differently with boys being socialised to be dominant and strong, and girls to be submissive as validated (McKay-Cook & Zanjani, 2010:390; Morojele, 2013:363). It was argued that although patriarchal family structures are a generally accepted, even Biblical practices in South Africa and many other parts of the world, when practiced in a way that validate violence and violate the rights of women and children so that it becomes harmful and socially unacceptable. Teaching boys to physically fight to prove that they are strong can perpetuate cycles of violence and may lead to a diminished sense of respect and empathy with others, especially towards females.

The child participants expressed that they are afraid to attend the initiation schools due to the secrecy and lack of information provided by the parents and caregivers. A list of questions was provided of what they would like to know. They also pleaded for safer initiations and believe that the HIV and AIDS virus will spread through initiation practices. It was also stated that when boys return from the schools they become disrespectful

towards the mother and other female figures in the household; therefore confirming socialisation practices promoting gender inequality. Several recent South African news reports were quoted to indicate the increasing concern with respect to initiation schools.

There is a Setswana proverb that states: “*Logong lo ojwa lo sa le metsi*” meaning “a wood is bent while still wet” (Malimabe-Ramogoshi; Maree, Alexander and Molepo, 2007:3). The authors continue to say that the above-mentioned proverb endorses the idea that corporal punishment is an accepted practice and add that even Setswana folktales are used to justify abuse of children. The findings in the collective case study confirm that most of the adult participants still value corporal punishment as a means of chastising children. An indigenous expert explained the value of reinforcing corporal punishment as a means for the elders “to bring children to order”; and to “respect their elders.” At the same time they acknowledge that according to the South African law today it is considered child abuse. The prevalence of corporal punishment in schools and the lack of teachers and caregivers to act on behalf of children confirm that the practice of corporal punishment is still very much alive.

It was also conveyed that there is a tendency amongst Tswana group members, specifically amongst some of the elders to be verbally abusive and in this way offend other cultures. Remarks about private anatomical parts of females are offensive, humiliating and increase negative stereotype views about women promoted by the culture. Where it may offend others due to misinterpretation, for Tswana elders, however, it is considered a cultural way of expressing what they feel and a means of giving praise.

Swartz (2009:39) observes that “[f]aith in God and fear of witches exist alongside community generosity, harsh street justice, and pervasive jealousy” and impacts in complex ways on the morals of township youth.” The participants in the study conveyed that witchcraft because of jealousy and the revenge cycle has become an increasing occurrence in township life causing unnecessary fear and superstition in children. It also results in the deaths of innocent women and children accused of being witches (UNICEF, 2010:59). Many of the above-mentioned ethnic factors as discussed do not echo the moral conduct expected from *botho* values. With thoughtlessness with regard to morals becoming more prevalent in South Africa, it was advocated by the indigenous experts for township children to regain a proper moral structure again. The adult participants fault the impact of western individualistic ideas whereby individualism and materialism are promoted; the media and the extent of witchcraft for the weakening of *botho* principles. A male participant, however, puts everything in perspective when he explains the significance of respect in order to culturally reflect the true spirit of *botho*:

We will all be defensive of our culture. But right now if I am fair, and I am a Northern Sotho, I don't think there is something that associates our culture with violence. The ways that a Northern Sotho presents himself in terms of language and behaviour towards the other person, is respect all the way. Respect does not go hand-in-hand with violence.

Building upon the basis of respect the above-mentioned quote challenges destructive ethnic beliefs that perpetuate cycles of violence and calls for responsible decision-making and behaviour in the best interest of the collective whole.

6.3.4 THEME 4: PROTECTIVE FACTORS

Theme 4 reports the findings that describe the protective factors that may balance the risk factors related to exposure to violence. The subthemes that emerged included: gaining entry and achieving collaboration; creating awareness; securing involvement of caregivers; education and skills training; parental instruction; school intervention; the need for therapeutic interventions; spiritual intervention and ensuring safety measures.

6.3.4.1 Subtheme 4.1: Gaining entry and achieving collaboration

Table 6.19 contains a summary of the key findings of subtheme 4.1 that includes gaining entry and achieving collaboration when intervening in indigenous communities.

Table 6:19: Summary of subtheme 4.1

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Gaining entry and achieving collaboration	<ul style="list-style-type: none"> Finding the key entry point and achieving collaboration with the community and stakeholders are considered crucial to successful interventions. Achieving collaboration and communication with stakeholders and communities through partnering; co-ordinating services; capacity building; and through the establishment of community complainant forums.

Gaining entry to the community was communicated as a first crucial step and protective measure to ensure the success of interventions as explained by an indigenous community expert:

F: "First you need to gain entry to the community. You have to find the key person in the village. You have to find the gate to change."

The external professional experts suggested the following in order to achieve collaboration and communication with stakeholders and communities affected by exposure to violence.

EPE: *“Incorporating partners and links, co-ordination with stakeholders and the community; capacity building in communities and community complainant forums to enhance community dialogue.”*

• **Synthesis of subtheme 4.1**

It was recommended that social workers find the key persons in the community through securing their input in the development of intervention programmes. Key gate keepers will open doors to the wider community and achieve communication and collaboration in the implementation of intervention programmes.

6.3.4.2 Subtheme 4.2: Creating awareness

Table 6.20 provides a summary of the key findings of subtheme 4.2 that recommends the creation of awareness as a protective factor to buffer exposure to violence.

Table 6.20: Summary of subtheme 4.2

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Creating awareness	<ul style="list-style-type: none"> Creating awareness of violence at all system levels. Drawing awareness to existing programmes as well as advertising new programmes. Utilising the media, new technology and cell phones to create awareness and report violence. Employing mass action to create awareness.

The indigenous experts emphasised the importance and value of awareness campaigns at all system levels where information should be provided about exactly how to deal with violence; and where to seek help. It was also indicated that there was a general lack of awareness related to existing programmes.

F: *“Awareness campaigns at Christian level, schools, clinics, basically anywhere. All the stakeholders should be involved. They should be aware of what violence is, and teach a person if he/she gets themselves in a violent situation what he/she must do; where they must he go; and to whom must he/she talk. People must be made aware when they are in a violent situation and when they are projecting this violence on others. Awareness is very important. Even door to door awareness can be valuable.”*

F: *“At block MM and block F there are programmes where they do activities for the kids. The Department of Art and Culture need to prelaunch their programmes here because I think that the people are not aware of them.”*

An expert from UNICEF proposed the increased use of new technology; and of cell phones as a means to enhance the reporting of violence. The child participants also suggested utilising the media and mass action as narrated in the quotes:

G: *“They must report it to the newspaper and media.”*
B: *“I will tell my father to tell the people to strike and to stop violence.”*

• **Synthesis of subtheme 4.2**

Creating awareness of violence at all system levels was suggested. It was also proposed that existing and new programmes should be promoted through awareness campaigns. The deployment of media, new technology and cell phones were suggested as modern methods to create awareness and to report violence. Mass action in contemporary South Africa is still a well-known and a popular way for black people to make their needs known. The child participants thus, proposed mass action as a manner to create awareness of violence and to stop violence.

6.3.4.3 Subtheme 4.3: Education and skills training

Table 6.21 provides a summary of the key findings of subtheme 4.3 that includes education and skills training that were described as protective factors or recommendations for exposure to violence.

Table 6.21: Summary of subtheme 4.3

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Education and skills training	<ul style="list-style-type: none"> Education for parents or caregivers and children regarding their moral responsibility towards violence. Intervention with women and children to inform about violence; provide skills training and to facilitate emotional expression in children. The use of drama and music to teach children about violence.

Most of the indigenous experts agreed that educating parents and children at all age levels about their moral responsibility in relation to violence; and teaching them healthier problem-solving skills were crucial protective measures to buffer violence.

F: *“Educating the kids and parents about violence firstly will help solve the problem. Teach them how to solve the problem of violence. Teaching them that violence is a morally unacceptable thing to do. This must already happen in the crèche and then at every level.”*

An indigenous expert also proposed intervention with women and children to inform them about violence; provide skills training and to facilitate emotional expression in children.

F: *"I feel in Soshanguve they can open a place where they teach women and children about violence and where they can do some self-help projects."*
F: *"Children need to be taught skills and find someone to talk to about everything that is kept inside."*

The child participants furthermore, indicated that they would like to learn more about violence and suggested the following topics:

B: *"I don't know about violence!"*
B: *"What is violence?"*
B: *"Why do people fight?"*
G: *"Why do people hurt each other?"*
B: *"What causes violence?"*
G: *"What can be done to stop violence?"*
B: *"What types of violence are there and which ones causes people to die?"*

When asked what will be a fun way to learn about violence a boy said something that will remain with the researcher in years to come as a reminder that children's exposure to violence is an extremely painful hardship to endure:

B: *"There is no fun way to learn about violence!"*

The other participants mentioned that a group where they learn about violence using drama and music will be a good way to learn about violence.

• **Synthesis subtheme 4.3**

The participants indicated that they needed more knowledge and skills to deal with violence and suggested several topics that can be incorporated in the intervention programme. Early intervention with young children and the provision of education and life skills training to parents or caregivers were suggested as a crucial step to enhance their moral responsibility towards violence. Self-help projects are important in milieu-disabled environments characterised by unemployment and boredom and can make a big difference in the self-esteem of women and children as a way of instilling hope and mastery.

6.3.4.4 Subtheme 4.4: Securing involvement of caregivers

Table 6.22 summarises the key findings of subtheme 4.4 that includes securing involvement of caregivers as a protective factor for exposure to violence.

Table 6:22: Summary of subtheme 4.4

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Securing involvement of caregivers	<ul style="list-style-type: none"> Caregivers should take responsibility to be more involved in their children's lives; instruct them about moral issues and to provide guidance regarding matters related to violence. Parental instruction and better control of television-viewing habits. The promotion of mother-child dialogue. Providing a reward for participation in interventions.

The lack of parental or caregiver involvement was indicated as a risk factor which forced children to come up with their own plans to be secure and safe. The indigenous experts thus proposed that parents or caregivers should take responsibility to be more involved in their children's lives and instruct and guide them in matters related to violence as specified in the quote:

M: *"The Justice Department sends children for rehabilitation programmes where they learn what is right and what is wrong. This should have been reinforced by the parents, but it didn't happen. For me the parents must be the preventative measure advising children in matters such as stealing, violence etc. Constant reminding children of certain aspects, they will remember it. We should engage in preventative measures and not only instruct our children when they do wrong. Children should be educated about violence as a preventative measure. I want to highlight the role of the parents in this regard."*

The external professional experts also communicated that they faced challenges to acquire caregiver involvement in intervention programmes to assist children exposed to violence. They thus suggested that due consideration should be given to secure mother-child dialogue when planning interventions as the findings in subtheme 3.2 revealed that female caregivers are primarily responsible for child-rearing matters.

EPE: *"Parents are hard to get on board. Mother-child dialogue is very important. Parents lack of involvement in their children's education hinders progress."*

The media was presented as a risk factor that is often disregarded by families due to the entertainment comfort that it represents to many township residents. An indigenous expert points to the importance of making caregivers aware of the destructive impact of unhealthy media content; and their responsibility as caregivers to provide guidance and reinforce parental control.

F: *"You cannot let a small child look at a TV program with an age limit. As a protective factor parents much be taught about age restriction (language and violence) in order to supervise and inform their children's media viewing. Even when I buy my movies you ask the seller I*

want the movies without an age restriction. They will then guide you in that.”

An expert also suggested that providing some type of reward at the end of an intervention, such as a certificate could be a good motivation for parents or caregivers to get involved.

• **Synthesis of subtheme 4.4**

It was proposed that parents or caregivers should be more involved in their children’s lives through guiding and instructing them about violence as a shielding measure. Mother-child dialogue was specifically encouraged as an entry point to achieve participation. Offering a reward was suggested as a means to obtain participation.

6.3.4.5 Subtheme 4.5: Intervention in schools

Table 6.23 provides a summary of the key findings of subtheme 4.5 that recommends intervention in schools as a protective factor that can buffer children’s exposure to violence.

Table 6:23: Summary of subtheme 4.5

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Interventions in schools	<ul style="list-style-type: none"> • The school setting was considered ideal for preventative intervention related to violence. • Children could receive skills training and therapeutic care. • Teachers could be empowered with knowledge and skills to assist children who are exposed to violence. • Social workers to be re-employed at school

The school was viewed as the ideal neutral setting to conduct preventative interventions related to violence; and it was proposed that the social welfare sector should make the most of their involvement in schools. Several activities were suggested: empowerment of teachers; utilising drama and creative activities to teach children about violence and related topics; as well as providing therapeutic care.

- F:** *“The intervention should be conducted at a neutral place such as a school.”*
- M:** *“From my perspective I think that the Department of Education needs to be re-employed. A programme in the school must be represented as part of preventative measures. For those already exposed the Department of Social Development and the NGOs need to be more involved. More resources need to be provided for those exposed to violence.”*
- F:** *“I think the teacher often identify the child as being abused, but the time duration to the police or social workers often is so long that the physically evidence is no longer there. This is due to a lack of knowledge from the teacher who doesn’t know how to refer and often try and help counsel the child at school. The teachers need to be educated.”*
“It can be a very valuable program within schools to teach children about violence.”
- M:** *Dramas on stage where parents are invited so they know it is not the right way to build the future. Children spend a lot of time at school therefore it can be very valuable.”*
- F:** *“It must be preventative and therapeutic as well. We have holiday programmes where we go to the schools in collaboration with the Department of Education. The school is ideal. There are also the feeding schemes for the children. Children are provided with talks about HIV and AIDS; substance abuse and violence.”*

The external experts advocated for the re-employment of social workers in the school setting.

EPE: *“Social workers should be employed by the schools again as experts and to establish dialogue with schools.”*

• **Synthesis of subtheme 4.5**

Burton and Leoshut (2012:5) observe that the bulk of risk and protective factors related to violence could be found at school level and hence suggest that by building resilience at school level may impact significantly on other spheres related to protective factors. As substantiated by literature the school was suggested as a neutral place where children spend a great deal of their day and for providing opportunities for holistic, creative, child friendly social work intervention. It was thus advocated for the re-employment of social workers in the school and for more involvement of the Social Development sector in general. Teachers were reported to be in need of training with regard to identification, referral and counselling of victimised and abused children.

6.3.4.6 Theme 4.6: Programmes that focus exclusively on violence

Table 6.24 provides a summary of the key findings of subtheme 4.6 that recommends the development of programmes that exclusively focus on violence as a protective factor to buffer children’s exposure to violence.

Table 6:24: Summary of subtheme 4.6

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Programmes that focus exclusively on violence	<ul style="list-style-type: none"> Although intervention programmes exist, they are enmeshed in each other without a specific focus on violence. Therapeutic group interventions are lacking.

The Department of Social Development in liaison with stakeholders runs child protection programmes and workshops at schools as a protective measure once a term and also links up with other stakeholders. These programmes, however, are enmeshed with other programmes and do not exclusively focus on violence or include group therapy.

F: "Child protection programmes presented by the Department are often enmeshed with other programmes such as HIV and AIDS etc. We link with stakeholders such as the nurse at the clinic, housing etc. Workshops are presented and mainly individual case work is done. No therapeutic group work is done. There is no specific programme that we follow - it is mainly referrals and individual work."

- **Synthesis of subtheme 4.6**

The design and development of programmes and therapeutic group interventions that focus exclusively on violence was promoted as a protective factor.

6.3.4.7 Subtheme 4.7: Development of more leisure activities

Table 6.25 provides a summary of the key findings of subtheme 4.7 that recommend the development of more leisure activities as a protective factor to buffer children's exposure to violence.

Table 6:25: Summary of subtheme 4.7

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Development of more leisure activities	<ul style="list-style-type: none"> Introducing more leisure activities at school has been found to lead to the reduction of violence and needs to be sustained and expanded upon.

A scarcity of healthy leisure activities in the township was presented as risk factor in subtheme 3.2; that exposed children to unhealthy peer activities and early involvement in substance abuse. Thus, it was suggested that the development of more leisure activities could serve as a protective factor to buffer the impact of violence.

M: *“I think at a preventative level if we can involve the children in recreation activities at school such as soccer that will keep them busy not to engage in unhealthy leisure and peer activities.”*

M: *“Children lack resources relating to after school activities, such as sport. These activities can act as a buffer against learning criminal or aggressive behaviour. It will give them something constructive to do instead of lacking something to do.”*

An expert from UNICEF explained that the Department of Education was approached to re-introduce and revive physical education in 2010. This re-introduction resulted in significantly reducing violent behaviour amongst learners (UNICEF, 2010).

EPE: *“Life skills were introduced with the aim of reducing gender-based violence (HIV & AIDS or teenage pregnancy). Coaches were trained. It was evaluated and found that there was a good attendance and a decrease in the occurrence of violence.”*

• **Synthesis of theme 4.7**

The development of more leisure activities at school has been reported by UNICEF (2010) to lead to the reduction of violence and therefore needs to be sustained and expanded upon. The National Drug Plan of Social Development (2013-2017:45) also suggests the establishment of recreation facilities and diversion programmes for youth to keep them busy as preventative measure to buffer the use of substance abuse due to boredom.

6.3.4.8 Subtheme 4.8: Security measures

Table 6.26 provides a summary of the key findings of subtheme 4.8 that proposes security measures as a protective factor that could buffer the impact of children’s exposure to violence.

Table 6:26: Summary of subtheme 4.8

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Security measures	<ul style="list-style-type: none"> The children advocated for better monitoring and security measures at their schools. The establishment of safety committees Empowerment of children as active role players in safeguarding themselves from violence.

The child participants indicated that they would like the principals to improve on their monitoring at schools; and also implement more security measures. They envisioned that upgraded safety measures could perhaps stop the amount of bullying happening at school, and also protect them from being kidnapped. As indicated in the quotes below the involvement of security guards, prefects, police and soldiers was designated as a security

measure to make them feel more secure.

B: *“We must tell the principal to monitor the whole school.”*
B: *“In the evening security must guard the school and during the day prefects must take control.”*
G: *“The police and soldiers must come and patrol.”*
G: *“At school also there must be soldiers to look after us.”*
B: *“The police must also go to the school in order for the children not to be stolen.”*

In conclusion the external professional experts advocated for the establishment of safety committees and for boys and girls to become active role players in their own safety and orientation towards violence.

• **Synthesis of subtheme 4.8**

The child participants, due to feeling unsafe in their school setting, advocated for better monitoring and security measures. The idea of establishing safety committees was also promoted. Additionally, it was suggested that young children should become activists to safeguard themselves from violence and should subsequently be well-educated in violence-related matters.

6.3.4.9 Subtheme 4.9: Spirituality as a means of support

Table 6.27 provides a summary of the key findings of subtheme 4.9 that confirmed spirituality as a means of support and protective factor that could buffer the impact of children’s exposure to violence.

Table 6:27: Summary of subtheme 4.9

THEME 4: PROTECTIVE FACTORS	
SUBTHEME	KEY FINDINGS
Spirituality as a means of support.	<ul style="list-style-type: none"> • Spirituality and religion has been found to be a central force of Sotho peoples’ existence and should be incorporated as protective factor in intervention programmes.

It was indicated in subtheme 2.5 that spirituality was a source of strength for resilient behaviour of milieu-disabled Sotho primary school children exposed to violence. An indigenous expert indicated that his belief in Christ gave him strength to cope with adversities and a new way of living.

M: *“Stress and depression are part of life, but with Jesus Christ you draw His strength and guidance in prayer. Your I-centeredness changes, the way you talk and present yourself changes. Jesus gives a new way of living. Something you cannot see, it is a physical thing.”*

• **Synthesis of subtheme 4.9**

Spirituality was proposed as a source of strength that buffers life’s adversities (including exposure to violence) and a norm and moral framework to guide a healthy existence.

6.3.5 THEME 5: SOTHO CHILDREN: PLAY AND LEISURE

Sotho children love playing, and their spontaneous, joyful interaction with each other is communicable to bystanders. Play patterns and observed processes indicated the collective orientation true to the spirit of *botho* whereby interaction with others still offers some joy and protection as a means of survival in hostile and violent environments. Theme 5 describes Sotho children’s play and leisure experiences in the context of their socio-cultural and physical environments for the design of culturally relevant interventions.

The following subthemes emerged as it relates to theme 5: Sotho children’s play interactions; after school activities; play patterns; and the indigenisation of intervention techniques.

6.3.5.1 Subtheme 5.1: Sotho children’s play interactions

Table 6.28 provides a summary of the categories and key findings of subtheme 5.1 that describe Sotho children’s play interactions:

Table 6:28: Summary of Subtheme 5.1

THEME 5: SOTHO CHILDREN: PLAY AND LEISURE	
SUBTHEME	KEY FINDINGS
Sotho children’s play interactions	<ul style="list-style-type: none"> • Sotho children mostly interact with other family members and friends in their play experiences. • Children expressed a desire that their caregivers should play with them more frequently.

Before describing the findings as they relate to subtheme 5.1 it is firstly necessary to provide context to the reader as to who is considered to be family in the Sotho culture. Family in the Sotho culture extends past the nuclear family and includes the mother (*mme*); father (*ntate*); grandmother (*koko*); grandfather (*ntate*); great grandfather (*ntatemogolo khukhu*); great grandmother (*makgolo khukhu*); siblings (sister *kgaitsedi* or *sesi*); brother (*morwara* or *buti*); aunts (*mmamogolo*; *mmane*; *rakgadi*); uncles (*malome*, *rangwane* or *ramogolo*) and *bagwera* (friends) (Mothiba, 2011). Because of the hierarchical social order that exists in strict traditional Sotho families, primary caregivers might not engage in play experiences with children due to maintaining a respectful place

of power in the hierarchy (Dawes & Biersteker, 2011:35-63). Older children are usually instructed to take care of younger siblings and play with them to ensure the reinforcement of the hierarchy (Dawes & Biersteker, 2011:35-63).

As substantiated by literature the majority of child participants shared that they would play with family members other than their primary caregivers such as their siblings, uncles and aunts and friends. Caregivers being too old or too tired due to other work commitments were presented as reasons why they perceive that caregivers do not want to play with them. Most of the child participants however expressed a desire to play more frequently with their primary caregivers as showed in the verbatim quotes below:

B: *"In my heart I wish to play with my mother and my uncle because it has been a very long time since 2009 they last played with me."*
G: *"I wish my mother will play with me since she never plays with me."*
B: *"Because they are old."*
G: *"Because my mother sometimes is busy working and don't have time to play together. Then I go to my friends."*
G: *"I don't feel happy because when I tell my grandmother to play she is always saying that she is tired."*

- **Synthesis of subtheme 5.1**

Involvement of parents in play across cultures differs and the motives for parents participation in play needs to be understood (Benson & Haith, 2009:398). It was found that Sotho children mostly engaged in play activities with siblings, peers and other relatives as important socialisation agents in the child's life. However, they expressed a heartfelt need for their parents or caregivers to play with them more often. It was indicated in literature that several African children residing in South Africa due to the HIV and AIDS epidemic may not have the primary family structure of biological parents leading to attachment problems as discussed in subtheme 3.2. Building strong and stable relationships with significant others and particularly grandparents is considered a protective factor for the enhancement of secure attached relationships (Davies, 2011:64).

6.3.5.2 Subtheme 5.2: After school activities

Table 6.29 provides a summary of the categories and key findings of subtheme 5.2 that describe Sotho children's activities after school hours.

Table 6:29: Summary of subtheme 5.2

THEME 5: SOTHO CHILDREN: PLAY AND LEISURE		
SUBTHEME	CATEGORIES	KEY FINDINGS
After school activities	<ul style="list-style-type: none"> • Home chores • Homework and extra classes • Play in the street • Watching television • Sport activities and clubs • Relaxation 	<ul style="list-style-type: none"> • Sotho children have home chores to do after school. • Some spend time doing homework and attending extra classes without caregiver support. • They spend time playing in the street. • Watch a lot of television and sometimes neglect their homework. • Engage in sport activities at school and are members of soccer and art clubs. • Relaxation is seen as sleeping and stretching.

Subtheme 5.2 describes the various types of activities children are engaged in after school hours including the following categories: home chores; homework and extra classes; playing in the street; watching television, sport activities and clubs and relaxation.

a) Home Chores

The majority of African children learn valuable skills that enhance their self-regulation, attention and memory by means of participating in domestic tasks and by performing errands for their caregivers and family members (Mothiba, 2011). Some of the girls and a few boys reported that they have some home chores to do before attending to their homework and play.

G: *"I wash dishes after school. Sometimes when my granny has not left for work, I find that the dishes have already been washed. When my sister is not feeling well, I even go home and clean."*

G: *"After school, I do my homework and then I clean."*

B: *"After I come back from school, I wash some dishes after watching some television."*

b) Homework and extra classes

Some participants seem to be very diligent and faithful in doing their homework on their own as well as attending extra lessons after school.

G: *"I rush home; I change my clothes, and start with my homework."*

B: *"When I come home, I change my clothes and go to another school for extra lessons."*

c) Play in the streets with their friends

with friends as described in the following quote, but presents with some safety risks for exposure to violence as discussed in subtheme 1.1.

B: *"I play 'toppo' (spin top) in the street with my friends."*

d) Watch television

In correlation with subtheme 1.4 (see 6.3.1.4) the majority of children confirmed that they watched an extensive amount of unsupervised television in the afternoons. Of concern is that homework is sometimes neglected for the sake of television posing a risk factor for children's academic progress and physical development as depicted in the following verbatim quote.

B: *"I come home and I watch television."*

e) Sport activities and clubs

Some participants do sport activities at school and some join soccer and art clubs as described below:

B: *"At school in the afternoons we can do things – like soccer, cricket."
B:* *"There are soccer clubs where I stay – called Superstar and super eagles."
G:* *"There is a drama club."
G:* *"I play netball."*

f) Relaxation

Relaxation is understood by the children as mostly "stretching or sleeping." The following are things that the participants do to relax.

G: *Demonstrate ... "putting your legs straight and stretch your arms."
B:* *"Put their feet up or sit on their bed and watch TV."
G:* *"Sleep under the tree on a blanket and on the sofa."*

• Synthesis of subtheme 5.2

Activities after school includes doing home chores expected from Sotho children as part of important socialisation processes to teach collective care. Teaching children home chores at an early age can be a protective and strengthening factor in facilitating a sense of independence and mastery, as well as future resilience. On the other hand, when children are harmed or exploited by doing hard labour work or send late at night to run errands for their caregivers it may present with risks for their healthy development. Other activities include homework; attend extra classes; watch television; play in parks and streets taking part in sport activities at school and at clubs. Homework is seen for some as a routine activity. However, with many caregivers absent during the afternoon due to work commitments and them feeling overwhelmed with other responsibilities such as cooking;

children may not receive the help that they need with their homework. Resources for projects may also be scarce. Ways of relaxation include mostly ‘stretching out’, sleeping and watching television. Introducing hobbies and new ways to relax may assist children to deal more affectively with the everyday stress of living with violence and the ways that it manifest in the body.

6.3.5.3 Subtheme 5.3: Play patterns and games

Table 6.30 provides a summary of the categories and key findings of subtheme 5.3 that describe Sotho children’s play patterns.

Table 6:30: Summary of subtheme 5.3

THEME 5: SOTHO CHILDREN: PLAY AND LEISURE		
SUBTHEME	CATEGORIES	KEY FINDINGS
Play patterns and games	<ul style="list-style-type: none"> • Clapping, dancing and chanting games • Hide and seek games • “Kgati” skipping rope games • Games played with stones • Ball games • Chasing and running games • Toys 	<ul style="list-style-type: none"> • Clapping, dancing and chanting games were the most frequently observed. • Indigenous games provide opportunities to connect with children in a way that they understand. • Toys that Sotho children play with are bought from the shops and others are inventively made from recycling material such as sponge, wire, paper and bottles.

It was not possible within the scope of this study to describe each game or technique in detail as enacted by the child participants, but rather to present a holistic summary of what was observed. The following categories describe the play patterns of Sotho: Clapping dancing and chanting games; hide and seek games; *Kgati* skipping rope games; games played with stones; ball games; chasing and running games and toys.

a) Clapping, dancing, and chanting games

Amongst all the types of play activities clapping, chanting and vocal games were the most frequently observed at the primary school. When asked where they learn these games they indicated that they “have learned it from each other.” These games are played at home and at school. Sometimes these games are creatively invented as they play along. The following games which involved clapping, dancing and chanting were observed at the school and described by the participants:

NAMES OF GAMES	DESCRIPTION OF A GAME
<ul style="list-style-type: none"> • <i>Mother in the kitchen</i> • <i>Chippies</i> • <i>Zig zag kwarra, kwarra</i> • <i>Tamatie sosso</i> • <i>I like Johnny Skipper</i> • <i>Diski dance as seen on television</i> 	<p><i>The boys in focus group two demonstrated a chanting game played by mainly four players called 'Jomo ke sedothla' (translated as Jomo is fat) of which the aim is to tease someone:</i></p> <p><i>Child chanting: Jomo ke sedothla</i> <i>Other child: mang (who?)</i> <i>Next child: Jomo</i> <i>Next child: Jomo ke sedothla (Jomo is fat).</i></p> <p><i>The girls play a variation to this game called, 'Omo tsamoreka omo!' (Go and buy omo). Enge (what?) Omo tsamoreka omo.</i></p>

These games contained music in the form of singing, rhythmic chanting, physical activity and great social interaction meaningful to build relationships with the ethnic child. As discussed in Chapter Four (see 4.5.1.5) music and movement is central to African children and a vehicle for emotional expression of everyday realities; a means to relieve stress and to encourage togetherness (Mwakikagile, 2008:212).

b) Hide and seek games

Sotho children were also observed to play hide and seek games at school. The following games were described by the participants:

NAMES OF GAMES	DESCRIPTION OF A GAME
<ul style="list-style-type: none"> • <i>Hide and seek:</i> • <i>Blackmampatile</i> • <i>Mokoko (Hen and a Cock)</i> 	<p><i>Children shout: Mokoko (cock)</i> <i>Child: Mae? (Eggs)</i> <i>Child: Amakae? (How many?)</i> <i>Child: "Amabedi" (two) – call out any number</i> <i>Child: Must count that number: Ngwe (One) Amabedi (two).</i> <i>The children then run to hide.</i></p>

The high physical energy and enjoyment that these games provide are considered wonderful icebreakers before the group begins, and presents with opportunities where children can be playful and spontaneous.

c) "Kgati" skipping rope games

Kgati is a high energy skipping rope game with many variations that was observed to very popular amongst Sotho girls. Sometimes boys will also join in.

NAMES OF GAMES	DESCRIPTION OF A GAME
<ul style="list-style-type: none"> • <i>Spirkie</i> • <i>Zimba</i> • <i>One plus one</i> • <i>500</i> • <i>The months of the year</i> 	<p><i>'Kgati' is usually a game for two or more children. Two children are assigned to hold the rope and swing it while a child or children jump in a variety of ways, usually while chanting or singing. Sometimes the rope is swung in opposite directions to increase the degree of difficulty while jumping.</i></p>

d) Games played with stones

Moletsana (2004:175) discovered the value of traditional games such as *masekitlana* and *diketo* and *dithwai*, a memory game (adding, multiplying and subtracting using stones) for African children's self-esteem, socialisation, self-expression, language development and mathematical skills as discussed in Chapter Four (see 4.5.1.6). The child participants reported that they play cars with the stones. A popular game amongst the boys is placing various tins on the ground and then to attempt to hit as many tins as they can with the stone. The researcher explored the game *masekitlana* for its value as a projection technique in group Gestalt play therapy and therefore asked the child participants for volunteers who could demonstrate how they would play the game *masekitlana*. A girl participant and a boy acted out a drama with the stones as described in the quote. The games *morabaraba* and *skomboriki* were also explained.

NAME OF GAMES	DESCRIPTION OF GAMES
Masekitlana	<p><i>Role play example of masekitlana:</i> <i>B: (Play with the stones enthusiastically). "I don't want you to play in my yard. Insult 'voetsek' (go away) sies."</i> <i>G: "Brother I am hungry."</i> <i>B: "I am also hungry so go and play and don't bother me."</i> <i>G: "I will tell my mother when she comes home. (Creates knocking sounds with the stone pretending the mother is knocking). Screaming now as the mother opens the door. The door opens.</i> <i>G: "Where is your brother?"</i> <i>G: "He didn't give me food."</i> <i>G: "Where is he?"</i> <i>G: "He is asleep."</i> <i>G: "Go and call him."</i> <i>B: "I don't want to come."</i> <i>G: "I am fetching a stick now threatening the boy (still represented as</i> <i>G: "Mamma he didn't want to give me food."</i> <i>The children are fighting with each other (demonstrated with the stones).</i> <i>G: The mother asks: "why are you beating this child? "Why didn't you wash the dishes? Wash them now!"</i> <i>B: "No, the girl must wash the dishes!"</i> <i>G: (representing the mother): "How can this child wash the dishes?"</i> <i>G: The mother beats the boy (represented by two stones hitting each other somewhat forcefully) "wash the dishes go, go, go!"</i> The participants also indicated that they sometimes will draw faces representative of their family and friends on the stones.</p>
Morabaraba	<p><i>B: "We make many holes (6) on two sides and put four stones. One play at a time and pick stones from their hole and then walk around throwing stones in every hole and if it happens that your last stone lands in the middle row, then you can collect stones from another child." This game is now available as a board game that has become very popular for young and old. For detailed information go to the following link:</i> http://www.ramlodi.co.za/mm/pdfs/Morabaraba%20rules.pdf</p>
Skomboriki	<p><i>G: "You draw squares or circles on the ground and use your feet to kick the stone to the next square or jump the square or cross the square depending on the kind of game you are playing. Use only one foot to kick the stone."</i></p>

Caution should be taken that emotions projected on the stones do not become so intense that they hurt each other with the stones. As excitement increased while demonstrating the game the two children started playing too roughly with the stones. Setting boundaries before the projection begins might help prevent possible violence that can result in injuries.

e) Ball games

The learners at the primary school were frequently observed to be running to the sports grounds at school as there was limited place available to play. The main sport activities at school include soccer, basketball, netball and cricket. Soccer is the dominant game amongst boys as well as cricket. Soccer is the dominant game played by boys and netball is more popular with the older girls. Various games are also played with tennis balls.

f) Running and chasing games

The learners at the primary school were also frequently observed to be running and chasing each other. Children would run and touch each other as demonstrated in the game below:

NAME OF GAME	DESCRIPTION OF A GAME
<i>Maerotana</i> Also known as <i>touch-touch</i>	<i>The children run and then they try and touch each other for that person to be on. That person then chases the other children to touch them. Sometimes plastic bottles are used to throw each other with for that person to be on.</i>

g) Toys

One boy indicated that he plays with his tow truck also a bought toy. A very popular toy amongst boys is what they call *topo* generally known as a spin top. Toys that they create themselves are cars made from stones, wire or paper. Many of the boys also indicated that they make guns with paper. One girl participant said that she constructs puppets with sponge and material and then draw faces on them. The following quote of a boy participant show evidence of the milieu-disabled circumstances that the participants find themselves in and the inventiveness that they demonstrate to cope with their adversities.

B: *“We take milk containers or plastic and put stones in there to pretend it are sweets.”*

• Synthesis of subtheme 5.3

Types of games that Sotho children played included: clapping, chanting, and vocal games; hide and seek games; *kgati* (skipping rope games); games played with stones and other games, including running games and playing with tins. These games were found to

be useful to build relationships with children, especially when working cross-culturally. As illustrated above *masekitlana* could successfully be utilised as a projection technique in group interventions as a means for children to their stories.

6.3.5.4 Subtheme 5.4: Indigenisation of intervention techniques

Table 6.31 provides a summary of the categories and key findings of subtheme 5.3 that describe Sotho children’s play patterns.

Table 6:31: Summary of subtheme 5.4

THEME 5: SOTHO CHILDREN: PLAY AND LEISURE		
SUBTHEME	CATEGORIES	KEY FINDINGS
Indigenisation of intervention techniques	<ul style="list-style-type: none"> • Clay monster • Stories • Sand play • Rosebush • Animal totems and Sotho blanket (kobo) 	<ul style="list-style-type: none"> • Clay monster work, stories, sand play, music and the rosebush projection were found to have application value for social work interventions. • Animal totems and the Sotho blanket (<i>kobo</i>) are traditionally important to Sotho children and may as techniques assist Sotho children to rekindle the values of <i>botho</i> in their family life.

It was found that Sotho children were very good at imagining and could thus comfortably express themselves through fantasy play. The researcher piloted some existing Gestalt techniques (clay monster; stories; sand play and rosebush) and a few new inventions (animal totems and the Sotho blanket and cultural polarities) during the data collection to explore its value for the design of the intervention programme.

a) Clay monster

In Chapter Four (see 4.5.1.2), the researcher gave an overview of the clay monster technique utilised in Gestalt play therapy. The researcher introduced home-made play dough to the child participants and it was indicated that they were not all familiar with the clay that the researcher made. Most of the participants knew the clay that is found near rivers which is rough and wet in texture. They, however, said that they enjoyed the tactile feeling of the home made clay and described it as “soft” and also saying that it makes them “happy.”

It was firstly necessary to establish what Sotho children generally perceive as scary or frightening in their culture and what they associate with a monster. They were therefore asked what they think a monster is. They didn’t seem to understand and the Sotho interpreter had to explain to them what was requested. A monster was mostly described

by the participants as a ghost known as *sepoko* in Sotho and something that is scary and ugly as demonstrated below:

R: *"Can you tell me what a monster is?"*
P: *"It is a ghost!"*
G: *"It is something that is scary."*
B: *"Something having many eyes, many big teeth that are 'ebifile' (ugly)."*

Requesting Sotho children to make a *sipoko* (ghost), snake (Chapter 4, 4.5.1.2) or 'something scary' might be more indigenously relevant to their world than the word 'monster'. Neuman and Newman (2009:213) inform that "adults teach children superstitions, rituals, and stories about how people handle their strong feelings." The researcher maintains that clay monster work with Sotho children can be meaningful not only with regard to their tactile value but may also open doors for children to express their hidden fears related to violence, superstition and witchcraft. As indicated the world of most Sotho children is filled with superstition, witchcraft and media fantasies creating insecure feelings of being in the world. The following verbatim quotes of the participants of things they perceive as scary confirm the above statement:

G: *"A tree. People say there are ghosts in there."*
B: *"The giant that I saw on TV."*
B: *"A vampire that I saw in a horror movie."*
G: *"I am afraid of witchcraft."*
G: *"Tokoloshe. It walks around."*
B: *"Lightening bird and an owl."*
G: *"I am afraid to get a stroke when I see an owl."*
B: *"My grandmother taught me the tokoloshe is a mix between a cat and a dog and that you mustn't step on their footprint as you will have bad luck."*
B: *"If you hold a mirror." (Elderly people will close the mirrors when there is thunder of lightning – when your house is hit with lightening you must run to a stream and when you find someone bathing there – he/she is the cause. They often find the witchdoctors there) (Sawa, 2012).*
B: *"Mamogashwa (mermaid or water spirit). When there is a tornado or a strong wind they believe that this creature is the cause and it is not to be seen. You only see the tail in the dark cloud."*

The child participants also uttered their superstition with regard to certain animals specified as mostly snakes, owls, lions, crocodiles, scorpions, black cats, porcupines, chameleons' and baboons as depicted in the following quotations:

B: *"At my aunts' place there came a baboon with a long chain we saw the footprint. Another child told a lie and jumped over the track of the baboon. The following week he died."*
B: *"Porcupine. The Northern Sotho believe that if you touch it or eat the meat you will die."*

The above-mentioned animal quotes may also be related to the totems that every Sotho clan or family have that differentiate families from each other (Tšiu, 2001:1-2). According

to Tšiu (2001:1-2) these totems are regarded as sacred and may even create superstitious beliefs. According to Newman and Newman (2009:213), “the development of symbolic fantasy allows children to create imaginary situations in which disturbing problems can be expressed and resolved...they can punish, forgive, harm and heal, fear and conquer fear – all within the boundaries of their own imagination.” When expressing themselves through clay monsters or as suggested *sepoko*, Sotho children may be empowered to project some of these strong and fearful feelings on the clay figure. The process may benefit them to make better sense of the situations they are in.

b) Stories

Designing indigenous therapeutic or life skills books relating to violence and allowing Sotho children to create their own stories and act it out in the group; could strengthen their self-process. All the child participants indicated that they love to listen to stories of their elders. One girl indicated that she enjoys hearing stories at school in the subject of technology, especially the ones about old cars and bicycles. When narrating the stories they were observed to be very spontaneous, expressive and entertaining as subsequently narrated:

- G:** *“The man left some meat and he asked them to cook it. The one wife put the meat in the pot and the other wife tasted it and ate it all. When the man came home he asked for his meat and found none. He made a big fire outside and asked the women to both jump as high as the fire. The one who cannot jump that high has eaten the meat. So the first wife jump, the second wife jump, the third wife jump and the fourth one couldn’t jump and fell in the fire. Then the kids sang a song.”*
- G:** *“One day the rabbit said to the rat: let’s get a nest where we can hide. They walked a distance and found a nest. The rat entered in the nest but not the rabbit. Then it started raining and the rabbit knocked at the rats nest saying let me in, let me in. The rat took him in. The next day they walked together and the rat said to the rabbit next time when I tell you to do something you must listen. They then walked again and got another nest.”*

Both these stories contain moral instruction central to African story telling (Tchombe, 2011:208). The stories narrated by the participants can be interpreted as obedient conduct expected from women and children that can also be seen as oppressive. Elements of nature animals are often used to teach positive values to children as seen in the story of the rat and the rabbit (Broodryk, 2007:134). Sometimes stories are combined with a song or dance as indicated in the first story. In choosing or writing stories for social work interventions it can be helpful to ask what moral lesson the story teaches about *botho* and life in general; and what elements of the story can be used in the intervention to instruct about violence.

c) Sand play

The child participants indicated that they are familiar with playing with sand. One girl suggested that she ate sand when she was young. With the sand the child participants built houses, or formed heads or drew pictures in the sand. Some baked cakes through mixing water with sand. One girl even used the sand as make-up to put on her face. Not all the participants enjoyed playing with sand as they indicated that it makes their hands dirty and their skin dry.

d) Rosebush

Which one do you know best a rosebush or a tree? The majority of children were more familiar with a tree than a rosebush (see Chapter 4, 4.5.1.1). Two children indicated that they would choose a rose and one child indicated that he is familiar with a sunflower. Hence inviting Sotho children in a group work session to draw a tree might be more related to their lived experiences.

f) Animal totems and the Sotho blanket

Sotho families have clan names; for example the *Kwena* (The Crocodile clan) and sub-clans such as the *Mothiba* family of the Crocodile clan derived from emblems generally known as totems that are mostly animals but can also be metals, trees and insects (De Ridder, 1961:24). These totems distinguish every Sotho clan or family and are referred to as '*seboko*' (*diboko in plural*) translated as "to thank or give praise or to salute." (Tšiu, 2001:21). According to Tšiu (2001:1-2) these totems are regarded as a sacred link with the ancestors and may even create superstitious beliefs. This cultural feature stimulated the researcher to explore the value of utilising the symbolic meaning of animal totems in social work interventions to potentially stimulate discussion of family life and for making self-defining statements.

The colourful blanket (*kobo*) represents the pride and status of being a Sotho and remains a symbol of the Sotho people passed on from generation to generation (Mwakikagile, 2008:212). The researcher hence designed a technique by means of combining animal names and the *kobo* that was piloted with the participants in the follow up group. A variety of plastic miniature animals representing some of the Sotho clans were presented to the children as a visualisation tool for their drawings on the activity sheet. The participants chose an animal that represents their family clan and then they had to complete the activity sheet. On the activity sheet they had to write the animal name of their clan and the meaning they attach to their family name. Lastly they were requested to draw in the designated block (representing their *kobo*) symbols that are representative of their family clan. The accompanying drawings portray how the *kobo* and the family animal name can

be employed as a technique to work through cultural polarities and strengthen the self in relation to the collective other. Figure 6.11 represents the *Tau* (Lion family clan). The characteristics of the family clan are described by the participant as respect, bravery, being honest, to honour, to have *ubuntu* and to conquer.

Figure 6.11: *Kobo* of the *Tlou* (elephant family clan)

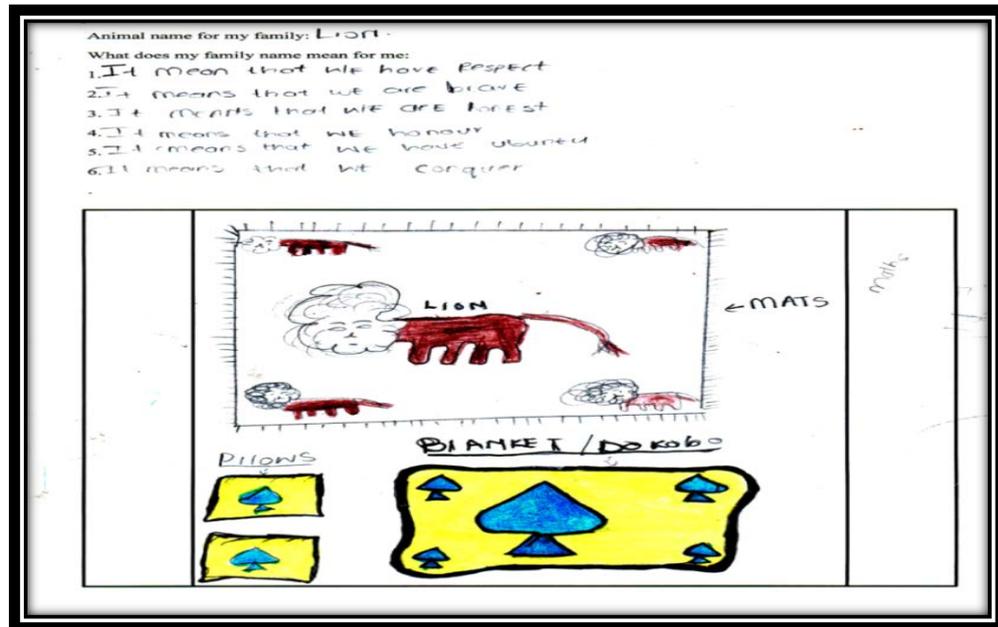


Figure 6.12 represents the *Tlou* (Elephant family clan). The characteristics of the family clan are described by the participant as respect, strength (strong) and avoiding fighting. In the drawing the traditional Sotho *kobo*, hat and stick is visualised:

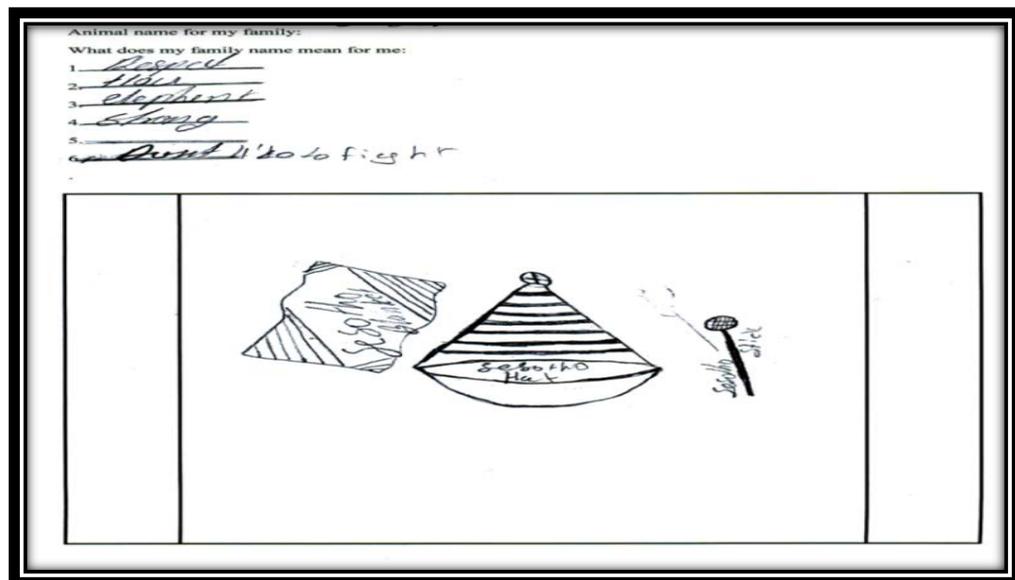


Figure 6.12: *Kobo* of the *Tlou* (elephant family clan)

g) Cultural polarities

The child participants were invited to draw and write down “what they like” and “what they don’t like” about their culture as visualised in Figure 6.13 below. In the column of things that the participants liked about their culture were the traditional clothes, food, huts, music and dances. A boy suggested that he dislikes it that it is expected of him to be a man and that he has to treat women punitively as expressed in the drawing. A girl also wrote that she does not like the fighting – controversially portraying a woman stabbing a man which confirms that male figures can also be abused or questioned whether it could be self-defence. The motive behind the violence should however be explored and the girl wasn’t willing to share. Another boy indicated that he dislikes it that a bride will be chosen for him and portrayed a sad expression on the male figures face in his picture.

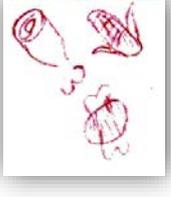
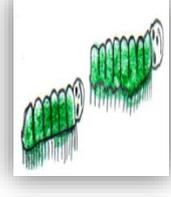
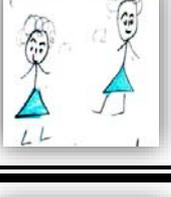
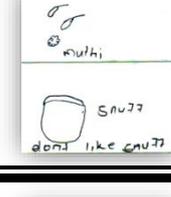
THINGS I LIKE ABOUT MY CULTURE		THINGS I DON'T LIKE ABOUT MY CULTURE	
G: “Things I like about my culture are the clothes that they wear. It has bright colours like yellow, red etc.”		B: “My father always tells me that you have to be a man and don't have to be soft on women.”	
B: “I like my culture's music.”		B: “They choose for you a bride - that's why I don't like my culture.”	
B: “The food is delicious.”		B: “I don't like masonja” (Mopani worms)	
G: “I like my culture's dances.”		G: “I don't like snuff and muthi” (medicine prepared by a traditional healer)	
G: “The huts are comfortable.”		G: “I don't like the fighting.”	

Figure 6.13: Cultural polarities

Integration of these cultural polarities happen when children become aware of opposing cultural views and choose what is healthy and what is destructive for their holistic developmental functioning.

- **Synthesis of subtheme 5.4**

Clay monster work, stories, sand play, music and the rosebush projection were found to have application possibilities as Gestalt projection techniques when culturally adapted as illustrated in the responses of the child participants. Animal totems and the Sotho blanket (*kobo*) were explored as possible new projection techniques and were found to contain possible value to assist Sotho children in revitalising the values of *botho* in their family life. The participants were also able to express their “likes and dislikes” about their culture that may be used to make sense of several cultural polarities that they have to deal with within the South African context.

6.4 CONCLUSIONS

In this concluding part of the chapter the researcher attempts to answer the research questions and make sense of the findings for the design of the holistic ethnic-centric intervention programme. The key findings described in this chapter intended to reflect the voices of the participants as fundamental informants for the design of the intervention programme presented in chapter Seven. The discussion proceeds with drawing holistic conclusions from the five main themes presented as the conceptual framework for reporting the findings in this chapter.

Theme 1: Milieu-disabled Sotho primary school children’s experiences of exposure to violence

Theme 1 gave meaning to the second research question consisting of milieu-disabled Sotho children’s experiences of exposure to violence and how it may impact on their holistic developmental well-being. Exploring how they perceived their physical and interactional ecology of violence provided a holistic and phenomenological understanding of their contextual socio-cultural realities. The persistent lack of safety and security experienced by the participants due to their milieu-disabled circumstances brought new awareness to the sources of threat and danger in their environment. The importance of teaching life and safety skills; and encouraging the development of safety plans for children to deal with dangerous and potentially threatening situations had to receive attention in the design of the intervention programme. Milieu-disabled Sotho primary school children’s frequent exposure to violence in the home, school, community and overexposure to media violence crucially necessitate the creation of awareness, skills training and therapeutic intervention. The poor quality of the mesosystems (child’s

interactions with support systems) to buffer and protect against exposure to violence calls for the development of stable support structures for children.

Theme 2: Impact of exposure to violence on the development of milieu-disabled Sotho primary school children's exposure to violence

Theme 2 provided insights in the second part of research question two. Exposure to violence was found to impact destructively on the cognitive, emotional, social and behavioural; physical; moral and spiritual development of Sotho children. The key findings assimilated from this theme point to the desired developmental outcomes or change concepts and evaluation tools needed for the design of the intervention programme. It was envisaged that a holistic ethnic-centred intervention will improve the holistic developmental well-being, therefore the emotional, cognitive, spiritual, social and physical functioning of milieu-disabled Sotho primary school children exposed to violence.

Theme 3: Risk factors for milieu-disabled Sotho primary school children's exposure to violence

The risk factors presented in theme 3 gave meaning to the first research question as the findings described how the factors operating within the family and broader community as well as the socio-cultural and economic contexts, contribute to the problem. The wide holistic and ethnic-centric focus maintained throughout the research facilitated an in-depth understanding of the risk factors found at bio-, micro- and macro levels that perpetuate cycles of violence. Milieu disability stood out as a theme that is inevitable linked with the prevalence of violence and presents with several social problems. Substance abuse and especially the drug culture in the Soshanguve Township also came to the fore as a prominent theme that may require intervention also at macro level. Several ethnic factors embedded in socialisation practices of Sotho people were reported to increase children's vulnerability to violent exposure. A combination of individual risk factors as a result of social modelling and environmental risk factors deeply embedded in milieu disability were therefore identified to predict the onset of violence. The identification of these multiple risk factors facilitates an understanding of the most critical target areas needed for the intervention and provides meaningful themes to be incorporated in the intervention programme.

Theme 4: Protective factors for milieu-disabled Sotho primary school children's exposure to violence

The protective factors described as recommendations in theme 4 give meaning to research question 2. Achieving collaboration, creating awareness; education and skills

training; securing the involvement of parents or caregivers; increased security measures and developing programmes that specifically focus on violence were all indicated as protective measures. Themes that emerged strongly throughout this chapter were the need for the creation of leisure activities and interventions targeting the school setting. Spirituality was also highlighted as a source of strength and hope for milieu-disabled Sotho primary school children in the midst of their adversities. The resolutions and guidelines derived from these findings have important protective implications as a means to reduce the risk factors; and to enhance cultural appropriateness.

Theme 5: Sotho children: Play and leisure

The findings of theme 5, although not addressing the research questions directly facilitated a better understanding of the Sotho child-client and his/her world of activity and symbolic play. An understanding of the indigenous play processes of Sotho children was significantly explored for the design of culturally appropriate, child-friendly intervention techniques; and to build a relationship of trust with the Sotho child. Several techniques were piloted that could perhaps be of value for the intervention programme.

The above-mentioned discussion informed the design and development of the intervention programme discussed in Chapter Seven.

Chapter 7

DESIGN AND DEVELOPMENT OF THE HOLISTIC ETHNIC-CENTRIC INTERVENTION PROGRAMME

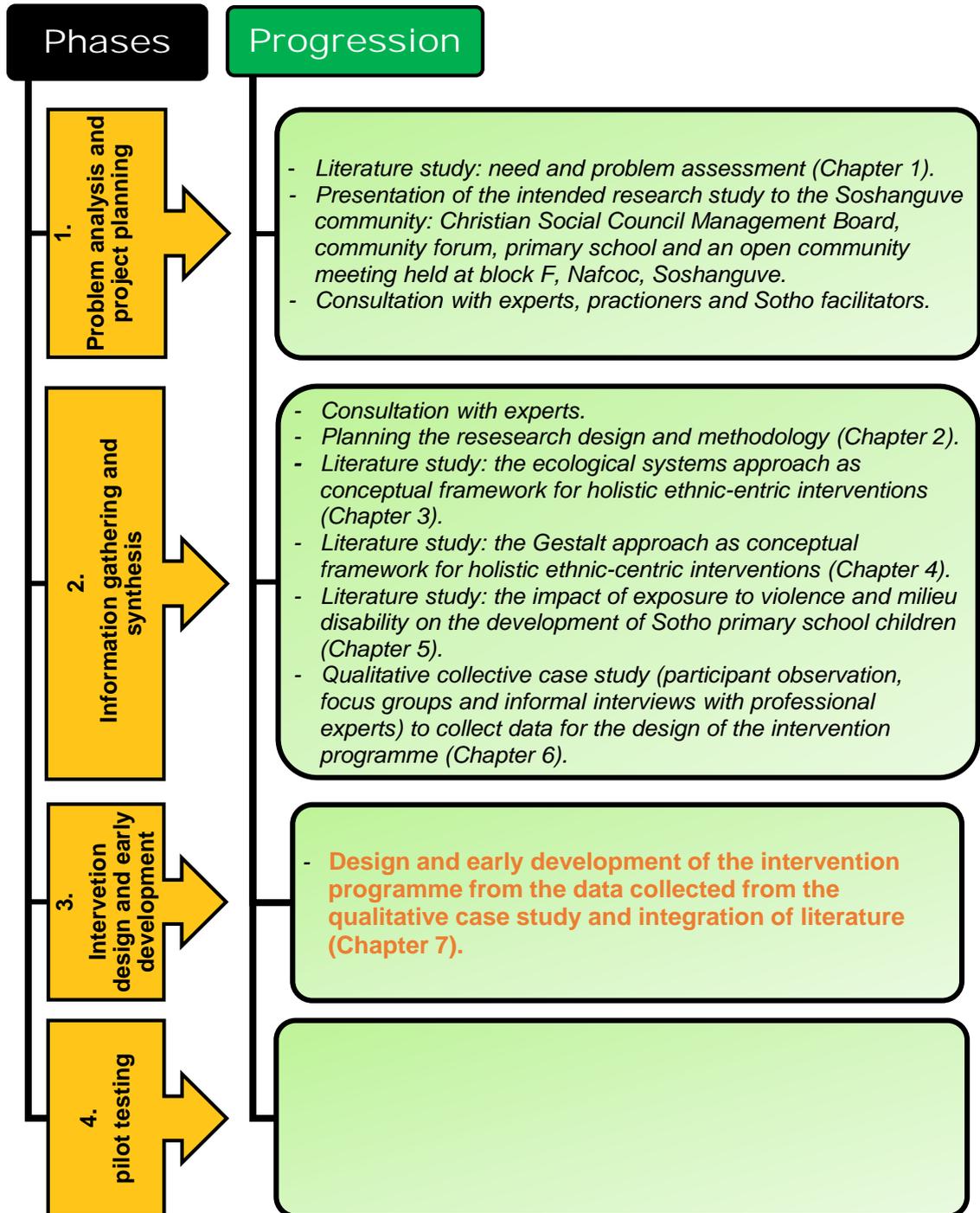


Figure 7.1: Progression of phases in the intervention research process

(Adapted from Rothman & Thomas, 1994:28; Fraser et al., 2009:36)

7.1 INTRODUCTION

As indicated in Chapter Two (see Figure 2.2) an adapted model of intervention research from Rothman and Thomas (1994:28) and recent developments by Fraser et al. (2009:37,64) was utilised to guide the process for the development of the intervention design. Cognisance should, however, be taken that the steps to design and develop the intervention programme were not conducted in a linear fashion as it was often required to return to earlier stages of the research process to ensure the saturation and validation of data for the design and development of the intervention programme. The intervention process was hence conducted in close relationship with the community and indigenous experts and characterised by a process of feedback loops to ensure ethnic representation.

This chapter addressed the second objective of the study, specifically to describe, design and develop the holistic and ethnic-centric intervention programme that is reflective of the views and experiences of the participants in the study. The intervention programme described in this chapter consists of a pilot-type written format of the development and design of the programme components for implementation (Fraser et al., 2009:63). It is envisioned that the pilot intervention programme will be refined and tested with other Sesotho speaking population groups within the South African context after completion of the research. Ultimately, the researcher's future plan is to compile a holistic treatment manual for social workers containing the revised and refined prototype intervention with relevant techniques presented in this chapter.

A short review of the rationale for the design and development of a holistic ethnic-centric intervention is firstly presented, followed by describing the goal of the intervention programme. The conceptual building blocks discussed in Chapters Three; Four, Five and Six that led to the design and development of the intervention programme, are then conferred. The following section comprises of a discussion of the type of intervention; the critical process outcomes and the demographic details of the group. Thereafter, an outline of each session is presented in alignment with the session's aim and objectives. The chapter concludes with the evaluation design that was implemented to evaluate the programme during the pilot phase of the intervention process as described in Chapter Eight.

7.2 RATIONALE

As indicated in the introduction and problem formulation presented in Chapter One (see 1.1 & 1.2), violence in milieu-disabled communities are an epidemic that can seriously affect the future of children in South Africa. It was also established that intervention programmes related to milieu-disabled ethnic children's exposure to violence within the South African context were lacking. In an attempt to address the social phenomenon of

ethnic children's exposure to violence the researcher proposed the development and design of a holistic ethnic-centric intervention programme focusing on the milieu-disabled Sotho primary school child. The holistic assessments of socio-economic and cultural factors were therefore considered as crucial indicators for the design of the intervention programme.

7.3 GOAL OF THE INTERVENTION PROGRAMME

It was envisaged that a holistic ethnic-centred social work intervention will be culturally proficient to improve the holistic developmental well-being, therefore the emotional, cognitive, spiritual, social and physical functioning of milieu-disabled Sotho primary school children exposed to violence.

7.4 THEORETICAL BUILDING BLOCKS

It was proposed in Chapter One (see 1.1 & 1.2) that the complexity of violence required a holistic and ethnic-centric approach for the design and development of the intervention programme. The ecological systems and Gestalt approaches discussed in the literature (see Chapters Three and Four) were presented as retaining the concepts of holism which could be adapted or indigenised to gain understanding of the existential experiences of milieu-disabled Sotho primary school children exposed to violence. The researcher was guided by the ecological systems approach, to maintain a risk, protection and strength perspective, to ensure that the contextual realities of milieu-disabled Sotho primary school children exposed to violence were holistically assessed for the design of the intervention programme. It was conversed in Chapter Four (see 4.6) that the Gestalt group play therapy approach, although theoretically grounded in western theories, offers application possibilities for Sotho children's exposure to violence if awareness of ethnic self-regulatory orientations and sensitivity for the holistic context are preserved. A holistic field- and phenomenological focus enabled the researcher to indigenise the processes and techniques of a Gestalt approach into a holistic ethnic-centric intervention. Several activities and adapted techniques were piloted during the collective case study (see Chapter Six) to test their effectiveness for the programme.

The researcher endeavoured throughout the research process to collaborate with the Soshanguve community and to include the participants in the study as key role players in determining the priorities for the design of the intervention programme. Through representing and expressing their ethnic and holistic experiences related to violence in the data presentation, it allowed the researcher to generate key themes for the development and design of the intervention programme. In order to match the content of the programme with the contextual realities of milieu-disabled Sotho primary school children exposed to violence; the selection of themes and activities for the sessions provided in

this chapter were thus guided by the needs, risk and protective framework embedded in the key findings of the collective case study as integrated with literature discussed in Chapter Six.

7.5 TYPE OF INTERVENTION AND PROCESS INDICATORS

The collective world orientation of Sotho people has been found to enhance their inclination towards a group setting that shares *botho* principles and comprises of high level activity, physical exercises, emotional arousal, and interpersonal exchanges (Bojuwoye, 2005:70). Focusing on the group as a method of intervention also offers an opportunity to include family and significant others in the community considered crucial for achieving on-going collaboration (Louw, 2011:162).

The method of intervention accordingly chosen was an adaptation of the Gestalt group play therapy process to also incorporate process indicators of education, skills training, recreation and socialisation to be developmentally, holistically and ethnically appropriate to the needs of milieu-disabled Sotho primary school children exposed to violence. This was done by means of adapting the group Gestalt formation process (cf. Tudor, 2002:155-161; Clarkson, 2004:34-37) to incorporate supplementary process indicators as stated above, while sustaining the Gestalt focus of awareness and contact as described in Table 7.1. The Gestalt formation process can be summarised as follows: sensing a need (feel); becoming aware of the need (know); mobilising energy to address the need (think); taking action to satisfy the need (do); make contact (make it); satisfying a need (enjoy) and lastly withdrawing (let go) (cf. Tudor, 2002:155-161; Clarkson, 2004:33). For further elucidation, see Chapter Four (Figure 4.3).

The following eight vital process indicator outcomes were formulated as measures of protection to address the needs expressed in the collective case study.

- **Relate:** To form an ethnic sensitive, unbiased, accepting, trusting and caring relationship with group members and caregivers in the community in order to achieve ongoing collaboration, achieve group cohesion and create an environment where awareness, growth and development can occur.
- **Feel:** To enhance sensory, emotional, environmental, and body awareness to be able to gain awareness of feelings as it relates to violence and express it in a non-threatening way.
- **Know:** To gain increased awareness of their socio-cultural needs as it relates to violence in order to deal with unfinished business and achieve holistic integration.

- **Think:** To gain awareness and insight of the nature and impact of violence and related issues on their holistic development, family life and the community by means of gaining knowledge through education and to think through situations and options available.
- **Do:** To facilitate the enhancement and reinforcement of various coping and problem solving skills through rehearsing techniques to assist milieu disabled Sotho primary school children exposed to violence in making responsible choices in the future and to cope developmentally with the effects of violence.
- **Believe:** To facilitate increased cultural, moral and spiritual awareness in order to deal with polarities which come to the foreground and to enhance and strengthen moral responsibility and spirituality as sources of guidance and hope.
- **Relax:** To reduce boredom, strengthen family and community support structures for group members and relieve stress through involvement in relaxation and recreation activities.
- **Reward:** To provide the participants and their caregivers with a sense of mastery and achievement that will empower them to experiment with new ways of behaving and break unhealthy cycles of violence.

Table 7.1 describes the group process indicators that were a result of an adaptation of the group Gestalt formation process to incorporate supplementary process indicators (cf. Tudor, 2002:155-161; Clarkson, 2004:34-37).

Table 7.1: Description of group process indicators

PROCESS INDICATORS	DESCRIPTION OF OUTCOMES
RELATE	<p>BUILD RELATIONSHIPS AND SET BOUNDARIES</p> <p>To create a comfortable, trusting relationship between the group leader, individual group members and the group as a whole in order to achieve a healthy level of contact, trust and teamwork. This is done by means of play, group building activities, setting boundaries and guiding the group members through the group process.</p>
FEEL	<p>ENHANCE SENSORY, EMOTIONAL, ENVIRONMENTAL AND BODY AWARENESS</p> <p>To intensify mindfulness of the sensations of sight, hearing, taste, smell and feelings in order to increase emotional and body awareness. This is done by means of introducing a number of sensory activities.</p>
KNOW	<p>ENHANCE AWARENESS OF NEEDS</p> <p>Increase internal awareness of unfinished business through individual experiencing, observing and acquiring information from other group members in order to gain meaning of the situations they are in. This is done by means of indigenised projections.</p>

Table 7.1: Description of group process indicators (continued)

PROCESS INDICATORS	DESCRIPTION OF OUTCOMES
<p style="text-align: center;">THINK</p>	<p>EDUCATION AND COGNITIVE AWARENESS Through receiving edification and through the process of present- centred awareness, thinking through a problem in order to make responsible choices and to advance emotional healing.</p>
<p style="text-align: center;">DO</p>	<p>LEARN PRO-SOCIAL AND PROBLEM SOLVING SKILLS To deal with what comes to an individual group members' awareness through evaluating their behaviour and that of other group members with the aim of finding new and healthier ways of behaving. This is done by means of discussion, rehearsing activities and reinforcing new skills through modelling, role play and other play activities as relevant to their socio-cultural context.</p>
<p style="text-align: center;">BELIEVE</p>	<p>CULTURAL, SPIRITUAL AND MORAL AWARENESS Awareness is achieved by means of working with polarities and bringing awareness to <i>botho</i> values and <i>seriti</i> values by means of various activities. Increasing awareness of cultural, moral and spiritual polarities to facilitate the recovery of healthy values, strengths and belief systems that can encourage resilience and hope for the future.</p>
<p style="text-align: center;">RELAX</p>	<p>RECREATION AND SOCIALISATION Achieving on-going relationships and collaboration with caregivers is sought through involving them in the process. Caregivers¹² join in the relaxation and recreation activities with the group members in order to relax, play and socialise together to enhance caregiver bonding and to release or relieve stress due to their impoverished circumstances. Most of the recreation activities were designed to facilitate discussion, enhance team work and develop skills.</p>
<p style="text-align: center;">REWARD</p>	<p>AWARENESS OF MASTERY Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session. This is done by means of verbal feedback, role play or drama as preferred by the group members. By means of a short ceremony they receive a pre-printed child-friendly label summing up the central theme of the session which they pasted in their memory book that they can take home on the day of group termination. This also assists them to be prepared for termination as they progress through the sessions. The caregivers co-sign on the sticker to show their support.</p>

7.6 DEMOGRAPHICS OF THE GROUP

The group characteristic is homogeneousness in that the group members are all Sotho primary school children with a milieu-disabled background who have been exposed to violence and have not yet been involved in any previous social work intervention. As gender stereotypes significantly contributed to the prevalence of violence in the Sotho culture separate gender groups with eight to ten participants were conducted.

7.7. SESSION AIM, OBJECTIVES AND OUTLINE

This section discusses the session aim, objectives and thirteen session outlines aligned with the process indicator outcomes as discussed in Table 7.1 above. As indicated previously in the discussion of the theoretical building blocks; the selection of themes and

¹² **Caregivers** also refers to parents, family or significant others throughout this chapter.

activities for the development of the sessions were matched with the identified needs of the participants in the collective case study.

The outline of the respective sessions represents the most critical needs of milieu-disabled Sotho primary school children exposed to violence that were incorporated in the programme. The description of the sessions in the respective phases, are outlined in Table 7.2.

Table 7.2: Intervention phases and session outline

INTERVENTION PHASE	SESSION DESCRIPTION
PRE-INTERVENTION PHASE	SESSION 1 Inform SESSION 2 Assess SESSION 3 Involve
INTERVENTION PHASE	SESSION 1 INTRODUCTION What is violence? SESSION 2 How can I watch out for dangerous situations and places in the community? SESSION 3 What does my family and culture teach me about violence? SESSION 4 How do I protect myself from violence at school? SESSION 5 What is media violence? SESSION 6 Should I trust a sugar daddy? Should I be a Ben Ten for an older woman? SESSION 7 How can I watch out for things that can harm me? SESSION 8 Should I be like others and do what they do? SESSION 9 How can I be safe in my home as well as away from home? SESSION 10 How can I have peace instead of violence? SESSION 11 Who can I trust to help me? SESSION 12 How can I deal with the loss of someone whom I love?
TERMINATION PHASE	SESSION 13 Termination

PRE-INTERVENTION PHASE

This section describes the pre intervention phase that involves providing information; assessment of needs; and securing involvement of the target group.

SESSION 1: INFORM

Session's aim: Gain respectful and transparent entry through providing information of the programme and achieving on-going collaboration.

Objectives:

- Build relationships and achieve collaboration with the child participants, their caregivers, other family group members and or interested parties in the community by means of creating awareness through a presentation of the programme.
- Inviting input; provide clarification and empower participants to take ownership of the programme.
- Obtain informed consent and assent to ensure participation and ownership of the group.

Table 7.3 outlines a summary of the content of session 1 as incorporated in the pre-intervention phase.

Table 7.3: Pre-intervention phase: content of Session 1

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
CREATE AWARENESS OF THE PROGRAMME	<ul style="list-style-type: none"> • Icebreaker • Presentation of the programme content and process to the group of participants • Build relationships and achieve collaboration through allowing time to express concerns and to ask questions related to the programme • Obtain assent and consent 	<ul style="list-style-type: none"> • Getting acquainted • Flashcards 	30 min.

SESSION 2: ASSESS

Session's aim: Assess risks and protective factors and developmental needs of the child and his or her family.

Objectives:

- Do a risk-assessment with each individual child through utilising a social network map.
- Determine the expectations of caregivers and their willingness to participate in the programme.
- Assess through the utilisation of a self-designed culturagram each family's unique traditions and socio-cultural belief systems.

Table 7.4 outlines a summary of the content of session 2 as incorporated in the pre-intervention phase.

Table 7.4: Pre-intervention phase: content of session 2

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
ASSESSMENT CONDUCTED WITH THE CHILD	<ul style="list-style-type: none"> • Assessment of risks and support systems available (individually) 	<ul style="list-style-type: none"> • Social network map 	15 min.
ASSESSMENT CONDUCTED WITH CAREGIVERS	<ul style="list-style-type: none"> • Assess in the presence of the child's caregivers, willingness to participate as well as their expectations • Assess their family traditions and socio-cultural belief systems 	<ul style="list-style-type: none"> • Culturagram 	30 min.

SESSION 3: INVOLVE

Session's aim: Secure involvement and commitment of the child and his or her family.

Objectives:

- Do a baseline assessment by means of a questionnaire with a three-point Likert scale response that measures the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence.

Table 7.5 outlines a summary of the content of Session 3 as incorporated in the pre-intervention phase.

Table 7.5: Pre-intervention phase: content of Session 3

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
BASELINE ASSESSMENT WITH EACH CHILD	<ul style="list-style-type: none"> Baseline assessment that measures the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence (done in a group) 	<ul style="list-style-type: none"> Questionnaire with three-point Likert scale response 	30 min.

INTERVENTION PHASE

The intervention phase involves twelve sessions that is subsequently presented.

SESSION 1: AN INTRODUCTION: WHAT IS VIOLENCE?

Session's aim: Developing group members' holistic awareness and understanding of violence.

Objectives:

- Create a comfortable, safe and trusting relationship where group members can get to know each other, learn from each other and share authentically without feeling threatened.
- Establish group boundaries, address confidentiality issues and reach a working agreement and undertaking with group members.
- Become aware of their feelings with regard to violence and how their bodies react physically to stress caused by violence and other socially related problems.
- Gain awareness of how frequently they are exposed to violence and how it impacts on their holistic developmental well-being.
- Develop insight in the way that the media, caregivers and friends define and portray violence and how it impacts on their own perspectives of violence.
- Equip the group members to define violent behaviour and recognise the many forms of violence including harmful family and cultural practices impacting on their development.
- Gain awareness of how violence impacts on their cultural, moral and spiritual functioning in order to challenge unhealthy perceptions of violence.

Table 7.6 outlines a summary of the content of session 1 as incorporated in the intervention phase.

Table 7.6: Intervention phase: content of Session 1

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> Play a game before the group begins Icebreaker to introduce the theme of violence Build group trust and cohesion Explain what boundaries are and what is expected of group members that are described in the group agreement Present an overview of the process and key themes of the programme 	<ul style="list-style-type: none"> <i>Play Kgati</i> (girls) and <i>soccer</i> (boys) Puppet show: Vusi and his friends “Let’s go on a plane trip!” “Tied together” Signing of group agreement. Flashcards 	20min.
FEEL	<ul style="list-style-type: none"> Group members identify their feelings regarding violence Group members become aware of how their bodies react to violence 	<ul style="list-style-type: none"> How do I feel about violence? (Choose or draw a face) How does my body feel? (Draw a cross at the places that hurts and describe what you are feeling) 	20min.
KNOW	<ul style="list-style-type: none"> Group members share awareness of how frequently they experience violence and identify what types of violence they are exposed to 	<ul style="list-style-type: none"> Projection: How much violence are you experiencing? (Draw your pictures of the type of violence in your chosen block) 	15min.
THINK	<ul style="list-style-type: none"> Group members share their thoughts about violence, also what they have learned from others and how people should be treated They think of ways that the frequency of violence in their lives can be reduced 	<ul style="list-style-type: none"> How do I think about violence? (Write in the speech balloon) 	20min.
DO	<ul style="list-style-type: none"> Reinforce potential behavioural solutions for different violent scenarios 	<ul style="list-style-type: none"> Provide scenarios of violent and dangerous situations to facilitate discussion. 	15min.

Table 7.6: Intervention phase: content of Session 1 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness Group members discuss how violence may influence the way they believe, value themselves and others and also the way they behave Discuss how <i>botho</i> values of humanness (warmth, tolerance, humanity) can be applied to reduce violence. Deal with polarities opposing these values due to violence. 	<ul style="list-style-type: none"> Look in the mirror! How does my <i>seriti</i> look? 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity 	<ul style="list-style-type: none"> Dance "Let it go!" Make coasters: "Peace instead of violence." <i>Khutso E sego Ntwa!</i> 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members. Memory book ceremony 	10min.

SESSION 2: HOW CAN I WATCH OUT FOR DANGEROUS SITUATIONS AND PLACES IN THE COMMUNITY?

Session's aim: Learn how to identify dangerous situations and places in their community and how to use their intuition and knowledge to guide them to safety.

Objectives:

- Learn to observe carefully and through their senses gain awareness of who and what is around them.
- Learn which places in the township should be avoided due to the high risks involved.
- Gain wisdom to discern and assess a dangerous and threatening situation and decide what safety measures are needed to ensure protection.
- Realise the importance of telling their caregivers where they go and remind them to be aware of their whereabouts.
- Memorise important emergency numbers to keep them safe.

- Understand that the world is not hostile and unsafe everywhere and gain strength from their spirituality.

Table 7.7 outlines a summary of the content of Session 2 as incorporated in the intervention phase.

Table 7.7: Intervention phase: content of Session 2

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play an icebreaker game before the session • Review the key themes of the previous session • Build group trust and cohesion • Introduce the new lesson theme 	<ul style="list-style-type: none"> • Play “Musical hot potato” • “Building game?” • Flashcards 	15min.
FEEL	<ul style="list-style-type: none"> • Group members on the rhythm of a drum beat dance amongst and around the pictures of snakes, guns and empty beer bottles on the floor • They discuss the feelings that come to the foreground Thereafter group members dance amongst flowers and toys and describe how they feel 	<ul style="list-style-type: none"> • “Snake and flower dance” 	20min.
KNOW	<ul style="list-style-type: none"> • Group members learn by means of a community mapping projection game to identify dangerous situations and places in their community and discuss what comes to their awareness 	<ul style="list-style-type: none"> • “Community mapping game” 	15min.
THINK	<ul style="list-style-type: none"> • Provide different scenarios of violent and dangerous situations and help group members to think how they can use their intuition to stay away or deal with threatening situations • Talk about weapons and how to respect guns and weapons as dangerous objects of force 	<ul style="list-style-type: none"> • “What if...” 	20min.

Table 7.7: Intervention phase: content of Session 2 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
DO	<ul style="list-style-type: none"> Rehearse what they have learned through experimenting with new ways of behaving Group members find their way through the community maze and discuss why they chose the various options, what they will do to be safe and who they will ask for help 	<ul style="list-style-type: none"> "Find your way to safety!" Community maze 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness and work with polarities Discuss values of obedience and wisdom and how trusting God can help them to be safe Group members discuss what they learned from the story 	<ul style="list-style-type: none"> "Look in the mirror! How does my <i>seriti</i> look?" Story: "The day Vusi didn't listen" 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity 	<ul style="list-style-type: none"> "Peace dance" Make colourful elastic arm bands 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members Memory book ceremony 	10min.

SESSION 3: WHAT DOES MY FAMILY AND CULTURE TEACH ME ABOUT VIOLENCE?

Session's aim: Gain awareness of how the different types of family violence, and harmful family values regarding violence can impact on holistic development and perpetuate cycles of violence.

Objectives:

- Understand the various types of violence in the family.
- Become aware of cultural gender stereotypes and deal with polarities in this regard.
- Learn about respect for elders and become aware of the difference between discipline, punishment and abuse.
- Understand how sibling rivalry can lead to violence.
- Talk about family rules and values and challenge revengeful attitudes, gender stereotypes, verbal and physical abuse and fears related to the initiation schools.

- Understand how different social problems such as poverty and substance abuse can cause stress and violence.
- Learn how to deal and cope with different types of family violence that may physically and emotionally harm them and cause high levels of stress.
- Understand that they are not to blame for the violence happening at home and that it is not their responsibility to prevent it or to intervene.
- Learn that they have rights and responsibilities.
- Create cultural, moral and spiritual awareness of family values as they relate to violence and learn the importance of respect.

Table 7.8 outlines a summary of the content of session 3 as incorporated in the intervention phase.

Table 7.8: Intervention phase: content of Session 3

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play an icebreaker game before the session • Review the key themes of the previous session • Build group trust and cohesion • Introduce the new lesson theme 	<ul style="list-style-type: none"> • “Catch the beans” • “Looking out for each other” • Flashcards 	15min.
FEEL	<ul style="list-style-type: none"> • Identify feelings with regard to family violence • Release of angry feelings in a healthy way 	<ul style="list-style-type: none"> • “Draw a picture in the happy family, sad family or angry family box.” • “Throw the bean bag at the giant” 	20min.
KNOW	<ul style="list-style-type: none"> • Group members pair up and act out a role play utilising stones of a situations in their awareness where they are exposed to violence 	<ul style="list-style-type: none"> • Role play with stones: “<i>Masekitlana</i>” 	15min.

Table 7.8: Intervention phase: content of Session 3 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
THINK	<ul style="list-style-type: none"> Group members identify with the projection and share what type of violence they observe between family group members, how it is dealt with and how it makes them feel Think and talk about harmful practices in their families The group leader provides additional information about family violence and harmful practices 	<ul style="list-style-type: none"> “What is happening behind the door?” Flashcards 	20min.
DO	<ul style="list-style-type: none"> Rehearse violent situations in the home and think how each group member can make a difference Learn about rights and responsibilities 	<ul style="list-style-type: none"> Role play 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness and deal with cultural polarities and harmful practices Group members discuss how the <i>botho</i> value of respect can direct them in their relationships with others 	<ul style="list-style-type: none"> “Draw things I like and things I don’t like about my culture” Things I like about other people’s culture 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the activity Group members and caregivers are provided with an opportunity to focus on the strengths of their culture by gaining awareness of their family name and what it means to them Aspects that they can improve to promote the family name 	<ul style="list-style-type: none"> Describe your family totem and make your family <i>kobo</i> 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members Memory book ceremony 	10min.

SESSION 4: HOW DO I PROTECT MYSELF FROM VIOLENCE AT SCHOOL?

Session’s aim: Gain knowledge about the different types of school violence and how to deal with violent and threatening situations at school in a healthy and respectful way.

Objectives:

- Gain awareness of the different types of school violence that take place on the school playground, in the classroom, the school toilets and outside the school gate.
- Learn about the different forms of bullying, why group members are bullies, how to avoid bullies and how to deal with bullies.
- Realise the significance of respecting other people at school and to expect others to respect them.
- Know that they have the right to a safe school environment.
- Learn how to protect their belongings from getting stolen.
- Gain a moral understanding of their responsibility to also create a safe school environment for others through managing conflict situations with other learners in a healthy way.

Table 7.9 outlines a summary of the content of Session 4 as incorporated in the intervention phase.

Table 7.9: Intervention phase: content of Session 4

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play an icebreaker game before the session • Review the key themes of the previous session • Build group trust and cohesion and encourage teamwork • Introduce the new lesson theme 	<ul style="list-style-type: none"> • Play “rock-river-bank” • Flashcards • “Group rap” 	15min.
FEEL	<ul style="list-style-type: none"> • Through touching and feeling express emotions that are hidden 	<ul style="list-style-type: none"> • “Finger paint feelings while listening to music of different moods” 	20min.

Table 7.9: Intervention phase: content of Session 4 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
KNOW	<ul style="list-style-type: none"> Group members open the classroom doors and discuss what comes to their awareness when they look at the pictures They identify with aspects of the projection and share their feelings and what comes to the fore 	<ul style="list-style-type: none"> Projection: "What is happening on the school playground and behind the classroom doors?" 	15min.
THINK	<ul style="list-style-type: none"> Gain knowledge of bullying, drug dealing at the school in the school toilets as an unsafe place and teachers who physically, emotionally and sexually abuse learners. Think through options of what to do in those situations 	<ul style="list-style-type: none"> What if... 	20min.
DO	<ul style="list-style-type: none"> Rehearse different scenarios of how to deal with bullies and other related violence at school 	<ul style="list-style-type: none"> Drama 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness 	<ul style="list-style-type: none"> Activity: What do you see about your <i>seriti</i> in the mirror? 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity 	<ul style="list-style-type: none"> Do relaxation exercises Make puppets from recycled bottles and material 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Prayer, verbal feedback, role play or drama as preferred by the group members. Memory book ceremony. 	10min.

SESSION 5: WHAT IS MEDIA VIOLENCE?

Session's aim: Learn how the media (television, internet, games, and cell phones) can teach violence and wrong values and therefore realise the importance of exercising responsibility when using the media.

Objectives:

- Facilitate an understanding of both the positive and negative influences of the media.
- Gain awareness of how wrong television viewing habits without parental guidance and supervision and extensive hours in front of the television can impact on their holistic development and lead to moral decay.
- Become alert to the sale of pirated movies and learn that it is a criminal offence.
- Understand the way cell phones can be used to humiliate and destroy the good *seriti* of someone.
- Gain moral awareness of their family values and rules about viewing violence, nudity and swearing and their moral responsibility in this regard.
- Think through options as to how they in collaboration with their caregivers can develop responsible use of media and find other recreational outlets.

Table 7.10 outlines a summary of the content of session 5 as incorporated in the intervention phase.

Table 7.10: Intervention phase: content of Session 5

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play an icebreaker game before the session • Review the key themes of the previous session • Introduce the new lesson theme 	<ul style="list-style-type: none"> • Play “capture the flag” • Flashcard 	15min.
FEEL	<ul style="list-style-type: none"> • Group members through the activity become aware of how they desensitise their body and feelings through passive and extensive television viewing 	<ul style="list-style-type: none"> • “The story of the Lazy rock rabbit” 	20min.
KNOW	<ul style="list-style-type: none"> • Group members are given an outline of a television and are asked to draw a scene or character from their favourite television show or movie • Discuss what comes to their awareness 	<ul style="list-style-type: none"> • Activity: “Draw a scene or character from your favourite television show or movie” 	15min.
THINK	<ul style="list-style-type: none"> • Gain knowledge of different types of media violence • Think through what values each of the characters teach them • Think about ways that the cell phone can be used in a manner that damages other people’s self-worth and dignity 	<ul style="list-style-type: none"> • “Hidden messages.” • Show pictures of different cartoon characters, real life actors and singers and newspaper clips • Listen to a song 	20min.

Table 7.10: Intervention phase: content of Session 5 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
DO	<ul style="list-style-type: none"> Rehearse how they will exercise responsibility in watching television 	<ul style="list-style-type: none"> Flashcards 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness 	<ul style="list-style-type: none"> Activity: What do you see about your <i>seriti</i> in the mirror? 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity Discuss ways to be more responsible at their homes when using media 	<ul style="list-style-type: none"> “Crazy Olympics” 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members. Memory book ceremony 	10min.

SESSION 6: SHOULD I TRUST A SUGAR DADDY? SHOULD I BE A BEN TEN FOR AN OLDER WOMAN?

Session’s aim: Gain awareness of the sugar daddy and Ben Ten phenomena in the township, learn how to set appropriate physical and emotional boundaries and learn to distinguish between a good and a “bad secret.”

Objectives:

- Become aware of their perceptions of the sugar daddy and Ben Ten phenomena in the township and how this is related to poverty.
- Gain knowledge about the dangers associated with the phenomenon (teenage pregnancies and HIV and Aids) and their rights and responsibility in this regard.
- Learn to exercise wisdom to judge adults and not take bribes or lifts in a car with strangers.
- Understand that their bodies belong to them and that there are “good and bad touches.”
- Learn about good and bad secrets and the importance to tell someone when something bad happened.
- Learn about physical, emotional and fuzzy boundaries.

- ➔ Learn to communicate and be assertive and to set appropriate boundaries for their protection.

Table 7.11 outlines a summary of the content of Session 6 as incorporated in the intervention phase.

Table 7.11: Intervention phase: content of Session 6

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> Play an icebreaker game before the session Review the key themes of the previous session Build group trust and cohesion Introduce the new lesson theme 	<ul style="list-style-type: none"> Play “diketo” Flashcards “Find someone who...” 	15min.
FEEL	<ul style="list-style-type: none"> Through sensory stimulation become aware of different feelings of sadness, vulnerability and fear Through the activity become aware of desensitisation and what their body needs such as comfort, protection, sleep and healing 	<ul style="list-style-type: none"> “Rhythmic movements and body freezes” 	20min.
KNOW	<ul style="list-style-type: none"> Group members learn about physical- and feeling boundaries through the activity and their right to be protected 	<ul style="list-style-type: none"> “Bubble projection game” 	15min.
THINK	<ul style="list-style-type: none"> Gain more knowledge about the phenomenon and the dangers involved Think how this can affect them and talk about ways to protect their bodies Learn about “good and bad touches” and the importance of telling a “bad secret” 	<ul style="list-style-type: none"> Story: “Khutso learned to say No!” 	20min.
DO	<ul style="list-style-type: none"> Rehearse what to do if personally confronted by a sugar daddy or when asked to be Ben Ten Learn where to get help 	<ul style="list-style-type: none"> Drama 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness 	<ul style="list-style-type: none"> Activity: What do you see about your <i>seriti</i> in the mirror? 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity 	<ul style="list-style-type: none"> “Group rap dance” Mould clay 	25min.

Table 7.11: Intervention phase: content of Session 6 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members Memory book ceremony 	10min.

SESSION 7: HOW CAN I WATCH OUT FOR THINGS THAT CAN HARM ME?

Session's aim: Gain awareness of the occurrence of substance abuse, drug abuse and witchcraft in the township and the harmful impact it can have on their development.

Objectives:

- Find out what group members already know about drugs and alcohol abuse.
- Providing information to group members about the dangers of substance abuse and the use of glue and household detergents.
- Realising the consequences and harmful effects of substances and how abuse can lead to violence.
- Identify the danger zones for exposure to drug abuse with specific mention of vendors, shebeens, taverns and school bathrooms.
- Understand how unwise spending of tuck shop or pocket money may lead to getting drawn into the drug culture.
- Learn how to take care of their bodies, and to use self-control to “say No” to pressure.
- Learn to deal with boredom and find alternative social outlets.
- Gain information on who to phone and where to go when they need help or want to report substance abuse.
- Increase moral and spiritual awareness and responsibility.

Table 7.12 outlines a summary of the content of Session 7 as incorporated in the intervention phase.

Table 7.12: Intervention phase: content of session 7

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> Play an icebreaker game before the session Review the key themes of the previous session Introduce the new lesson theme 	<ul style="list-style-type: none"> “Hand tennis” Flash cards 	15min.
FEEL	<ul style="list-style-type: none"> Train their senses to become aware of things that can be harmful to the body 	<ul style="list-style-type: none"> Sensory awareness game: Guess what you smell, touch, hear and taste 	20min.
KNOW	<ul style="list-style-type: none"> Make members aware of their perceptions of substance abuse and help them to evaluate their knowledge base 	<ul style="list-style-type: none"> “Answer wrong or right” 	15min.
THINK	<ul style="list-style-type: none"> Discuss the dangers of substance abuse and the use of glue and household detergents Receive information about the different physical symptoms of someone who is taking drugs 	<ul style="list-style-type: none"> By means of flash cards provide information of different types of substance 	20min.
DO	<ul style="list-style-type: none"> Learn and rehearse the drug line number Discuss what is happening in the pictures and what to do in those situations 	<ul style="list-style-type: none"> Role play: “What if...” 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness Talk about the “<i>botho</i>” value of willpower 	<ul style="list-style-type: none"> What do you see about your <i>seriti</i> in the mirror? 	15min.
RECREATION	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity 	<ul style="list-style-type: none"> Pencil holders made from recycled tins and paper 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members. Memory book ceremony 	10min.

SESSION 8: SHOULD I BE LIKE OTHERS AND DO WHAT THEY DO?

Session's aim: Gain awareness of the need to socially compare as well as understand the influence peers have on them to behave in a certain way.

Objectives:

- Understand what social comparison is and where it comes from.
- Gain insight in how peer pressure works and what it is and measure the degree of influence peers have on them.
- Consider the consequences of giving in to pressure of peers and learn to respond to feelings of inferiority in order to resist peer pressure.
- Learn how social comparison and peer pressure can also lead to jealousy, witchcraft and violence.
- Learn to choose their friends and know who their friends are.
- Discover alternatives to worldly pressures through rekindling morals and embracing spirituality to gain a sense of belonging.

Table 7.13 outlines a summary of the content of Session 8 as incorporated in the intervention phase.

Table 7.13: Intervention phase: content of Session 8

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play a game and recap previous lesson • Introduce new lesson theme 	<ul style="list-style-type: none"> • "Jomo ke sedothla" • Flashcards 	15min.
FEEL	<ul style="list-style-type: none"> • Group members through the sensory activity become aware of feelings of inferiority and the pressure to conform 	<ul style="list-style-type: none"> • "Which object will you choose?" 	20min.
KNOW	<ul style="list-style-type: none"> • Through the activity group members become aware of "who and how they are" and "who and how they would like to be" 	<ul style="list-style-type: none"> • Craft activity: "Two-sided masks" 	15min.

Table 7.13: Intervention phase: content of Session 8 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
THINK	<ul style="list-style-type: none"> Through awareness, and gaining information group members become aware of why they socially compare, how peer pressure works and measure the influence others have on them Think of individual reasons why they compare and give in to peer pressure Gain knowledge about the consequences of social comparison and how it may leads to jealousy, violence and witchcraft 	<ul style="list-style-type: none"> “A cake full of surprises” 	20min.
DO	<ul style="list-style-type: none"> Understand that they shouldn't have to be like others and do what others do to be special and feel accepted Learn how to avoid or leave a negative peer or peer group and say “No” to pressure Rehearse how positive peers can influence others for the best 	<ul style="list-style-type: none"> “People, places and things” activity sheet 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness Gain awareness of the importance of the state of their inside interior and realise that they are special and that God has a plan with them no matter what their circumstances are 	<ul style="list-style-type: none"> Object lesson: “Gold cup and cracked cup.” “<i>Sefate se tsejwa ka ditholwana</i>”. (A tree is known by its fruit) 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity 	<ul style="list-style-type: none"> Craft: “Make a fruit of the Spirit” family tree. 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members. Memory book ceremony 	10min.

SESSION 9: HOW CAN I BE SAFE AT HOME AS WELL AS AWAY FROM HOME?

Session's aim: Helping group members to develop a personal safety plan in dangerous and threatening situations at home and away from home.

Objective:

- Learn that they are worthy of being protected and that they must watch out for themselves.
- Become aware of how to pay attention to their home environment.
- Practise how to deal with strangers at the door; when someone tries to get in the house and how to apply the key safety rules.
- Learn how to be safe in public transport, the streets and the parks and learn the key safety rules.
- Develop individual protection plans for their safety.
- Learn how their values and wisdom can keep them out of most trouble.

Table 7.14 outlines a summary of the content of session 9 as incorporated in the intervention phase.

Table 7.14: Intervention phase: content of Session 9

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play an icebreaker game before the session • Review the key themes of the previous session • Introduce the new lesson theme 	<ul style="list-style-type: none"> • Play Johnny Skipper • Flashcards 	15min.
FEEL	<ul style="list-style-type: none"> • Learn how to breathe correctly in times of stress and fearful situations that cause anxiety 	<ul style="list-style-type: none"> • Balloon breathing exercises 	20min.
KNOW	<ul style="list-style-type: none"> • Become aware of how to pay attention to their home environment and learn key safety rules 	<ul style="list-style-type: none"> • Flashcards – key safety rules 	15min.
THINK	<ul style="list-style-type: none"> • Through the provision of an information guide members by means of an activity develop their own personal safety plans for home and away from home 	<ul style="list-style-type: none"> • Activity “My safety plan at home” and “My safety plan away from home” 	20min.

Table 7.14: Intervention phase: content of Session 9 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
DO	<ul style="list-style-type: none"> Rehearse their safety plans 	<ul style="list-style-type: none"> Role play scenarios 	20min.
BELIEVE	<ul style="list-style-type: none"> Facilitate ethnic, moral and spiritual awareness Talk about the wisdom and values needed to stay out of trouble 	<ul style="list-style-type: none"> What do you see about your <i>seriti</i> in the mirror? 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers are invited to join in the relaxation and recreation activity 	<ul style="list-style-type: none"> Praise Aerobics Children discuss their safety plans with their parents Practise for the farewell concert 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members Memory book ceremony 	10min.

SESSION 10: HOW CAN I HAVE PEACE INSTEAD OF VIOLENCE?

Session's aim: Learn about the needlessness of physical and verbal revenge and the undesired effects they have on the 'self' and others.

Objectives:

- Become aware of their sad, scary and angry feelings that might cause them to fight back or verbally or physically seek revenge.
- Assess what type of wrongs triggers their buttons that they would want to seek revenge.
- Become aware of what their families teach them about boys proving their physical strength, about displaying emotions and revenge and the way that it impacts on their actions and development.
- Realise that witchcraft is not a way to deal with conflict with others and become aware of the dangers of such practices.
- Learn that inflicting harm or injury to others in the form of revenge does not bring respect and may lead to other serious problems.

- Learn better ways of managing conflict situations and to release feelings of anger, fear and hurt in a healthier manner.

Table 7.15 outlines a summary of the content of Session 10 as incorporated in the intervention phase.

Table 7.15: Intervention phase: content of Session 10

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play an icebreaker game before the session • Review the key themes of the previous session • Preparation for termination • Introduce the new lesson theme 	<ul style="list-style-type: none"> • Ball games • Flashcards 	15min.
FEEL	<ul style="list-style-type: none"> • Sensing the difference between feelings of anger and hurt; and warm and good feelings 	<ul style="list-style-type: none"> • “Porcupine and teddy bear feelings” 	20min.
KNOW	<ul style="list-style-type: none"> • Becoming aware of feelings of fear, anger and revenge that they might have towards someone 	<ul style="list-style-type: none"> • “Man in the jail” projection 	15min.
THINK	<ul style="list-style-type: none"> • Make clay figures that represent their fears, anger and hurts and discuss what comes to their awareness 	<ul style="list-style-type: none"> • <i>Dispoko</i> clay projection 	20min.
DO	<ul style="list-style-type: none"> • Releasing angry feelings in a safe and healthy way • Rehearse solutions and plan strategies that will not provoke further need for revenge 	<ul style="list-style-type: none"> • “Roll, punch, throw, cut and hit the clay.” • Role plays 	20min.
BELIEVE	<ul style="list-style-type: none"> • Facilitate ethnic, moral and spiritual awareness • Discuss ways of rekindling the moral of forgiveness • Show a picture of Mandela and Ghandi and discuss with the group members ways that these leaders showed respect and forgiveness and found peace and respect • Then close with Jesus and the great example he has shown of forgiveness and peace instead of violence 	<ul style="list-style-type: none"> • Picture of Mandela and Ghandi 	15min.
RELAX	<ul style="list-style-type: none"> • Caregivers join in the activities 	<ul style="list-style-type: none"> • Dance the angry and peace dance with seed shakers • Make paper beads 	25min.

Table 7.15: Intervention phase: content of Session 10 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members. Memory book ceremony 	10min.

SESSION 11: WHO CAN I TRUST TO HELP ME?

Session's aim: Helping group members to realise that they are never alone and connect them with community support systems or organisations that can provide help and support if their primary and traditional support systems fail them.

Objectives:

- Realising that everyone needs help in their life and that there are people that can be trusted.
- Gain awareness of how issues of trust may relate to loss of attachment (safety and security).
- Learn about support systems in the community and discuss what each of them can offer and how they can be contacted and accessed.
- Deal with unfinished business related to trust issues with community helpers and talk about alternative ways to approach these issues.
- Understand that they have the right to be heard and protected and should never give up in the process of seeking help.
- Understand how their values and spirituality may impact on their *seriti* and the way that they trust others in the future.

Table 7.16 outlines a summary of the content of Session 11 as incorporated in the intervention phase.

Table 7.16: Intervention phase: content of Session 11

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> • Play an icebreaker game before the session • Review the key themes of the previous session • Preparation for termination • Introduce the new lesson theme 	<ul style="list-style-type: none"> • “Mafrothana” • Blindfolded trust game • Flashcards 	15min.
FEEL	<ul style="list-style-type: none"> • Through using their senses become more aware of their feelings 	<ul style="list-style-type: none"> • “Guess what is in the bag” 	20min.
KNOW	<ul style="list-style-type: none"> • Knowing community helpers, where to find them and deciding who they will trust 	<ul style="list-style-type: none"> • Projection: Who will you trust? • Where will you go to receive help? 	15min.
THINK	<ul style="list-style-type: none"> • Group members think why they will trust certain community helpers more than others and share it in the group • Think of the importance of having support systems and evaluate their own present support systems • Realise how the absence of a father or mother figures may influence their level of trust in others and to seek help from wrong friends (refer to peer pressure session) 	<ul style="list-style-type: none"> • Activity: “Trust issues” 	20min.
DO	<ul style="list-style-type: none"> • Rehearse how different problems may require different community helpers • Group members receive an address and telephone list of important community helpers in Soshanguve 	<ul style="list-style-type: none"> • “Community helpers card game” 	20min.

Table 7.16: Intervention phase: content of Session 11 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
BELIEVE	<ul style="list-style-type: none"> Reinforce the <i>botho</i> values of helpfulness and compassion Spiritual beliefs Think about what these values mean to you and ways that you can show these values to others Think of ways that helpers in the community can help and show compassion 	<ul style="list-style-type: none"> What do you see about your <i>seriti</i> in the mirror? Story: "I am not alone" 	15min.
RELAX	<ul style="list-style-type: none"> Caregivers join in the activities 	<ul style="list-style-type: none"> Make picture frames with recycled material. Rehearsing for the farewell concert 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members Memory book ceremony 	10min.

SESSION 12: HOW CAN I DEAL WITH THE LOSS OF SOMEONE WHOM I LOVE?

Session's aim: Supporting group members to deal with the loss of a loved one in a culturally sensitive and developmentally appropriate way.

Objectives:

- Allow each group member to tell his or her story of grief and loss through listening attentively and helping them to become aware of their feelings.
- Guide members to understand loss and death as a natural part of life and that it is ok to be sad.
- Guide them to understand that they have done nothing to cause the separation or death of a loved one.
- Provide an opportunity to grieve and to come to terms with what has happened.
- Gain awareness of how spirituality can be a source of strength and comfort.

Table 7.17 outlines a summary of the content of session 12 as incorporated in the intervention phase.

Table 7.17: Intervention phase: content of session 12

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELATE	<ul style="list-style-type: none"> Play an icebreaker game before the session Review the key themes of the previous session Prepare the members for termination Introduce the new lesson theme 	<ul style="list-style-type: none"> Musical chairs Make cards for each other Flashcards 	15min.
FEEL	<ul style="list-style-type: none"> Learn through the activity that it is ok to be sad and to cry when someone we love is not part of our lives anymore 	<ul style="list-style-type: none"> “Draw how you remember your special person” 	20min.
KNOW	<ul style="list-style-type: none"> Through the activity share and become aware of significant people in their lives that they have lost due to parental separation or death Create an opportunity to ask questions about death and dying 	<ul style="list-style-type: none"> “Draw your tree” Members share their stories of loss and death 	15min.
THINK	<ul style="list-style-type: none"> Think about what comes to their awareness and how the loss of significant people impacts on their life at present Learn why it is important to talk about it and get closure 	<ul style="list-style-type: none"> Listening to the story of “Selinah says good bye” 	20min.
DO	<ul style="list-style-type: none"> Write a letter to someone that has died or who cannot be found and discuss what comes to their awareness 	<ul style="list-style-type: none"> “Saying good bye ceremony in the sand” 	20min.
BELIEVE	<ul style="list-style-type: none"> Talk about what they would like their absent and deceased loved ones to remember about them Talk about their spiritual perceptions of “after death” and how it can be a source of comfort and hope for them 	<ul style="list-style-type: none"> What do you see about your <i>seriti</i> in the mirror? 	15min.

Table 7.17: Intervention phase: content of Session 12 (continued)

PROCESS	SUMMARY OF CONTENT	ACTIVITIES / TECHNIQUES	DURATION
RELAX	<ul style="list-style-type: none"> Caregivers join in the activities 	<ul style="list-style-type: none"> Make “clown cakes” for the farewell Rehearse for the farewell concert 	25min.
REWARD	<ul style="list-style-type: none"> Group members in the presence of their caregivers share individually or demonstrate as a group what they have learned and mastered in the session 	<ul style="list-style-type: none"> Verbal feedback, role play or drama as preferred by the group members Memory book ceremony Closing in prayer 	10min.

TERMINATION PHASE

An outline of the termination phase of the intervention is presented in this section.

Session’s aim: Facilitating, a positive group termination that will result in group members feeling empowered with skills to cope better with their adversities, as well as to pass their acquired skills on to others.

Table 7.18 outlines a summary of the content of the termination phase

Table 7.18: Content of the termination phase

PROCESS	CONTENT SUMMARY	ACTIVITIES / TECHNIQUES	DURATION
ASSESSMENT POST-TEST	<ul style="list-style-type: none"> Post assessment of developmental impact of the intervention programme 	<ul style="list-style-type: none"> Questionnaire with three-point Likert scale response 	30 min

Table 7.18: Content of the termination phase (continued)

PROCESS	CONTENT SUMMARY	ACTIVITIES / TECHNIQUES	DURATION
ESTABLISHMENT OF A SUPPORT GROUP	<ul style="list-style-type: none"> Group members and their caregivers are invited to form an activist and support group for the future The group leader provides guidelines as to what a support group can offer and challenge members to become activists and also share with others what they have learned 	<ul style="list-style-type: none"> Form a support group Choose a leader Choose a place to meet 	20 min
FAREWELL CONCERT	<ul style="list-style-type: none"> Participants and their caregivers present a concert of what they have learned 	<ul style="list-style-type: none"> Farewell concert 	40 min.
FAREWELL CEREMONY REWARD	<ul style="list-style-type: none"> Group members and caregivers share individually what the group has meant to them and receive their certificates and memory books Eat and drink something together 	<ul style="list-style-type: none"> Farewell ceremony Saying goodbye Closing prayer 	20 min.

7.8 EVALUATION DESIGN

A one-group pre-test, post-test design was utilised to test the effectiveness of the intervention (Neuman, 2006:255; Grinnell & Unrau, 2011:278; Vogt & Johnson, 2011:268). The pre-test involved a questionnaire with three-point Likert rating scale to provide a baseline assessment for the holistic developmental well-being of the group before the introduction of the independent variable (intervention programme). A post-test followed after administering the intervention to determine precisely how the independent variable affected the holistic developmental well-being of the group. The outcomes of the evaluation will be discussed in Chapter Eight.

Chapter 8

PILOT TEST OF THE HOLISTIC ETHNIC-CENTRIC INTERVENTION PROGRAMME

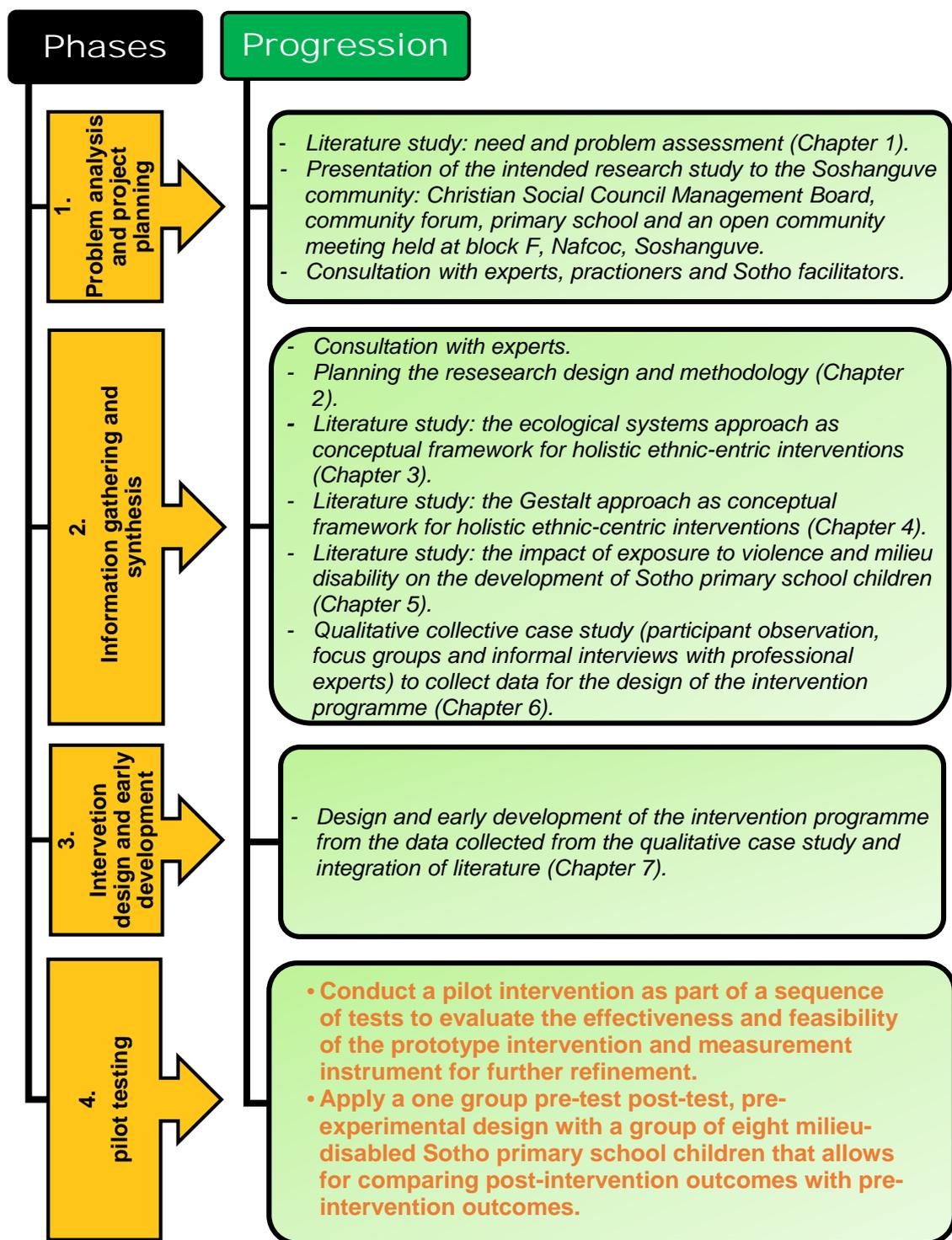


Figure 8.1: Progression of phases in the intervention research process

(Adapted from Rothman & Thomas, 1994:28; Fraser et al., 2009:36).

8.1 INTRODUCTION

Pilot test results inform feasibility and identify areas for refinement and modification. Fraser et al. (2009:106) recommend a sequence of pilot studies to increase an understanding of the impact of the intervention programme. The pilot study reported in this chapter was a required initial step to test the application and the feasibility of the proposed social work intervention presented in Chapter Seven; as well as the measuring instrument (questionnaire and three-point Likert rating scale). In the quantitative phase of the mixed methods study a hypothesis and sub-hypothesis guided the pilot test:

Hypothesis:

A holistic ethnic-centric programme where the processes and techniques are specifically adapted for milieu-disabled Sotho primary school children exposed to violence will facilitate the understanding and skills necessary for them to deal with difficult, violent and threatening situations in an appropriate manner that will enhance their holistic developmental well-being.

Sub-hypothesis:

A social work intervention based on a holistic ethnic-centric programme (independent variable) will measurably improve the holistic developmental well-being, therefore emotional, cognitive, spiritual, social and physical functioning (dependent variables) of milieu-disabled Sotho primary school children exposed to violence.

The Chapter commences with a description of the demographic details of the participants involved in the pilot study and the research setting. The research design utilised for the pilot study is then presented followed by the data presentation and analysis. A discussion of the limitations of the pilot study and conclusions finalise the chapter.

8.2 DEMOGRAPHIC DETAILS AND RESEARCH SITE

The sample selected from the population was: milieu-disabled Sotho primary school children (between the ages 6-12 years) exposed to violence. These children were not the same children sampled for the collective case study. The social workers at the Christian Social Council, Soshanguve assisted the researcher to select participants by means of purposive sampling from their existing caseloads. Informed voluntary consent and assent were obtained by means of an information session. For further elaboration on the sample frame and limitations, see Chapter Two, sub-sections 2.5, 2.5.1 and 2.8. Sixteen participants were part of a group that was subjected to the prototype intervention programme for a period of seven weeks to determine the effect on their holistic developmental well-being. To increase generalisability the same experiment was

conducted twice: one group, with eight female child participants and one group with eight male child participants. The pilot tests were conducted in the Soshanguve Township in a corrugated iron shack situated in block H, characteristic of a milieu-disabled environment. The demographic details presented in Table 8.1 and Table 8.2 below present the participants involved in the pilot study.

Table 8.1: Pilot test: Demographic details group one

CODE	SEX	AGE	LANGUAGE
BIP001	Male	10 years	Pedi
BIP002	Male	11 years	Tswana
BIP003	Male	9 years	Tswana
BIP004	Male	12 years	Tswana
BIP005	Male	10 years	Pedi
BIP006	Male	9 years	Tswana
BIP007	Male	10 years	Pedi
BIP008	Male	11 years	Pedi

Table 8.2: Pilot test: Demographic details of group two

CODE	SEX	AGE	LANGUAGE
GIP001	Female	9 years	Tswana
GIP002	Female	9 years	Tswana
GIP003	Female	11 years	Tswana
GIP004	Female	12 years	Tswana
GIP005	Female	10 years	Pedi
GIP006	Female	10 years	Tswana
GIP007	Female	10 years	Pedi
GIP008	Female	11 years	Pedi

8.3 RESEARCH DESIGN

The pre-experimental design due to the absence of a control group was selected and implemented as a pilot study to gain tentative descriptive information for further development of the intervention (Rubin & Babbie, 2013:185). The one-group pre-test post-test design was chosen because it includes a pre-test preceding the administration of the intervention or programme followed by a post-test that provides the basis for comparison (Neuman, 2006:255; Grinnell & Unrau, 2011:278; Vogt & Johnson, 2011:268). A questionnaire using a three-point Likert rating scale was used as data collection method, to determine the changes in the holistic developmental well-being, thus, measuring the emotional, cognitive, spiritual, social and physical functioning (dependant variables) of milieu-disabled Sotho primary school children exposed to violence (Monette et al., 2011:504; Delpont & Roestenberg, 2011:208,212; Rubin & Babbie, 2013:122).

As indicated in sub-section 2.5.2 holistic development denotes the holistic (complex) balance of the Sotho milieu-disabled primary school child's physical, cognitive, emotional, social and spiritual development in context of their interactions with the environment. Well-being refers to the way that the Sotho child holistically feels about him or herself and his or her life (see Chapter Two, 2.5.2).

The questionnaire was developed and refined in collaboration with the Department of Statistics, of the University of Pretoria; and indigenous experts and was the main evaluation instrument to measure the impact of the programme. No existing indigenous standardised questionnaire could be traced, and therefore the questionnaire development can be considered pioneer work. The questionnaire was translated into Sotho in collaboration with the indigenous experts. It was pilot tested with four milieu-disabled Sotho primary school children residing in Mamelodi (a township) and attending a school in Pretoria. A limitation, however, is that the primary school where the pre-pilot test of the questionnaire was conducted is situated in a middle-class area and the children may be more literate than children attending township schools. However, the pre-pilot only involved evaluating the children's understanding of the questions and three-point Likert response scale but did not involve exposure to the intervention. It was observed that the children understood the questionnaire and the Likert Scale. They made two suggestions in terms of rephrasing certain questions. In addition to the suggested changes, it was also indicated by the Department of Statistics and my promoters to change the scale from "I am not sure" to "sometimes" to enrich the scale. Pictures/emoticons and traffic light colours were furthermore utilised to facilitate the attractiveness and comprehension of the scale for the child participants. In Chapter Seven (see 7.5), process indicators were formulated as the desired outcomes of the intervention. Table 8.3 provides an outline of the five sub-scales utilised in the questionnaire and the relevant process indicators.

Table 8.3: Subscales and process indicators

SUB-SCALES OF THE LIKERT SCALE	PROCESS INDICATORS (OUTCOMES)
THE WAY I FEEL	To enhance sensory, emotional, environmental, and body awareness to be able to gain awareness of feelings as it relates to violence and express it in a non-threatening way.
THE WAY I THINK	To gain awareness and insight of the nature and impact of violence and related issues on their holistic development, family life and the community by means of gaining knowledge through education and to think through situations and options available.

Table 8.3: Subscales and process indicators (continued)

SUB-SCALES OF THE LIKERT SCALE	PROCESS INDICATORS (OUTCOMES)
THE WAY I BEHAVE	To facilitate the enhancement and reinforcement of various coping- and problem-solving skills through rehearsing techniques to assist milieu-disabled Sotho primary school children exposed to violence in making responsible choices in the future and to cope developmentally with the effects of violence.
THE WAY I BELIEVE	To facilitate increased cultural, moral and spiritual awareness in order to deal with polarities which comes to the foreground and to enhance and strengthen moral responsibility and spirituality as sources of guidance and hope.
THE WAY MY BODY FEELS	To reduce boredom, strengthen family and community support systems for group members and relief stress through involvement in relaxation and recreation activities.

The pre-test was administered to the participants a week before the intervention commenced. The questions were read out one at a time in Sotho whereby the children were requested to put a cross (X) at the relevant place on the scale that represented their attitude. The same procedure was followed for the post-test that was administered after the last session. The participants were invited to ask if they did not understand the questions.

8.4 DATA PRESENTATION AND ANALYSIS

The purpose of the pilot study was to describe to what extent change occurred in the holistic developmental well-being of Sotho milieu-disabled primary school children exposed to violence after the administration of the independent variable (holistic ethnic-centric intervention). The analysis process was conducted in collaboration with the Department of Statistics at the University of Pretoria. The questionnaires were checked for questions where a single clear response could not be identified. Thereafter, every answer was coded and then entered into the data base. The captured data base was checked again for errors in the entering process. The merged pre- and post-scores of the children were then analysed, followed by a Wilcoxon matched pairs statistical test that showed the differences between the pre- and post-test scores (*Dictionary of Research Methodology and Statistics in Applied Linguistics*, 2012:708). In the following section the data will be presented and analysed.

8.4.1 Merged pre- and post-test construct scores for each child

Firstly, the scores representative of the totals for each of the five areas or sub-scales covered in the questionnaire were calculated, analysed and presented. Table 8.4 summarises the merged pre- and post-test construct scores for each child. The scores are descriptive of the totals for each of the five areas or sub-scales covered in the

questionnaire as indicated in Table 8.3. The green colour highlights in Table 8.4 indicate the scores that increased post-intervention, while the tan colour indicates scores that decreased. White spaces indicate an unchanged score.

Table 8.4: Pre- and post-intervention scores for each child

Obs.	A1	Feel Pre	Feel Post	Think Pre	Think Post	Behave Pre	Behave Post	Believe Pre	Believe Post	Body Pre	Body Post
BOYS (GROUP 1)											
1	BIP001	20	23	28	26	26	25	24	24	26	25
2	BIP002	20	21	23	18	26	24	24	21	26	19
3	BIP003	19	22	21	23	24	27	25	26	27	26
4	BIP004	21	18	22	20	26	20	25	19	27	19
5	BIP005	26	23	21	25	21	26	24	23	22	24
6	BIP006	22	22	23	25	22	27	27	26	24	27
7	BIP007	22	20	21	19	27	21	25	29	23	26
8	BIP008	17	23	25	24	25	23	25	24	22	22
Obs.	A1	Feel Pre	Feel Post	Think Pre	Think Post	Behave Pre	Behave Post	Believe Pre	Believe Post	Body Pre	Body Post
GIRLS (GROUP 2)											
9	GIP001	22	20	22	23	27	23	24	25	24	24
10	GIP002	21	18	23	17	26	24	24	21	25	19
11	GIP003	23	22	23	23	25	22	25	23	29	25
12	GIP004	19	25	25	24	25	23	25	20	26	21
13	GIP005	25	26	16	19	25	21	19	22	22	21
14	GIP006	15	23	24	19	25	24	25	22	24	22
15	GIP007	22	21	22	22	24	26	27	26	26	28
16	GIP008	24	24	19	20	19	28	26	24	16	25

The data in Table 8.4 can be analysed as follows in terms of the five subscales that measure holistic developmental well-being:

The way I feel:

Boys: Four boys indicated an increase in their developmental well-being in the area of emotions and feelings. Three boys showed a decrease and one remained unchanged.

Girls: Three girls indicated an increase and four showed a decrease in their emotional well-being. One remained unchanged.

The way I think:

Boys: Three boys indicated an increase in their cognitive perception of violence. Five boys decreased in their scores.

Girls: Three girls increased in their cognitive perceptions and three decreased. Two remained unchanged.

The way I behave:

Boys: Three boys indicated an increase in terms of pro-social, non-violent behaviour and five showed a continuation of anti-social behaviour.

Girls: Two girls showed an increase in pro-social, non-violent behaviour and six showed a continuation of anti-social behaviour,

The way I believe:

Boys: Two boys indicated an increase in terms of their spirituality and five boys decreased. One boy remained unchanged.

Girls: Two girls showed an increase in their spirituality while six indicated a decrease.

The way my body feels:

Boys: Three boys indicated an increase in body esteem and awareness and four showed a decrease. One remained unchanged.

Girls: Two girls indicated an increase in their body esteem and awareness while five showed a decrease. One remained unchanged.

8.4.2 Combined pre- and post- test construct scores

The Wilcoxon matched pairs statistical test which is a non-parametric equivalent of the matched or paired t-test was used to evaluate the differences between the pre- and post-test scores of the two sets of data obtained from the matched subjects i.e. the corresponding pre- and post-test scores of the same child (*Dictionary of Research Methodology and Statistics in Applied Linguistics*, 2012:708). Table 8.5 provides a summary of the Wilcoxon matched pairs statistical test that describe the pre- and post-test construct scores for all of the children combined, as well as for the boys and the girls separately.

Table 8.5: Combined pre- and post- test construct scores

Pair of Variables	Wilcoxon Matched Pairs Test (Combined pre- and post- construct scores)			
	Marked tests are significant at $p < .05000$			
	Valid N	T	Z	p-value
Feel & Post Feel	14	43.00000	0.596377	0.550924
Think & Post Think	14	40.00000	0.784706	0.432627
Behave & Post Behave	16	54.50000	0.698068	0.485135
Believe & Post Believe	15	30.50000	1.675487	0.093840
Body & Post Body	14	39.00000	0.847483	0.396727

Table 8.5: Combined pre- and post- test construct scores (continued)

Pairs of Variables	Wilcoxon Matched Pairs Test (Combined pre- and post- construct scores) Marked tests are significant at $p < .05000$ Include condition: Gender='Boy'			
	Valid N	T	Z	p-value
Feel & Post Feel	7	11.00000	0.507093	0.612090
Think & Post Think	8	15.00000	0.420084	0.674424
Behave & Post Behave	8	15.00000	0.420084	0.674424
Believe & Post Believe	7	8.50000	0.929670	0.352543
Body & Post Body	7	12.00000	0.338062	0.735317
Pairs of Variables	Wilcoxon Matched Pairs Test (Combined pre- and post- construct scores) Marked tests are significant at $p < .05000$ Include condition: Gender='Girl'			
	Valid N	T	Z	p-value
Feel & Post Feel	7	13.00000	0.169031	0.865772
Think & Post Think	6	8.00000	0.524142	0.600180
Behave & Post Behave	8	11.00000	0.980196	0.326990
Believe & Post Believe	8	7.50000	1.470294	0.141483
Body & Post Body	7	9.50000	0.760639	0.446873

It can be concluded from Table 8.5 that the p-values of greater than 0.05 indicate that there were no statistically significant differences between the pre- and post-test scores at the 5% level of significance.

8.5 PILOT STUDY LIMITATIONS

Marlow (2011:93) indicates that the researcher should take cognisance of the internal threats (history, maturation, testing, instrumentation, regression to mean, interactions of selection and other threats) when utilising a one-group pre-test and post-test design. In addition, several limitations related to the pilot study were found. A male Sotho translator (a care worker in training) was employed throughout the intervention. The language barrier and working through a translator constantly disrupted the flow of the group process and the implementation of the programme as indicated in Chapter Two (see 2.8). Some of the children missed out on part of the sessions due to late arrivals on different sessions. Obtaining involvement of the caregivers as pointed out in Chapter Two (see 2.8) proved to be an immense challenge that negatively impacted on the outcome of the programme; which will need new strategies to involve caregivers for the future development of the intervention programme. Although, the signed agreement clearly stipulated that caregivers or significant others must make themselves available to attend the last 20 minutes of each session only two of the caregivers have been faithful to comply with the said agreement. It confirms the findings of the qualitative study pointing to the lack of involvement of caregivers in their children's lives that significantly contribute to their vulnerability (see Chapter Six, 6.3.3.3). Reinforcing skills in the home environment are crucial to the

success of the intervention. Several limitations were also observed with regard to the questionnaire and three-point Likert scale responses. Due to limited literacy proficiency the participants needed a substantial amount of explanation in Sotho of the questions which indicated that the questionnaire should be furthermore simplified and culturally refined. The participants also had difficulty in distinguishing the differences between the three options provided in the Likert Scale to evaluate their attitude which necessitates further refinement. Although the questions were read out loud and explained in Sotho the children made mistakes at question 1.9 where there was a section for boys and a section for girls to complete. Some completed both questions; this was only discovered after the data gathering. Participants took 35 minutes to complete the questionnaire and were observed to get very tired at the end. The above-mentioned limitations hence indicate that the questionnaire needs to be revised, shortened and furthermore evaluated for its cultural relevance or that an alternative more simplified measurement be developed.

The qualitative observations related to the group process and responses of the children to the programme, however, revealed promising results for the further development of the intervention programme. Due to the limited scope and time constraints of this research the findings cannot be discussed in depth here, and therefore only a few observations are highlighted. The participants were found to respond well to the structure of the group process, techniques indigenous games and arts and crafts that were introduced. The indigenisation of techniques proved to be culturally appropriate and significantly facilitated a relationship of trust with the researcher and between the group members; and stimulated spontaneous emotional expression in a playful and relaxed environment. At the termination phase the participants provided positive verbal feedback related to the attainment of skills and the degree of enjoyment that they experienced in the group.

8.5 CONCLUSIONS

In reference to the statistical findings, it can be concluded that there was an insignificant difference between the pre- and post-intervention scores resulting in a null hypothesis. The findings led the researcher to conclude that the intervention programme and measurement instrument will need further refinement through pilot testing and expert reviews. However, these refinements should be done with due consideration to the qualitative observations of the pilot test that reflects upon the subjective processes, perceptions and verbal feedback of the participants exposed to the content and techniques of the intervention programme, as it relates to the group process. In the final Chapter Nine, conclusions and recommendations are outlined.

Chapter 9

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

9.1 INTRODUCTION

The study was inspired by the need for the social work profession to respond to the dearth found in the development and design of holistic intervention programmes for the ethnic population in South Africa exposed to milieu disability and violence. Directed by an adapted intervention research model by Rothman and Thomas (1994:28) and Fraser et. al. (2009:37,64) (see Chapter Two), the goal of the study was to describe, design and develop a holistic ethnic-centric programme for the milieu-disabled Sotho primary school child exposed to violence. It was anticipated that the intervention programme will enhance the holistic developmental well-being of the Sotho milieu-disabled child exposed to violence.

The cross-cultural nature of the research valued the socio-cultural context as a prominent theme in the study that ensured that the research process proceeded in collaboration with indigenous informants and through feedback loops with the participants in the study to ensure cultural validity. This final Chapter provide recommendations, based on the key findings and conclusions of the study, for the design, development and implementation of cultural sensitive interventions for the Sotho child. The discussion is guided by an evaluation of the realisation of the objectives in the study. Conclusions are then derived from the findings of both the literature review and empirical study. The Chapter concludes with providing recommendations based on the key findings and conclusions.

9.2 FINDINGS AND CONCLUSIONS OF THE STUDY

This section will proceed with a discussion of each objective and to what extent the objective was accomplished. Conclusions are then derived from the findings of both the literature review and empirical study.

<p>Objective 1: To develop a conceptual framework for a holistic ethnic-centric intervention programme with regard to ecological systems and Gestalt models, life experiences and cultural values within a socio-economic and political context of the broader community.</p>
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The first objective has been achieved in Chapters Three, Four and Five. The conceptual framework of the research study was informed by an exhaustive literature study related to the ecological systems and Gestalt approaches as conceptual frameworks to inform holistic ethnic-centric interventions. Conclusions are drawn from the key findings of each

approach communicated in **Chapter Three**, point 3.6, and **Chapter Four**, point 4.6 that significantly contributed to an holistic framework to assess the needs of the participants for the design of the intervention. The literature findings and conclusions that inform holistic-ethnic-centric interventions are presented in Table 9.1.

Table 9.1: Key literature findings and conclusions: Conceptual frameworks informing holistic ethnic-centric interventions

KEY FINDINGS ECOLOGICAL SYSTEMS APPROACH	KEY FINDINGS GESTALT APPROACH	CONCLUSIONS
<ul style="list-style-type: none"> • Bronfenbrenner's (1979:209-259) model presented the environmental context or the natural ecology of child development as a set of nested structures (micro-; meso-; exo-; macro systems) embedded in each other within which the child participates (cf. figure 3.2). • Every child is seen as retaining unique bio-ecological characteristics that differentiate his/her emotional and interpersonal responses to the environment. • Social workers should remain sensitive to the cultural background and worldview of ethnic clients in planning interventions. 	<ul style="list-style-type: none"> • The principles of holism or field theory in Gestalt informed that individuals are growth orientated, self-regulating and can only be understood in context of their environment. • All aspects of children's field experience or contact cycle of development are considered relevant for holistic functioning. This includes the way that children cognitively, physically, emotionally, socially and spiritually make contact with themselves and their environment. • Phenomenological focusing in Gestalt facilitates awareness in the here and now of children's perceptions about experiences, others and themselves as authentic socio-cultural beings. 	<ul style="list-style-type: none"> • The development of Sotho primary school children exposed to milieu disability and violence cannot be viewed in isolation from their ever changing environmental context or field experiences of development. • A holistic balanced assessment of both the child (biosystem), as well as the multi-systemic (micro-, meso-, exo- and macro level) environment and the interactions between them during the life course (chronosystem) is needed to inform the design of holistic-ethnic centric interventions. • The risks, resilience and protective factors related to the exposure to milieu disability and violence should be viewed as being unique to each child's context and are influenced by both the characteristics of the child and his/her interaction or contact with the environment.

Table 9.1: Key literature findings and conclusions: Conceptual frameworks informing holistic ethnic-centric interventions (continued)

ECOLOGICAL SYSTEMS APPROACH KEY FINDINGS	GESTALT APPROACH KEY FINDINGS	CONCLUSIONS
<ul style="list-style-type: none"> • The macro- and chrono level influences on lower systems levels inform how cultural processes are transformed through historical, societal beliefs, socio-economic, political, technological and global forces over time. 	<ul style="list-style-type: none"> • The fields of children are constantly changing, interrelated and in process as new needs come forth in the course of development. 	<ul style="list-style-type: none"> • Social workers guided by the principle of phenomenological focusing, consider ethnic children and their communities as specialist contributors in order to align and adapt interventions related to violence to fit the needs and socio-cultural stances of ethnic beneficiaries. • Culture is never static and changes to adapt to the environment and global challenges over time that may lead to newly emerging family structures. • Social workers are challenged to remain sensitive in planning intervention strategies to the ways that history, external and global forces impact on ethnic children's developmental processes over time; and how these external forces may either sustain or prevent a culture of milieu disability and violence at all systems levels.
<ul style="list-style-type: none"> • A strength perspective promotes a positive view of people's internal capabilities when planning interventions. • A strength perspective also requires that people should be linked with external resources that can provide them with emotional, informational, concrete and affiliation support (Rothery, 2008:105-106). 	<ul style="list-style-type: none"> • The Gestalt principle of existentialism supports the self-directing nature of human beings as they grow and develop and encourages a meaningful life irrespective of adversities through accepting self-responsibility and making healthy choices. 	<ul style="list-style-type: none"> • A holistic strength-based model requires of social workers to look more broadly at the internal; as well as the external strengths, resources and supports of milieu-disabled Sotho primary school children exposed to violence that can be utilised in intervention programmes to develop and optimise their holistic developmental well-being.

In summation of the conclusions presented in Table 9.1, the conceptual framework contributed to the understanding of holistic ethnic-centric interventions to facilitate a better connection of Sotho milieu-disabled children with their holistic self-process; as well as to find ways to enhance a better connection or fit with their socio-cultural context or field of development over time. A strength perspective linked with the principle of existentialism promotes a healthy balance between developing self-support and resilience as well as mobilising environmental resources and support to break unhealthy cycles of milieu disability and violence in the course of development.

In Chapter 5 the conceptual framework was further developed by determining the multi-level risk and protective factors and the subsequent developmental impact on milieu-disabled primary school children exposed to violence (see Chapter Five, Table 5.1. sub-sections 5.4.1 to 5.4.5). The key literature findings and conclusions related to the above-mentioned are presented in Table 9.2.

Table 9.2: Key literature findings: Multi-level risk and protective factors and the impact on holistic development

BIOSYSTEM		
PROTECTIVE FACTORS	RISK FACTORS	DEVELOPMENTAL IMPACT
<ul style="list-style-type: none"> • Strong emotional bond with a caregiver. • Socio-economic advantages. • Healthy nutrition and hygiene. • Attractive, healthy child. • Healthy communities with resources. 	<ul style="list-style-type: none"> • History of abuse and victimisation. • Birth injury/mental and physical disability/low birth weight. • Poor health and health care. • HIV/Aids epidemic. • Neuropsychological and perceptual problems. • Milieu disability and homeless families. • Gender (girls are at greater risk). • Emotional regulation problems and tendency to be aggressive. 	<ul style="list-style-type: none"> • Unhealthy view of self and the world. • Poor input and output regulation of emotions • Adopting aggressive behaviour styles. • Post- traumatic stress disorder, depression and conduct disorders. • Developmental regression in the form of physiological reactivity. • Desensitisation and loss of morality and empathy with others.
EXOSYSTEM		
PROTECTIVE FACTORS	RISK FACTORS	DEVELOPMENTAL IMPACT
<ul style="list-style-type: none"> • Socio-economic status. • Employed and psychologically healthy adults. • Healthy work environments of parents that consider family life and health. 	<ul style="list-style-type: none"> • Unemployment and socio-economic status of parents. • Gender discrimination against women and girls. 	<ul style="list-style-type: none"> • Physical, emotional and social needs of the child are compromised due to the constant stress that unemployment places on the family and especially mothers of households.

Table 9.2: Key literature findings: Multi-level risk and protective factors and the impact on holistic development (continued)

MICRO- AND MESOSYSTEMS		
PROTECTIVE FACTORS	RISK FACTORS	DEVELOPMENTAL IMPACT
<ul style="list-style-type: none"> • Parental monitoring, supervision and intellectual stimulation. • Safe and effective schools. • Communities that are safe, clean and provide resources and recreation opportunities. • Healthy meso-links between two or more microsystems • Recreation opportunities. • A supportive religious network. • Family stability and support. 	<ul style="list-style-type: none"> • Family disintegration and stress due to poverty and HIV/Aids. • Overcrowding leads to children observing sex. • Family violence and abuse. • Lack of parental involvement stimulation. • Unhealthy parental responses to violence. • Unsafe milieu-disabled communities. • Ineffective and unsafe schools. • Socialisation problems with peers. • Bullying and peer pressure. • Poor meso-links between microsystems in order to optimise child development. 	<ul style="list-style-type: none"> • Cognitive delay resulting in poor academic performance and maladjustment at school. • Lack of impulse control. • Poor decision making and problem- solving abilities that lead to passive and unmotivated behaviour. • Untrusting, fearful, anxious and insecure in social relationships. • Problems with peers due to hyper vigilance and misinterpretation of social cues as being aggressive. • Social isolation.
MACROSYSTEM		
<ul style="list-style-type: none"> • Pro-active strategies based on proper research with inclusion of children to address violence and milieu disability. • Clear policies with regard to children's rights. • Media regulation. • Healthy cultural practises 	<ul style="list-style-type: none"> • Unemployment and socio-political history of South Africa leading to a culture of violence. • High levels of crime and violence. • Drug dealing syndicates related to African migrants. • Legal and illegal use of guns. • A lack of police protection in black rural areas. • Unclear and compromising policies from government with regard to violence and strategies and policies to protect children's rights. • Excessive media viewing • Harmful cultural practices. 	<ul style="list-style-type: none"> • Unprotected children. • Children who are not heard and involved in policy making. • Continuation of unhealthy cultural practices puts especially girls at great risk and leads to unreported cases of abuse and rape. • Perpetuation of cycles of violence and milieu disability.

In conclusion, the key literature findings presented in Table 9.2 meaningfully contributed to provide a conceptual framework for the research study to compare the literature findings with the empirical findings of the qualitative, collective case study. This was important in order to determine in what way the empirical study contributed to new emerging themes or in-depth insight into the literature findings. It also provided the conceptual framework for the development of constructs for the questionnaire in the

quantitative phase.

Objective 2: To describe, design and develop a holistic ethnic-centric intervention programme for the milieu-disabled Sotho primary school child exposed to violence relevant to the contextual realities of Sotho milieu-disabled primary school children exposed to violence.'

Chapter Two provided an orientation to the research designs and methodology purposively selected to execute the empirical investigation in the qualitative and quantitative phase. The limitations of the study were indicated in section 2.8. Objective Two was achieved by means of the empirical study in the qualitative phase described in **Chapter Six** gave meaning to the empirical data obtained from the collective case study in the qualitative phase through providing a voice to the participants in reporting data. The five central themes, subthemes, categories and sub-categories that emerged from the in-case and cross-case analysis were presented, discussed, compared and contextualised with existing secondary literature to ultimately provide the holistic context. This phase was instrumental in achieving objective two that involved the design and development of the holistic ethnic-centric intervention programme presented in **Chapter Seven**. The five central themes that emerged as a result of the cross-case analysis were:

Theme 1: Milieu-disabled Sotho primary school children's experiences of exposure to violence.

Theme 2: The impact of exposure to violence on the development of milieu-disabled Sotho primary school children.

Theme 3: The risk factors related to milieu-disabled Sotho primary school children's exposure to violence.

Theme 4: Protective factors related to milieu-disabled Sotho primary school children's exposure to violence.

Theme 5: Sotho children: Play and leisure.

The central themes presented above with their sub-themes, categories and sub-categories provided answers to the two research questions for the design of the holistic ethnic-centric intervention for milieu-disabled Sotho primary school children exposed to violence:

- ◆ How do the factors operating within the family and broader community, namely the socio-cultural and economic contexts contribute to the problem or provide resolutions that can be utilised for the development of the holistic ethnic-centric intervention programmes for milieu-disabled Sotho primary school children exposed to violence in order to enhance their holistic developmental well-being?

- ◆ How does the milieu-disabled Sotho primary school child's experience relating to violence interfere with meeting his/her own holistic developmental needs across the many ecological systems in which he/she is involved?

The key findings related to the five themes (see Chapter Six) were compared with the conceptual framework (see Chapter Five) and a secondary literature search to provide significant conclusions for the social work profession. Table 9.3 provides a synthesis of the key findings and conclusions as it relates to Theme 1: Sotho milieu-disabled Sotho primary school children's experiences of exposure to violence.

Table 9.3: Theme 1: Milieu-disabled Sotho primary school children's experiences of exposure to violence

EXPERIENCES OF SAFETY IN THE COMMUNITY		
KEY FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> • Prolonged exposure to hostile and unsafe environments characterised by unlawfulness; drug activities and violence. 	<ul style="list-style-type: none"> • Literature confirmed the link between milieu disability and violence (see 6.3.3.1). • More in depth information of the characteristics of these environments could be acquired. 	<ul style="list-style-type: none"> • Most of the child participants due to the milieu-disabled conditions that exist in the township were found to be exposed to dangerous and violent environments characterised by criminal activities that presents several safety risks that needs to be addressed.
<ul style="list-style-type: none"> • The majority of participants perceived their community (including their homes and public places) as mostly hostile and unsafe. • Places in the community that were listed as mostly unsafe included the train station; garage; vendors; shebeen or tavern; shops; park and street. • The police station, church and social work office were, however, experienced as safe havens in the community that may buffer the impact of violence. 	<ul style="list-style-type: none"> • New in-depth information was acquired (see 6.3.1.1) 	<ul style="list-style-type: none"> • A holistic understanding of the ecology of violence related to milieu-disabled Sotho children's exposure to violence could be obtained. • Several places that were indicated in the township presented with safety risks for children and pointed to frequent exposure to violence and substance abuse that necessitate safety plans to protect children and prevent cycles of violence.

Table 9.3: Theme 1: Milieu-disabled Sotho primary school children's experiences of exposure to violence (continued)

PERCEPTIONS OF TRUST IN SUPPORT SYSTEMS		
KEY FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> • Most of the participants indicated that they trusted the priest and/or pastor, social worker and teacher although there were some concerns expressed. • The police officers were not trusted as reporting systems. • Friends and the traditional healers were trusted the least. • The participants expressed dubious trust in primary and traditional support systems. 	<ul style="list-style-type: none"> • New in-depth information was acquired (see 6.3.1.3). 	<ul style="list-style-type: none"> • The poor quality of the mesosystems links (child's interactions with support systems) to buffer and protect against exposure to violence calls for the development of stable support structures for children. • The assessment and development of primary and traditional support systems presented as key strategies at micro systems level for the enhancement of resilience and coping mechanisms in children. • Strengthening meso links for the provision of resources, protection services and opportunities for growth and development was found to be as a crucial aspect to be incorporated in the intervention programme.
TYPES OF VIOLENCE MILIEU-DISABLED SOTHO PRIMARY SCHOOL CHILDREN ARE EXPOSED TO		
<ul style="list-style-type: none"> • Children are exposed to and witness family violence between intimate partners and siblings and are also vulnerable to physical and emotional abuse. 	<ul style="list-style-type: none"> • Confirmed by literature findings (see. 5.3.2.1). 	<ul style="list-style-type: none"> • Harmful family values regarding violence impact negatively on children's holistic development and perpetuate cycles of violence.
<ul style="list-style-type: none"> • High levels of violence are experienced at school in the form of bullying, theft, drug abuse, and of incidents involving educators who physically, sexually and verbally abuse learners. 	<ul style="list-style-type: none"> • Confirmed by literature findings (see 5.3.2.3; 6.3.1.4). 	<ul style="list-style-type: none"> • An in-depth understanding of township school violence was obtained which pointed to the link with milieu-disability and the importance for social workers to do preventative work that is school-based.

Table 9.3: Theme 1: Milieu-disabled Sotho primary school children’s experiences of exposure to violence (continued)

TYPES OF VIOLENCE MILIEU-DISABLED SOTHO PRIMARY SCHOOL CHILDREN ARE EXPOSED TO		
KEY FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> Educators and parents or caregivers were found to be supportive of corporal punishment. 	<ul style="list-style-type: none"> Confirmed by literature findings (see 6.3.1.4). Provide more in-depth information. 	<ul style="list-style-type: none"> Changes in the mind set of teachers and parents are needed as they relate to child rearing practices. There is still a firm belief that chastising children is an acceptable means of discipline. This led to children feeling powerless and vulnerable and adapting violence as an acceptable way to deal with problems.
<ul style="list-style-type: none"> A culture of substance abuse prevails in the community. 	<ul style="list-style-type: none"> Confirmed by literature findings (see 4.3.1.1; 4.3.2; 6.3.1.4). 	<ul style="list-style-type: none"> A theme occurring throughout the case study is the “drug culture” and especially the availability of a drug called nyaope. It was found that the easy accessibility of drugs has become a great threat and an out of control problem for children and youth growing up in the Township.
<ul style="list-style-type: none"> Children watched how the community takes revenge of offenders; and sometimes children are also involved. 	<ul style="list-style-type: none"> In-depth information was acquired. 	<ul style="list-style-type: none"> Community police forums and the pro-violence attitude modelled by communities necessitates better regulation by law and the modelling of alternative problem-solving strategies.
<ul style="list-style-type: none"> Children expressed that they are fearful of getting raped or kidnapped. 	<ul style="list-style-type: none"> Confirmed by literature (see 6.3.1.4; 6.3.3.2). 	<ul style="list-style-type: none"> As indicated by literature and regularly informed by the media, kidnapping is a reality for children in South Africa that cannot be ignored.
<ul style="list-style-type: none"> The participants were found to watch an extensive amount of age- restricted movies on television without parental guidance. 	<ul style="list-style-type: none"> Confirmed by literature (see 4.3.4.2; 6.3.1.4). New in-depth information. 	<ul style="list-style-type: none"> Over-exposure to toxic visual stimuli due to poor monitoring of caregivers desensitise children and lead to moral decline as informed by literature. The lack of alternative recreation outlets may contribute to the problem.

It can be concluded that the findings described in theme one provided answers to research question two. The findings contributed to the social work professions’ knowledge base through providing a comprehensive holistic and phenomenological picture of the way that milieu-disabled Sotho primary school children perceived their physical and interactional ecology of violence and experience and make sense of their socio-cultural environments. It can be concluded that social workers should crucially understand their

ethnic beneficiaries' unique holistic socio-cultural contextual realities before attempting to design intervention programmes .

Table 9.4 provides a synthesis of the integrated findings and conclusions as it relates to theme 2: The impact of exposure to violence on the development of milieu-disabled Sotho primary school children.

Table 9.4: Theme 2: The impact of exposure to violence on the development of milieu-disabled Sotho primary school children

COGNITIVE DEVELOPMENT		
MAIN FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> • Cognitively children developed an unhealthy, negative outlook on life; and believed that cycles of violence will continue. • Concentration problems and a lack of parental involvement resulted in poor academic performance. • Pro-violent attitudes modelled by caregivers and the community encouraged unhealthy problem-solving skills. 	<ul style="list-style-type: none"> • Confirmed by literature (see. 5.4.1). 	<ul style="list-style-type: none"> • Children need to feel safe and secure in the world in order to make use of their contact modalities; explore freely with their senses and in order to cognitively develop and progress academically. Milieu disability associated with violence impedes academic progress and cognitive stimulation to learn and progress. • Social workers can contribute to facilitate safe, nurturing environments and link children with the necessary resources in the environment in order for them to learn and take in what is taught at school.
EMOTIONAL DEVELOPMENT		
<ul style="list-style-type: none"> • Children suffered an emotional burden as they blamed themselves for not being able to stop the violence. • Caregivers were reported to be detached from their children's emotional needs. • Exposure to violence led to an emotional void and isolation from others. • Exposure to violence also impacted negatively on the self-esteem of children. 	<ul style="list-style-type: none"> • Confirmed • By literature • (see 5.4.3). • New in-depth information 	<ul style="list-style-type: none"> • In cultures where emotional expression is inhibited due to socio-cultural stances, children exposed to violence may suffer a lonely road causing great emotional distress and resulting in inappropriate behaviour patterns.

Table 9.4: Theme 2: The impact of exposure to violence on the development of milieu-disabled Sotho primary school children (continued)

SOCIAL DEVELOPMENT		
MAIN FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	COCLUSIONS
<ul style="list-style-type: none"> • Socially children may display anti-social behaviour in the form of externalising aggressive behaviour or withdrawing from social interaction. 	<ul style="list-style-type: none"> • Confirmed • By literature (see 5.4.2). • New in-depth information. 	<ul style="list-style-type: none"> • Primary school children's positive social relationships and behaviour experiences are dependent on healthy emotional regulation and a positive sense of self.
PHYSICAL DEVELOPMENT		
<ul style="list-style-type: none"> • Chronic exposure to dangerous types of violence place children at risk to sustain physical injury. • Acting as a shield between parents or caregivers placed children at significant risk to be physically harmed. • Psychosomatic behaviour in the form of enuresis and bodily stress reactions. 	<ul style="list-style-type: none"> • Confirmed by literature (see 5.4.4). 	<ul style="list-style-type: none"> • It is evident that children growing up in milieu-disabled environments are at significant risk to sustain injuries related to violence. • Children need skills to be good to themselves, to relax and to protect and take care of their bodies through knowing and respecting their physical boundaries.
MORAL AND SPIRITUAL DEVELOPMENT		
<ul style="list-style-type: none"> • The child participants' moral understanding of botho and seriti values were found to be commendable, but compromised by the waning of these crucial traditional values in community life. • Spirituality was seen as a source of strength for the participants in the midst of their adversities. 	<ul style="list-style-type: none"> • Confirmed by literature (see 4.4.5). • Provide new in-depth information. 	<ul style="list-style-type: none"> • The findings confirm the influence of external and global forces on the moral structure of Sotho people. • Spirituality stood out as a protective factor that should crucially be incorporated in intervention programmes as a moral and motivational force for children's healthy development.

Table 9.4: Theme 2: The impact of exposure to violence on the development of milieu-disabled Sotho primary school children (continued)

MORAL AND SPIRITUAL DEVELOPMENT		
MAIN FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> • Social comparison owing to relative deprivation was presented as a risk factor that resulted in lack of self-esteem, loss of ethnic identity and unhealthy ways of measuring up to the materialistic standards of others. 	<ul style="list-style-type: none"> • Confirmed by literature (see 5.3.1.2; 6.3.3.2). • Provide more in-depth information. 	<ul style="list-style-type: none"> • An understanding was gained of how social comparison and peer pressure can lead to jealousy, witchcraft, violence and unlawful activities. Children should hence be made aware of what social comparison is; where it comes from and how it impacts on their ethnic identity.

In conclusion, theme two provided answers to the second research question related to the holistic impact of violence the Sotho child exposed to violence that was crucially necessary for the design of the evaluation tool (questionnaire with three-point Likert scale) to measure the impact of the intervention programme on the holistic development of milieu-disabled Sotho primary school children exposed to violence.

Table 9.5 provides a synthesis of the integrated findings and conclusions as it relates to theme 3: risk factors for milieu-disabled Sotho primary school children's experiences of exposure to violence.

Table 9.5: Theme 3: Risk factors for milieu-disabled Sotho primary school children's experiences of exposure to violence

THE LINK BETWEEN MILIEU DISABILITY AND VIOLENCE		
KEY FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> It was reported that people in poverty may develop several strategies to survive and may as a result engage in anti-social behaviour such as stealing and violence; and hence confirm the literature findings linking milieu disability with violence. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.2; 5.2.1; 5.2.2). New in-depth information. 	<ul style="list-style-type: none"> It can be concluded that the findings contributed to a comprehensive understanding of the strategies that Sotho milieu-disabled families implement to survive and also point to the connection between poverty and violence.
<ul style="list-style-type: none"> Overcrowding leads to children observing sex at a young age. 	<ul style="list-style-type: none"> Confirmed by literature (see 4.3.2.1). 	<ul style="list-style-type: none"> The visual stimuli of observing sex between parents are difficult for young children to developmentally process and may cause the onset of becoming sexually vulnerable, at a tender age.
<ul style="list-style-type: none"> The "sugar daddy" and "Ben Ten" phenomenon are also seen as products of milieu disability. Children are bribed by adults to provide sexual pleasure. Parents or caregivers may or may not support this behaviour as a means of sustenance. 	<ul style="list-style-type: none"> Provide new in-depth information (see 6.3.3.1). 	<ul style="list-style-type: none"> Ethnic children are exposed to health threats associated with the phenomenon that includes prostitution, teenage pregnancies and the possibility to contract HIV and AIDS.
BIOSYSTEM RISK FACTORS		
<ul style="list-style-type: none"> A history of exposure perpetuate cycles of violence. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.2; 5.2.1; 5.2.2). 	<ul style="list-style-type: none"> The risks of prolonged cycles of violence need to be identified and addressed at various systems levels.
<ul style="list-style-type: none"> Attachment problems seemed to be closely linked with family disintegration and cultural gender stereotypes of child rearing. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.3.2.1; 6.3.3.2). 	<ul style="list-style-type: none"> The strength of collectivistic orientations has always been on collective care, but these social support systems seem to be weakening. Ttrenchen the ties between children and the significant adults in their lives through improvement of the family systems.

Table 9.5: Theme 3: Risk factors for milieu-disabled Sotho primary school children's experiences of exposure to violence (continued)

BIOSYSTEM RISK FACTORS		
KEY FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> Boys expressed a need for more involvement of their fathers in their lives as well as better communication with their mothers. 	<ul style="list-style-type: none"> Provide new in-depth information (see 6.3.3.2). 	<ul style="list-style-type: none"> Fathers were described as absent caregivers showing little involvement until a boy is "man enough." Fathers should be educated with regard to the importance of their role as caregivers and emotional involvement in the lives of small children.
<ul style="list-style-type: none"> Premature exposure to substance abuse in the home and in the community increased the potential for pre-mature involvement in substance abuse. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.1). Provide new in-depth information. 	<ul style="list-style-type: none"> Premature exposure to substance abuse at home and in the community place Sotho children at significant risk to become dependent on substances as it is demonstrated as an acceptable way to relieve stress and escape the realities and adversities of township life. It can be concluded that shebeens, taverns and vendors in the township are places where children are introduced to substance abuse at an early age. The proposed Drug Plan of the Department of Social Development (2013-2017) can significantly guide social workers in addressing the endemic of substance abuse that is prevalent in the township.
<ul style="list-style-type: none"> Violence was said to have spiritual roots that requires a new mind set and a personal choice for Christ. 	<ul style="list-style-type: none"> Provide new in-depth information. 	<ul style="list-style-type: none"> Cultural, moral and spiritual awareness of family values is needed to facilitate understanding of how it relates to violence and teach about the importance of respect. Challenging parents and children to make a personal choice; to be morally responsible and to develop a mind set on peace and harmony are promoted as a means to break cycles of violence.

Table 9.5: Theme 3: Risk factors for milieu-disabled Sotho primary school children's experiences of exposure to violence (continued)

MAIN FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
MICROSYSTEMS RISK FACTORS		
<ul style="list-style-type: none"> Due to stress associated with poverty parents or caregivers were reported to be unresponsive, harsh and punitive leading to increasing dissociative behaviour in children and a general lack of trust in adults. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.3.2.1) Provide more in-depth information. 	<ul style="list-style-type: none"> Parents and caregivers experiencing adversities often behave in a survival mode that may lead to the abuse and emotional isolation of their children. Caregiver education is needed to enhance healthy coping skills and strategies to improve their lives such as: parental guidance, self-help projects and constructive ways to relax and play with their children as being crucial to defuse the constant stress levels at home due to milieu disability that often lead to violence.
<ul style="list-style-type: none"> The child participants reported that they are left unsupervised after school and it was also found that the whereabouts of children were not properly monitored. 	<ul style="list-style-type: none"> Provide more in-depth information (see 6.3.3.3). 	<ul style="list-style-type: none"> The findings point to the shortage of affordable after-care facilities that offer recreation opportunities for children to be safe when parents are absent. Children should realise the importance of telling their caregivers where they go and remind them to be aware of their whereabouts. The children were found to lack knowledge of important emergency numbers and the development of safety plans to keep them safe.
<ul style="list-style-type: none"> The lack of parental instruction caused children to come up with their own safety plans. 	<ul style="list-style-type: none"> Confirmed by literature (see. 5.1) Provide more in-depth information. 	<ul style="list-style-type: none"> Parents or caregivers should be empowered with knowledge and skills to develop their communication with their children about safety issues related to violence; and to come up with safety plans for the security of their family.
<ul style="list-style-type: none"> Due to the absence of love and guidance at home; a need for belonging; social comparison and for "the pleasure of it" children may give in to negative peer pressure. 	<ul style="list-style-type: none"> Confirm literature findings (see 5.3.2.4). Provide more in-depth information. 	<ul style="list-style-type: none"> It is evident that children need insight about how peer pressure works; what it is all about; and measure the degree of influence peers have on them. Children give in to pressure by peers due to feelings of inferiority.

Table 9.5: Theme 3: Risk factors for milieu-disabled Sotho primary school children’s experiences of exposure to violence (continued)

MAIN FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
MACROSYSTEM RISK FACTORS		
<ul style="list-style-type: none"> Rainbow issues related to apartheid, xenophobia and cultural segregation were reported. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.2; 5.2.1; 5.2.2). Provide more in-depth information. 	<ul style="list-style-type: none"> The impact and emotional scars of apartheid are still visible in contemporary South Africa. Recent xenophobic attacks in South Africa significantly point to the insecurities many black people are still experiencing due to their historical backlog and mind set causing them to remain unemployed and poor. Meaningful ways at different systems levels is needed to empower ethnic milieu-disabled communities to address the backlog as a result of the apartheid regime. Addressing the backlog remains a challenging task for social workers when faced with cultural intolerance; collective trauma; political driven agendas; financial constraints and a lack of physical and human resources.
<ul style="list-style-type: none"> Sotho children are taught to fight back or to seek revenge. 	<ul style="list-style-type: none"> Provide new in-depth information. 	<ul style="list-style-type: none"> Children can be educated to become aware of the needlessness of physical and verbal revenge and the undesired effects it has on the ‘self’ and others. Social workers should facilitate children’s awareness of their sad, scary and angry feelings that might cause them to fight back or, verbally or physically, seek revenge. They should learn to assess what type of wrongs trigger, their ‘buttons’ that would want them to seek revenge. Ethnic children should learn better ways of managing conflict situations and how to release feelings causing discomfort in a healthier manner.

Table 9.5: Theme 3: Risk factors for milieu-disabled Sotho primary school children's experiences of exposure to violence (continued)

MAIN FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
MACROSYSTEM RISK FACTORS		
<ul style="list-style-type: none"> Socialisation practices promote gender inequality whereby women and children become at risk to be abused. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.3.2.1). Provide in-depth information. 	<ul style="list-style-type: none"> Awareness is needed of cultural socialisation practices that sustain violence and impacts on children's actions and development such as: boys proving their physical strength through revenge and inhibiting emotional expression. The child participants struggled to make sense of destructive cultural gender stereotypes and need help to deal with polarities in this regard.
<ul style="list-style-type: none"> The secrecy surrounding initiation schools and the consequent lack of knowledge lead to children feeling afraid to attend. 	<ul style="list-style-type: none"> Confirmed by literature (see 5.1). Provide new in-depth information. 	<ul style="list-style-type: none"> The poor reports received about initiation schools in South Africa require thorough investigation at macro level in order to prevent destructive bodily harm to young boys and even death. Better legislation must be put in place to protect children and to ensure safe initiations. The children expressed a great need to be properly informed by their parents or caregivers of what to expect to reduce their fears associated with initiation schools. Safer options such as hospitalisation where expertise and use of clean instruments can be promoted as a healthy alternative.
<ul style="list-style-type: none"> Verbal and physical abuse is considered an acceptable practice. 	<ul style="list-style-type: none"> Confirmed by literature (see 6.3.3). Provide in-depth information. 	<ul style="list-style-type: none"> Provisions should be made for intervention programmes to allow ethnic children and their caregivers to talk about family rules and values in order to challenge revengeful attitudes, gender stereotypes, verbal and physical abuse and fears related to the initiation schools.

Table 9.5: Theme 3: Risk factors for milieu-disabled Sotho primary school children's experiences of exposure to violence (continued)

MAIN FINDINGS	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
MACROSYSTEM RISK FACTORS		
<ul style="list-style-type: none"> Continuous cycles of jealousy lead to practices of witchcraft and witch purging. 	<ul style="list-style-type: none"> Confirmed by literature (see 6.3.3). Provide in-depth information. 	<ul style="list-style-type: none"> Due to the mysticism surrounding witchcraft and the lack of knowledge related to unhealthy witchcraft practices; social workers give little or no consideration to this aspect in the design of intervention programmes. Social workers can do much more in terms of making children aware of the dangers and their fears associated with witchcraft; how to protect themselves and where to get help.
<ul style="list-style-type: none"> The waning of <i>botho</i> values lead to the lack of a moral structure for children. 	<ul style="list-style-type: none"> Provide new in-depth information. 	<ul style="list-style-type: none"> Create cultural, moral and spiritual awareness of the moral values guided by <i>botho</i> and <i>seriti</i> and learn the importance of respect and humanity to enhance ethnic identity.

In conclusion, the risk factors presented in theme three gave meaning to the first research question through providing a multilevel framework of the risk factors operating at bio-micro- and macrosystems level that contribute to the onset and prevalence of violence. Milieu disability stood out as a prominent theme that is linked with the frequency of violence and presented with several social complications at the bio-, micro- and macrosystems levels. The findings revealed that milieu-disabled Sotho primary school children's exposure to violence is caused by a blend of individual and environmental risk factors. Furthermore, the findings contributed to an improved understanding of the way that ethnic factors related to Sotho socialisation practices and socio-cultural modelling increased Sotho children's vulnerability to exposure to violence. The identification of these multiple risk factors provided the critical target areas that were needed for the design of the intervention programme. It is hence recommended to social workers to assess the risk factors related to milieu-disabled ethnic children's exposure to violence holistically with due consideration to the child's unique bio-ecological characteristics that differentiate his/her emotional and interpersonal responses to the environment; as well as the multi-level systemic context to inform the development of interventions.

Table 9.6 provides a synthesis of the integrated findings and conclusions as it relates to theme 4: Protective factors for milieu-disabled Sotho primary school children's experiences of exposure to violence.

Table 9.6: Theme 4: Protective factors for milieu-disabled Sotho primary school children's experiences of exposure to violence (continued)

PROTECTIVE FACTORS		
MAIN FINDING	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> Gaining entry and achieving collaboration in indigenous communities. 	<ul style="list-style-type: none"> Confirming literature. 	<ul style="list-style-type: none"> Social workers working in cross-cultural settings are reminded of the importance to find the key entry point to indigenous communities as a prerequisite to achieve collaboration with the community and stakeholders. Allowing children to speak about their adversities as they relate to violence and milieu disability; co-ordinating services and partnering; capacity building; and the establishment of community complaint forums are all considered means to achieve ethnically aligned interventions.
<ul style="list-style-type: none"> Creating awareness of violence at all systems' levels. 	<ul style="list-style-type: none"> Confirmed by literature. 	<ul style="list-style-type: none"> Utilising the media; new technology; cell phones; and mass action were suggested as ways to create awareness; and to provide vital information related to exposure to violence at all systems' levels. Vital information to the affected community is lacking regarding the ecology of violence and the developmental implications of children's exposure to violence and the role they can play in ensuring safer township communities.
<ul style="list-style-type: none"> Providing education and skills training. 	<ul style="list-style-type: none"> Confirmed by literature. 	<ul style="list-style-type: none"> The provision of education and life skills training related to the cognitive, emotional, physical, spiritual and social and behavioural spheres of child development should crucially be considered as an early preventative measure to facilitate behaviour modification; and to recognise violent situations and how to deal with violence in a responsible manner. Parents and caregivers need to be empowered with knowledge and self-help projects to be positive role models for their children and to take moral responsibility towards the prevention of violence.

Table 9.6: Theme 4: Protective factors for milieu-disabled Sotho primary school children’s experiences of exposure to violence (continued)

PROTECTIVE FACTORS		
MAIN FINDING	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> • Securing involvement of caregivers. 	<ul style="list-style-type: none"> • Confirmed by literature. 	<ul style="list-style-type: none"> • Parents or caregivers should be more involved in their children’s lives through guiding and instructing them about violence as a shielding measure. • Parent or caregiver instruction and monitoring as it relates to television viewing habits needs to receive special attention. • Mother-child dialogue was specifically encouraged as an entry point to achieve participation..
<ul style="list-style-type: none"> • Social workers should intervene in the school setting. 	<ul style="list-style-type: none"> • Confirmed by literature • (see 6.3.4.5). • More in-depth information. 	<ul style="list-style-type: none"> • As substantiated by literature the school was suggested as a neutral place where children spend a great deal of their day; and for creating opportunities for holistic, creative, child friendly social work interventions. It can be concluded from the findings that the school setting is the ideal place for social workers to implement interventions related to violence. • It is thus advocated for the re-employment of social workers in the school and for more involvement of the social development sector in general. • Teachers were reported to be in need of training with regard to identification, referral and counselling of victimised and abused children. Providing training to teachers in the above-mentioned areas and also how to implement the refined intervention programme as part of the life skills curriculum may have significant preventative implications.
<ul style="list-style-type: none"> • Programmes that focus exclusively on violence. 	<ul style="list-style-type: none"> • More in-depth information. 	<ul style="list-style-type: none"> • The design and development of programmes and therapeutic group interventions that focus exclusively on violence was promoted as a protective factor. Further development of the intervention programme can hence significantly contribute to the development of social work group interventions specifically related to violence within the South African context.

Table 9.6: Theme 4: Protective factors for milieu-disabled Sotho primary school children's experiences of exposure to violence (continued)

PROTECTIVE FACTORS		
MAIN FINDING	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> The development of more leisure activities. 	<ul style="list-style-type: none"> Confirmed by literature (see 6.3.4.7). 	<ul style="list-style-type: none"> The development of more leisure activities at school or in the township community featured as a prominent theme in the study to reduce the exposure to violence. It is also suggested by the National Drug Plan of Social Development (2013-2017:45) that the creation of leisure activities may lead to the reduction of violence and therefore need to be sustained and expanded upon.
<ul style="list-style-type: none"> Ensuring security measures. 	<ul style="list-style-type: none"> New themes. 	<ul style="list-style-type: none"> Because child participants felt unsafe in their school setting, they advocated for better monitoring and security measures. The idea of establishing safety committees was also promoted. Young children can become activists to safeguard themselves from violence and should subsequently be well-educated in matters related to violence. The establishment of a junior convention in the township may have an empowering effect on children to contribute to finding solutions to the social problems related to township life.
<ul style="list-style-type: none"> Spirituality as a means of support. 	<ul style="list-style-type: none"> Confirmed by literature (see 4.4.5). 	<ul style="list-style-type: none"> Spirituality was found to be a source of strength to children in ethnic contexts that buffers life's adversities (including exposure to violence) and serves -as a norm or moral framework to guide healthy existence. Spirituality hence, deserves incorporation in social work interventions.

In conclusion, the findings in theme 4 provided answers to research question one and contributed to resolutions for the implementation of the intervention programme and for the reduction of the risk factors related to milieu-disabled Sotho primary school children's exposure to violence.

Table 9.7 provides a synthesis of the integrated findings and conclusions as it relates to theme 5: Sotho children: Play and leisure.

Table 9.7: Theme 5: Sotho children: Play and leisure

SOTHO CHILDREN: PLAY AND LEISURE		
MAIN FINDING	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> • Sotho children mostly interact with other family members and friends in their play experiences. • Children expressed a desire that their caregivers should play with them more frequently. 	<ul style="list-style-type: none"> • New in-depth information. 	<ul style="list-style-type: none"> • Sotho children, because of cultural stances on child rearing and loss of attachment, expressed a need to connect more with their caregivers through play. • Intervention programmes can contribute to the involvement of caregivers and other family members in group play therapy to facilitate a better caregiver-child bond.
<ul style="list-style-type: none"> • Findings revealed that Sotho children are involved in various types of activities after school hours including the following categories: home chores; homework and extra classes; playing in the street; watching television, sport activities and clubs and relaxation. 	<ul style="list-style-type: none"> • New in-depth information. 	<ul style="list-style-type: none"> • Ways of relaxation included mostly 'stretching out', sleeping and watching television thus, confirming unhealthy television viewing habits and the monitoring thereof. • Introducing hobbies and new ways to relax may assist children to deal more effectively with the everyday stress of living with violence and the ways that it manifests in the body.
<ul style="list-style-type: none"> • Clapping, dancing and chanting games were the most frequently observed. • Toys that Sotho children play with are bought from the shops and others are inventively made from recycling material such as sponge; wire; paper and bottles. 	<ul style="list-style-type: none"> • New in-depth information. 	<ul style="list-style-type: none"> • The games were found to be useful to build cross-cultural relationships with children. It was confirmed that Masikitlana, a traditional game, can successfully be utilised as a projection technique in group interventions as a means for children to tell their stories. • Recycled material is cost-effective and environmentally friendly and can be utilised in group work interventions with ethnic children to create decorative and re-usable items for their homes.

Table 9.7: Theme 5: Sotho children: Play and leisure (continued)

SOTHO CHILDREN: PLAY AND LEISURE		
MAIN FINDING	CONFIRMED BY LITERATURE / NEW THEME	CONCLUSIONS
<ul style="list-style-type: none"> • Indigenisation of intervention techniques. 	<ul style="list-style-type: none"> • New innovation themes. 	<ul style="list-style-type: none"> • Clay monster work, stories, sand play, music and the rosebush projection have application possibilities as Gestalt projection techniques when culturally adapted. • Animal totems and the Sotho blanket (kobo) as possible new projection techniques were found to be effective in revitalising the values of <i>botho</i> in their family life. The participants were also able to express their “likes and dislikes” about their culture that helped them to make sense of several cultural polarities that they have to deal with within the South African context.

In conclusion, theme five described milieu-disabled Sotho primary school children’s play and leisure experiences in the context of their socio-cultural and physical environments for the design of culturally relevant interventions. The findings contributed to a better understanding of the indigenous play processes of Sotho children and to the indigenisation and adaptation of existing and new intervention techniques for the design of culturally appropriate, child-friendly intervention techniques. Gestalt techniques proved to be highly creative and imaginative permitting the therapist to utilise techniques and materials personalised to the needs of the beneficiaries (cf. Wilson & Ryan, 2005:10; Corey, 2013:232). Although not addressing the research questions directly, the research contributed to the design of several techniques that were piloted and found to be effective and culturally capable for the holistic ethnic-centric intervention programme. The opportunities for future research in this area are vast and social workers can make an impact through consistently creating, developing and evaluating innovative culturally adapted techniques that can be utilised in intervention programmes with ethnic child beneficiaries in South Africa.

Chapter Seven outlined the prototype design of the holistic ethnic-centric intervention as a result of the conceptual framework presented in Chapter Three, Four and Five, and the empirical findings of the qualitative phase presented in Chapter Six. The method of intervention chosen was an adaptation of the Gestalt group play therapy process to also incorporate process indicators of education, skills training, recreation and socialisation to be developmentally and ethnically appropriate to the needs of milieu-disabled Sotho primary school children exposed to violence. This was done by means of adapting the group Gestalt formation process (cf. Tudor, 2002:155-161; Clarkson, 2004:34-37) to

incorporate supplementary process indicators, while sustaining the Gestalt focus of awareness and contact. The research study contributed to providing a voice to Sotho milieu-disabled primary school children who are exposed to violence as active contributors to the design and development of the intervention programme. It can be concluded that the programme's contents was therefore significantly aligned to the needs and socio-cultural contextual realities of the participants in the study as outlined in Table 9.8.

Table 9.8: Programme content of the intervention programme

PRE-INTERVENTION PHASE	INTERVENTION PHASE	TERMINATION PHASE
SESSION 1 Inform SESSION 2 Assess SESSION 3 Involve	SESSION 1 INTRODUCTION What is violence? SESSION 2 How can I watch out for dangerous situations and places in the community? SESSION 3 What does my family and culture teach me about violence? SESSION 4 How do I protect myself from violence at school? SESSION 5 What is media violence? SESSION 6 Should I trust a "sugar daddy"? Should I be a "Ben Ten" for an older woman? SESSION 7 How can I watch out for things that can harm me? SESSION 8 Should I be like others and do what they do? SESSION 9 How can I be safe in my home as well as away from home? SESSION 10 How can I have peace instead of violence? SESSION 11 Who can I trust to help me? SESSION 12 How can I deal with the loss of someone whom I love?	SESSION 13 Termination

Objective 3: To administer the intervention programme to a group of milieu-disabled Sotho primary school children; and evaluate the effectiveness of the intervention programme.

Chapter Eight evaluated the effectiveness of the holistic ethnic-centric intervention programme by means of a pilot test for further refinement. The quantitative phase of the study was guided by a hypothesis and sub-hypothesis:

Hypothesis:

A holistic ethnic-centric programme where the processes and techniques are specifically adapted for milieu-disabled Sotho primary school children exposed to violence will facilitate the understanding and skills necessary for them to deal with difficult, violent and threatening situations in an appropriate manner that will enhance their holistic developmental well-being.

Sub-hypothesis:

A social work intervention based on a holistic ethnic-centric programme (independent variable) will measurably improve the holistic developmental well-being, therefore emotional, cognitive, spiritual, social and physical functioning (dependent variables) of milieu-disabled Sotho primary school children exposed to violence.

As discussed in Chapter Two sub-section 2.5.3, a one-group pre-test post-test design was utilised to test the effectiveness of the intervention. The pre-test involved a questionnaire using a three-point Likert response scale to provide a baseline assessment for the holistic developmental well-being of the group before the introduction of the independent variable (intervention programme). A post-test (questionnaire with a three-point Likert response scale) followed after administering the intervention to determine precisely how the independent variable affected the holistic developmental well-being of the group.

The statistical findings revealed that there was an insignificant difference between the pre- and post-intervention scores resulting in a null hypothesis. It can be concluded from the quantitative findings that the intervention programme and questionnaire will need further refinement through pilot testing and expert reviews. At the time of the research project no standardised indigenous questionnaire with a three-point Likert response scale was available to evaluate the intervention which necessitated the development of a questionnaire that will be culturally capable of measuring the effectiveness of the intervention on the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence. The qualitative findings related to the group process and responses of the children to the programme, however, revealed promising results for the further development of the intervention programme. The participants were found to respond well to the structure of the group process, techniques; indigenous games and arts and crafts that were introduced. The indigenisation of techniques significantly facilitated a relationship of trust with the researcher and between the group members; and stimulated spontaneous emotional expression in a playful and relaxed environment. At the

termination phase the participants provided positive verbal feedback related to the attainment of skills and the degree of enjoyment that they experienced in the group.

It can be concluded that objective three has not yet been fully achieved as the intervention programme is still in its preliminary phase of development and cannot yet be proven efficient in enhancing the holistic developmental well-being of Sotho milieu-disabled primary school children's exposure to violence. It is therefore recommended that the intervention programme be refined in consultation with indigenous experts and professionals from the social welfare sector to resolve the weaknesses and improve on its effectiveness with a balanced consideration of both the quantitative and qualitative findings of the pilot study.

9.3 RECOMMENDATIONS

Recommendations based on the key findings and conclusions of the study are as follows:

- **Holistic conceptual approaches**

The ecological systems and Gestalt approaches are commended as ethnic sensitive holistic approaches (cf. Chapter Three, Four) that could guide social workers in the assessment of the contextual risk and protective factors; as well as provide insight to the subjective meaning children attach to their experiences of exposure to violence. It facilitates social workers' understanding of holistic ethnic-centric interventions to enhance a better connection to children with their holistic self-process; as well as to find ways to enhance a better connection or fit with their socio-cultural context or field of development over time. It is recommended that social workers should develop the necessary skills to assess holistically and align interventions in collaboration with the needs of children in ethnic context to provide a holistic evidence-base to address the problem of violence at various systems' levels as guided by the proposed conceptual frameworks.

- **Design of the intervention programme**

A holistic context was provided through the key findings of the collective case study that can expand the social work profession's holistic understanding of the socio-cultural situations and subjective experiences of Sotho milieu-disabled children and indigenous ways of coping with violence. The findings highlighted the complexity of Sotho children's exposure to violence and milieu disability and the need to sensitively and culturally align interventions with the holistic developmental needs of children in ethnic context.

Experiences, risk and protective factors are never static and change over time. Every context presents its unique set of contextual factors. The themes that emerged in the

study as it relates to milieu-disabled Sotho primary school children's exposure to violence should be expanded upon through the holistic conceptual framework described in Table 9.1. This will significantly lead to identifying additional risk and protective factors that can guide the further development of holistic ethnic-centric interventions related to children in ethnic context exposed to violence. It is therefore, recommended that further research be conducted by social workers on the themes that were derived from the study with a specific focus on harmful cultural practices that may cause the onset of violence and exploring ways to rekindle *botho* values and spirituality as a means to enhance resilience.

Furthermore, the social work profession's role in combating, and preventing, violence can be a powerful one through: the creation of awareness at all levels; the provision of information related to violence in the township; the teaching of life skills; the development of safety plans in the township and therapeutic intervention. As indicated by the indigenous experts the school can be a strategic place for implementing the holistic ethnic-centric intervention as a preventative measure to buffer the impact of violence. The lack of caregiver involvement experienced in the pilot study remains a challenging aspect that requires a continuous search for alternative strategies to increase the involvement of parents or caregivers in the programme as a crucial aspect to enhance bonding and to transfer knowledge, skills and protective measures to the child's micro-environment. Strategies should be explored with indigenous communities to increase involvement of parents or caregivers in the programme as a crucial aspect to improve the impact of the intervention programme.

At prevention level it is furthermore recommended that opportunities should be provided within the social work profession for children in ethnic context exposed to violence to be involved in individual and group work intervention as soon as possible after a traumatic event to prevent posttraumatic stress. The proposed intervention programme can be of value in assisting children to gain self-support to give meaning to their socio-cultural experiences as it relates to trauma caused by exposure to violence. Social workers should facilitate the skills necessary to replace destructive beliefs and behaviour through the process of experimenting with new ways of behaviour and thinking thus, possibly preventing the continuation of the cycle of violence. Secondly, the creation and development of external support systems in collaboration with indigenous communities is crucially necessary to link children with the necessary resources and supports. Strategic intervention also has wider implications. At macro level social workers should campaign for the creation of more physical resources in milieu disabled communities that can safeguard vulnerable children exposed to violence. Prominent themes that emerged from the study that necessitates a macro focus are milieu disability; the substance abuse culture prevailing in townships; the regulation of initiation schools and community policing

forums; corruption, bribery and unresponsiveness of township police; the extent of witchcraft and witch purging; xenophobia and social comparison; and the creation of leisure activities and aftercare centres.

The horrific stories and experiences shared by the participants in the study related to exposure to violence in the township were found to be disturbing and extremely harmful for the future development of South African children. Herrenkohl, Aisenberg, Williams and Jenson, (2011:6) observe that “violence has become a reality of the human experience.” Social workers and other related health professionals first need to learn how to work through the overwhelming and devastating nature of violence in South Africa without becoming desensitised themselves. The complexity and prevalence of violence; in South Africa; the financial constraints; high caseloads and the lack of physical and human resources in the social welfare sector lead to a passive and dissociative stance in the social sector in actively taking charge in order to develop new innovative programmes to deal with the endemic of violence. In own interpretation, the social work profession has not yet fully comprehended and demonstrated some understanding and acceptance of responsibility to address the holistic needs in ethnic context of milieu-disabled township children who have been exposed to violence. Social workers are masters in grass roots work in communities and should actively engage in coming up with plans to buffer the impact of violence in any form in children’s lives. Through utilising their social work roles as advocate and activist more powerfully and effectively to negotiate the establishment of child care and protection facilities and trauma centres for children exposed to violence the social welfare sector can make a big difference in ethnic context to the lives of milieu-disabled Sotho children exposed to violence.

- **Topics for the intervention programme**

Recommendations with regard to the strategic topics of the intervention programme were based on the needs communicated in the collective case study (see Table 9.8). The social welfare and education sector can significantly use these topics in intervention programmes to address the socio-cultural realities of milieu-disabled Sotho primary school children exposed to violence. It is recommended that intervention programmes should be developed in collaboration with children, caregivers and the community to ensure that needs are aligned to the contextual realities of the milieu-disabled child in ethnic context.

- **Design of indigenous techniques**

The research contributed to the design of several techniques that were piloted and found to be effective, child-friendly and culturally capable for the holistic ethnic-centric intervention programme. The Sotho child responds well to visual stimulus and therefore it

is recommended that the content and images utilised in techniques reflect their contextual realities in order to facilitate expression. Gestalt play therapy allows for opportunities to adapt techniques to be culturally appropriate and relevant. It is recommended that social workers can make an impact through consistently creating; developing and evaluating innovative, culturally adapted techniques that can be utilised in intervention programmes with ethnic child beneficiaries in South Africa. Observing indigenous games and play patterns of children in ethnic context can bring cross-cultural researchers closer to the world of the child in ethnic context and the way he/she gives developmental expression to his/her contextual realities. It is anticipated that this pioneering research will stimulate social workers to contribute to the design of culturally sensitive and relevant intervention approaches rooted in ethnic children's voices with due consideration of external forces impacting over time, and a holistic understanding of the context of milieu disability and violence.

- **Pilot testing of the intervention**

As indicated in sub-section 9.2.3 the intervention programme and questionnaire and three-point Likert scale needs further refinement. Questionnaires with measurement scales specifically designed for indigenous groups in South Africa hardly exist and innovative work in this regard is recommended in order to develop culturally sensitive baseline measurements to evaluate intervention outcomes successfully. This may require a mind shift away from applying western ideas of measurement to coming up with new evaluation tools that are relevant to indigenous groups in South Africa. This can only be done in close collaboration with indigenous communities. It is thus, recommended that the questionnaire with three-point Likert response scale be refined; shortened and simplified as well as culturally re-evaluated in consultation with indigenous experts. The possibility of using an alternative measurement instrument should also be considered. Time constraints and structural limitations also need to be addressed in relation to presenting the programme.

The content and techniques of the programme seem to be relevant and effective as confirmed by the qualitative findings of the pilot test, but the language barrier needs to be addressed to enhance the flow of the group process and feedback loops. Training indigenous social workers to present the programme in Sotho with children who are illiterate or have a limited understanding of English may address the challenge.

- **Future research**

- The social work profession can contribute considerably in bridging the research gap in indigenous techniques for children in ethnic context. It is recommended that child

friendly and developmentally appropriate indigenous techniques be developed both for the purpose of research with children as well as for interventions for general practise. Social work training curriculums should also incorporate the teaching of indigenous approaches and techniques. Related to future research it is envisioned that the piloted intervention programme will be refined and tested with other Sesotho speaking population groups within the South African context after completion of the research. Seeing that only Sotho children were involved in the investigation, representative of only one ethnic group in South Africa it can be concluded that the results cannot be universally applied. After proficient refinement of the programme the researcher in collaboration with trained indigenous social workers will also replicate the intervention with other ethnic groups in South Africa in order to test the generalisability of the intervention programme with the aim of ethnic incorporation. Although, the study may be perceived as contextually bound it is envisaged that the programme may have future relevance in application to other African countries. The research was also limited to primary school children. Future research can also target children in ethnic contexts in the pre-school and secondary phase of development.

- Ultimately, based on further research, the researcher's future plan is to compile a holistic practice manual for social workers aiming at prevention at primary, secondary and tertiary intervention levels. The manual will also contain the revised and refined prototype intervention with new culturally relevant techniques that can contribute to the social work profession's knowledge base for indigenous interventions. Future research should continue to develop new indigenous techniques and refined through pilot testing. Training social workers and teachers how to use the programme if refined and proven effective can have a preventative impact especially in schools.
- Research on the impact of the intervention programme on crime prevention is promoted with the aim of ultimately reducing violence in communities.

Gray (2010:84) indicates that "to be truly 'indigenous' developmental social work must be: *culturally appropriate*, i.e. consistent with and responsive to local cultures with services rendered in local languages ...". The research project contributed to providing a voice to Sotho milieu-disabled primary school children exposed to violence to tell their stories; and to actively participate and contribute to the design of the holistic ethnic-centric intervention programme. Although, as a result of the research project the holistic ethnic-centric intervention programme is still in a developmental phase it is anticipated that the intervention in the future will contribute to assisting indigenous children in South Africa and the wider African context exposed to violence to improve their holistic developmental well-being and prevent prolonged cycles of violence. Refinement, continued research, evaluation and improvement over time is needed for the intervention programme to remain contextually relevant for indigenous groups represented in South Africa and Africa.

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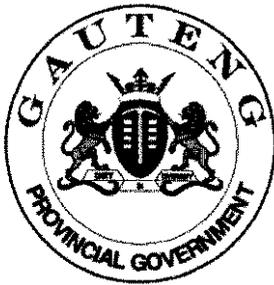
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**UMnyango WezeMfundo
Department of Education**

**Lefapha la Thuto
Departement van Onderwys**

Enquiries : Shadrack Phele MIRMSA

Tel. No. : [+2711] 355 0285

Wednesday, 17 September 2008

Mrs. Fadel Karolien Sarita
PO Box 65275
ERASMUSRAND
0165

Dear Mrs. Fadel Karolien Sarita

PERMISSION TO CONDUCT RESEARCH: PROJECT

The Gauteng Department of Education hereby grants permission to conduct research in its institutions as per application.

Topic of research : "A holistic ethnic-centric intervention program for the milieu disabled Sotho Primary school child exposed to violence".

Nature of project : D. Phil [Humanities]

Name of university : University of Pretoria.

Upon completion of the research project the researcher is obliged to furnish the Department with copy of the research report (electronic or hard copy).

The Department wishes you success in your academic pursuit.

Yours in Tirisano,

A handwritten signature in black ink, appearing to read "Shadrack Phele".

p.p. Shadrack Phele [MIRMSA]

**TOM WASPE
CHIEF INFORMATION OFFICER
Gauteng Department of Education**



Office of the DDG: IS & KM (CIO)

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Appendix 2

03/08/2011

Our Ref: Ms. Karolien S. Fadel

Tel (012) 347-3210 / 082-566 7258

CO-OBSERVER/ INTERPRETER INFORMED CONSENT

NAME OF CO-OBSERVER/ INTERPRETER: _____

1. TITLE OF THE STUDY

A holistic ethnic-centric intervention program for the milieu-disabled Sotho primary school child exposed to violence.

2. GOAL OF THE STUDY

The goal of the study is to design and develop a holistic and ethnic-centric intervention program to enhance the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence.

3. CO-OBSERVER/INTERPRETER EXPECTATIONS

The following is expected from you, as co-observer/ interpreter:

- Gaining knowledge and understanding of the research project through reading the research proposal and seeking clarity from the researcher. Please take cognizance that no part of any written information provided by the researcher may be used or copied or distributed in any form.
- Partaking in the participant observation study at the school in Soshanguve Township in order to enrich the study with your own cultural interpretation, observations and ideas as well as assist with translation. Your willingness is requested to take field notes and engage in discussions with the researcher regarding your observations during the field observation and of the video that was taken during the field study.

- Participating as co-observer during the focus groups. You will also be required to brainstorm with the researcher ideas, themes and questions before the implementation of the focus groups and assist with the translation of the consent/ assent forms. It is also required of you to assist with translation during the focus groups for participants who may struggle or not feel comfortable to express themselves in English. Again you will be required to take notes of the focus group discussion and engage in discussions with the researcher after every focus group based on your observations in the group and the video that was taken during the focus group discussion.
- During the pilot study you will be required to help with ideas for the refining of the research design to ensure that it is culturally relevant. You will also assist with the administrative arrangements of the pilot test, translation and engage in the discussion after the pilot test to ensure that the design is refined and corrected if needed.
- During the quantitative phase you are requested to assist with the administrative arrangements regarding the selection of the participants and again act as co-observer during the group intervention, as well as assist with the research study. You will again be requested to help with translation during the discussion when needed, and the Likert scale and techniques that may require translation before conducting the group. Your input will also be required to administer the baseline assessment.
- Your valuable input based on your cultural background and experiences, ideas and constructive criticism at any time of the research process will be valued and welcomed.

RESEARCHER UNDERTAKING

- The researcher agrees to provide the necessary information to you the co-observer/interpreter regarding the research study as well as the procedures that will be followed.
- The researcher is bound by the University of Pretoria and an ethical research code that ensures that findings are reported honestly and correctly and that due credit and acknowledgement be given to the contributions made by you, the co-observer. Your name will therefore feature in the research report as a co-facilitator of the empirical study. The ethical committee has been informed about your role as co-observer/ interpreter and has provided ethical clearance to proceed with the research study.

APPENDIX 3

**INTERVIEW SCHEDULE
FOCUS GROUP: EXPERTS**

Participants:

(Women exposed to violence (1); community leaders (2); social worker (1); metro official (1); correctional services (1); clinic sister (1); pastor (1); traditional healer (1); teacher (1).

The goal of the study:

The goal of the study is to design, develop and evaluate a holistic and ethnic-centric intervention programme which will be culturally capable of enhancing the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence.

Biographical information of participants:

1. Sex

Male	Female
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2. Age group in years

20 or less	21-30	31-40	41-50	51 +
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3. Language group

Tswana	Pedi	English	Afrikaans	Other (indicate)
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4. To what age group do you mainly provide violence-related services?

Infants and toddlers	Pre-primary school children	Primary school children	Secondary school children	Young adults	Middle adulthood	Elderly
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5. What is your highest qualification?

.....

.....

Questions on violence intervention programme:

1. What do you think are the root causes of the high rates of violence in South Africa?
2. What role does culture and particular the Sotho culture play in the phenomenon of violence?
3. What role does milieu disability play in the creation of violence?
4. In what way are children developmentally affected or impacted upon by violence?
5. What are the risk factors for milieu disabled Sotho primary school children at the following systems levels:
 - Bio system level: (e.g. race, gender, temperament, health, nutrition, resilience)
 - Micro system level: (e.g. family life, school, religious support, health care, social and mental health care, community safety, media)
 - Meso system level: (e.g. linkages, communication, collaboration and partnerships between systems and the effectiveness of these linkages in combating violence?)
 - Exo systems levels: (e.g. parent's workplace, school board, community centres)
 - Macro-levels: (e.g. socio-political milieu and culture of violence; laws and legislation regarding violence and children; law re-enforcement; international influences (e.g. immigrants or refugees (xenophobia), media influences); culture and community at large)
6. What protective factors can be utilised to address these risk factors for the design of an intervention programme for milieu disabled Sotho primary school children exposed to violence?
7. Do you know of any intervention programmes or models in general for children exposed to violence? How would you evaluate the effectiveness and the limitations of those programmes?
8. How do you envision an intervention programme for milieu disabled Sotho primary school children exposed to violence? What elements should such a programme contain? Who should be the role players and partners in the execution of such a programme?

Researcher: Karolien S Fadel, University of Pretoria, Lynnwood Road, Pretoria.
DPhil (Social Work).

PARTICIPANTS' INFORMED ASSENT

PILOT TEST: GROUP INTERVENTION

What is the study about?

My name is Mrs. Karolien Fadel, and I am a student at the University of Pretoria, conducting a research study in Soshanguve. A research study is a way of finding out about something. This particular study is aimed at learning about Sotho-speaking children in Soshanguve who see, hear and experience violence, and how to help them deal with their problems through a social work programme. As I cannot speak Sotho, I have asked a Sotho-speaking person to help us understand each other better. If you like, you can take part in the study. I am asking you because your teacher/social worker recommended you for this project, and your parents/caregivers gave permission for you to take part.

If you decide that you want to be in the study, this is what will happen...



If you decide you would like to take part in my study, you will meet with me for thirteen sessions of three hours in a room, where we will play and talk about violence. People who care for you or somebody else who are special to you will also meet with me before the group begins and play with you at the end of each session. Eight to ten other children will be in the group to talk and play with us. If you are a boy, there will only be boys in the group. If you are a girl there will only be girls in the group. During the session, a video camera and a tape recorder will be used to record what you say and do.

Will anyone know you are taking part in the study?

Teachers, social workers, the translator, my supervisors and the other group members will know that you are in my study. I will not use your name when I tell other people about my research, and, when I write about you, I will use a secret code, so no one will know who I am talking about. I will also be the only person to use the videos and tape recordings. I have to use them to help me to understand how I can make the programme even better.

After that, the videos will be stored for fifteen years. Photos of your art work will be used to

help me understand your problems and that of other children better. Only I, the members of your group, and the Sotho translator will hear what you say and see what play activities we do in the group, because everyone will be asked to do the same things.

Can anything harmful happen to you while you are taking part in the study?

I don't think anything harmful will happen to you when you are taking part in this study, but you might feel sad when I ask you to talk about violence and the bad things that happen when you or other people see or hear or feel violence at school. This is why the programme was made to help you through these problems and sad feelings. Also, you might be upset if other children tell others about what you talked about in the group. I will try my best to remind all the children not to gossip outside the group. Remember, you can always come before or after the group activities to discuss anything with me that make you afraid or upset. You can even phone me.



Can anything good happen to you?

We are going to have lots of fun playing and I hope that this research study will make you feel happy inside. You will also learn something that will help you to help other children in the community of Soshanguve who do not feel good about their experiences with violence. You will also help me a lot to make the programme even better to help those children. I cannot pay you to take part in the study, but I will always make sure that you have something nice to drink when you come. After the group you will receive a certificate for attending all the sessions. You may also keep all the crafts you made with your caregiver.



You should know that:

- If you don't want to be part of the study, no one will be cross with you. If you want to be in the study now, but change your mind later, that's OK. You can stop at any time.
- Your parent(s)/guardian(s) were asked whether it was OK for you to be in this study. Even if they said it's OK, it is still your own choice whether or not to take part.
- If you sign this form, you also agree that you know what is going to happen in the group discussion and what is expected of you and the other group members.
- You can ask any questions you might have, now or later. If you think of a question later, you or your parents can contact me, Karolien Fadel at ☎ 082-566-7258.

✎ You should sign this form only if you:

- understand what you will be doing for this study;
- have no more questions;
- have talked to your caregivers about this project, and have agreed to take part in this research.

Your Choice!

	Yes, I will be in this research study.		No, I don't want to do this.
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My “finger mark”, or signature, means that I understand what has been explained to me and that I am willing to be part of this project. You can sign with a finger mark or use any symbol you wish to indicate that you understand if you cannot write your name.

Your “finger mark” or Signature

Printed Name

Date _____

I have discussed the above points with the participant or, where appropriate, with the participant's legally authorized representative, using a translator. It is my opinion that the participant understands the risks, benefits, and procedures involved with participation in this research study.

Researcher's signature

Date



Researcher: Ms Karolien S Fadel, University of Pretoria, Lynnwood Road, Pretoria.
DPhil (Social Work).

CAREGIVER(S) INFORMED CONSENT

PILOT TEST: GROUP PROGRAMME

INTRODUCTION

Your child is invited to take part in a pilot research study. The aim of this letter is to obtain your permission to allow your child to participate. The content of this letter will provide you with all the information you need to fully understand what is involved before you provide permission for your child to partake in the study. If you have any questions that are not fully explained in this letter, do not hesitate to ask the researcher. You should not agree for your child to partake unless you are completely happy about all the procedures involved and possible risks.

1. TITLE OF THE STUDY

A holistic ethnic-centric intervention programme for the milieu-disabled Sotho primary school child exposed to violence.

2. PURPOSE OF THE STUDY

The purpose of the study was to design and develop a holistic and ethnic-centric intervention programme to enhance the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence. With the assistance of Sotho children and community experts in Soshanguve I designed a pilot type intervention programme that I would like to test with your child.

3. PROCEDURES

Your child will be part of a pilot study conducted by using culturally adapted play therapy methods. The researcher will focus on helping your child understand violence and test some methods to assist him/her to deal with exposure to violence. Your child will be part of a group consisting of eight to ten Sotho speaking primary school children where boys and girls will be separated in two groups and will share in the play activities and the discussions. You should understand that the full programme consists of a pre-test and

thirteen other sessions of three hours each. It will also be required of you, the caregiver to be part of the pre-test before the group that will involve a full presentation of the programme, an evaluation of your child's development by means of a Likert scale and a time to get acquainted with the researcher. Your participation in the group is important and it is required of you to partake in the last 35 minutes of each session for a time of relaxation to support your child and to hear what he/she has learned. You may however, if you are unable to attend any of the sessions send another family member, or someone in the community that you trust. You may also, due to a personal commitment send someone you trust to represent you in the group for the sessions you are unable to attend. It would be preferred as far as possible that you always send the same person to attend.

4. POSSIBLE DISCOMFORT

I understand that it is possible that negative feelings might be evoked when my child talks about his/her experiences regarding violence, and that this might cause some discomfort. I trust that the researcher, as a qualified social worker will do her best to minimise such discomfort and that the intervention programme will help them deal with these issues.

5. BENEFITS OF THE STUDY

It is hoped that through the intervention programme your child will gain knowledge about him/herself and violence, deal with painful emotional issues related to violence and learn helpful skills to protect him/herself against the dangers of violence. It is also hoped that through playing together you and your child may relieve some of your stress and build an even stronger relationship with each other. Overall the results of the pilot test may enable the researcher to further develop the programme that can make a difference in the lives of Sotho primary school children exposed to violence.

6. RIGHTS OF THE PARTICIPANT

I/we have the right to withdraw our/my child from the study at any given time.

7. FINANCIAL COMPENSATION

There will be no financial compensation for participation in the study, however some refreshments will be provided at all the sessions and at the end of the programme. Each child will receive a certificate of attendance after completion of the research. All the craft work you made with your child is also yours to keep.

8. CONFIDENTIALITY

In order to record accurately what is said in the play therapy sessions for the refinement of the programme, a video tape will be utilised. I take note that my child's art work will also be utilised for further refinement of the programme without him/her being identified. The video

APPENDIX 5

LIKERT SCALE

**A: WHO AM I?
KENA MANG?**

A1: Name Code (To be completed by the researcher):

A2: Are you a boy or a girl?

A2: O moshimane le nwanyana?

Boy moshimane  <input style="width: 60px; height: 40px;" type="text"/>	Girl nwanyane  <input style="width: 60px; height: 40px;" type="text"/>
--	--

For Office Use

A1

A2

**1. THE WAY I FEEL
KA MOKHWA O KE EKUTLWANG KA TENG**

1.1. I feel unhappy.

Ke ikutloa ke sa thaba

 I agree Ke a dumela <input style="width: 30px; height: 20px;" type="checkbox"/>	 Sometimes Na ko enwe <input style="width: 30px; height: 20px;" type="checkbox"/>	 I disagree Ga ke dumele <input style="width: 30px; height: 20px;" type="checkbox"/>
---	--	---

1.1

1.2. I feel I can talk about secrets.

Ke ikutloa ke batle go bua ka diphiri.

 I agree Ke a dumela <input style="width: 30px; height: 20px;" type="checkbox"/>	 Sometimes Na ko enwe <input style="width: 30px; height: 20px;" type="checkbox"/>	 I disagree Ga ke dumele <input style="width: 30px; height: 20px;" type="checkbox"/>
---	--	---

1.2

1.3. I can talk about my feelings.

Ke khona go bua ka maikutlo a.

 I agree Ke a dumela <input style="width: 30px; height: 20px;" type="checkbox"/>	 Sometimes Na ko enwe <input style="width: 30px; height: 20px;" type="checkbox"/>	 I disagree Ga ke dumele <input style="width: 30px; height: 20px;" type="checkbox"/>
---	--	---

1.3

1.4. I feel people care about me.

Ke ikutloa gore batho ba ntlhokomelo.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.4

1.5. I feel worried.

Ke ikutloa ke tšoenyehile.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.5

1.6. I feel good about myself.

Ke ikutloa ke le botse.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.6

1.7 I feel afraid.

Ke ikutloa ke tšaba.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.7

1.8 I feel violence is not my problem.

Ke ikutloa gore tšenyō ga se bothata.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.8

1.9. I feel as a *boy I must not show what I am feeling.

(Only *boys must answer)

Ke ikutloa ke le mosimane gore ke se bontse maikutlo a ka.

(Go araba basimane fela).

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.9

B

1.9. I feel as a *girl I may show my feelings. (Only *girls must answer)

ke ikutloa ke le nwanyana gore ke bontse maikutlo a ka.

(Go araba basetsana fela).

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.9

G

1.10. I feel that people cannot be trusted.

ke ikutloa gore batho ga ba tšepagale.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

1.10

2. THE WAY I THINK

TSELA E, KE NAGANANG KA TENG

<p>2.1. I think I know why violence happens. Ke nagana kgoreng tsenyo e diragala.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 392 646 481">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 392 1013 481">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 392 1380 481">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.1</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		
<p>2.2. I think the world is not a safe place. Ke nagana gore lefase, ga se bodulo bo boseameng.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 593 646 683">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 593 1013 683">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 593 1380 683">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.2</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		
<p>2.3. I think about bad things that make me scared. Ke nagana ka dilo tsedimpe tse dintsosang.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 795 646 884">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 795 1013 884">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 795 1380 884">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.3</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		
<p>2.4. It is hard to think about my school work when I see violence. Go boima go nagana ka mosebetsi wa sekolo ge ke bona tsenyo.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 996 646 1086">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 996 1013 1086">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 996 1380 1086">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.4</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		
<p>2.5. I think I know what causes me to be angry. Ke nagana gore ke a itsi ka se sentswenyago gore ke kwate.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 1198 646 1288">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 1198 1013 1288">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 1198 1380 1288">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.5</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		
<p>2.6. I think weapons are dangerous. Ke nagana gore diweopon dikotsi.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 1400 646 1489">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 1400 1013 1489">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 1400 1380 1489">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.6</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		
<p>2.7. I think it is cool to be a violent hero. Ke nagana gore gosiamе goba mohale wa tsenyo.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 1612 646 1702">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 1612 1013 1702">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 1612 1380 1702">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.7</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		
<p>2.8. I think there are things in my culture that can hurt me. Ke nagana gore dilo tsengwe ka setso sa ka dikhone go lematsa.</p> <table border="1"> <tbody> <tr> <td data-bbox="279 1825 646 1915">  I agree Ke a dumela <input type="checkbox"/> </td> <td data-bbox="646 1825 1013 1915">  Sometimes Na ko enwe <input type="checkbox"/> </td> <td data-bbox="1013 1825 1380 1915">  I disagree Ga ke dumele <input type="checkbox"/> </td> </tr> </tbody> </table>	 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>	<p>2.8</p> <input type="checkbox"/>
 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>		

2.9. I think I know what can happen to people who are violent.

Ke nagana gore ke a itsi gore gotlilo godiragalang ka batho ba gosenya.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

2.9

2.10. I think I know how to protect myself.

Ke itsi go te tshireletsa.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

2.10

3. THE WAY I BEHAVE TSELA E, KE ITSHWARAGO

3.1. I can ask for what I need in a nice way.

Ke khone go khupela selo, ka tsela e pila.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
--	---	--

3.1

3.2. I play on my own during break time.

Nako tsotle ke tsameka kele nosi ge ele nako ya go tsamika.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.2

3.3. I carry something to help protect myself.

Ke tswere selo sema nka te tseraletsa kasona.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.3

3.4. I want to hurt others back because they hurt me.

Ke batlo go lematsa batho bangwe ka gore banlemaditse.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.4

3.5. I don't care about others.

Ga ke gathale ka batho ba bangwe

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.5

3.6. I am obedient because I want to please others.

Ke ya ikokobetsa gobane ke batlo thabisa batho.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.6

3.7. I talk to someone I trust to help me with my problems.

Ke buwa le motho o, ke motsepang gore a khone go nthusa ka mathatha aka.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.7

3.8. I watch television programmes that are not good for me.

Ke sheba Mananeo la thelebisene, le sa siamang.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.8

3.9. I stay away from places that are dangerous.

Ke nnela thoko bodulong bo bokotsi.

 I agree Ke a dumela <input type="checkbox"/>	 I'm not sure Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	---	---

3.9

3.10. I cannot say "no" to alcohol or drugs.

Ke khoni go gana go joela goba diokobatsi.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

3.10

4. THE WAY I BELIEVE TSELA E KE DUMELANG

4.1. My belief in God gives me strength.

Tumelo ya ka go Modimo e nneya matla.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.1

4.2. I believe I am bewitched.

ka tumelo yaka ere ke loilwe.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.2

4.3. I believe the ancestors (badimo) are happy with my life.

Ke lumela baholo-holo (badimo) di thaba ka bophelo ba ka.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.3

4.4. The Ngaka (traditional healer) helps me deal with my problems.

Ngaka ya tlatlobo e nthusa ka mathatha a ka.

4.4

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.5. My belief in God (*Modimo*) gives me hope for the future.

Tumelo yaka go Modimo e nnaya tsepo ka bokamoso.

4.5

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.6. I believe in the future; things will be better than now.

Ke ba le tumelo ya bokamoso; gore dilo ditlo siama go phala tsa bjalo.

4.6

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.7. I believe I can deal with the problem of violence.

Ke ba le tumelo gore ke khone tsarella mathatha a tsenyo.

4.7

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.8. I believe in peace.

Ke dumela ka khotso.

4.8

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.9. I believe in myself.

Ke dumela gonna.

4.9

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

4.10. I believe that violence can be stopped.

Ka tumelo yaka hore tšenyō e khono go emiswa.

4.10

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5. THE WAY MY BODY FEELS KAMOKHO MELE WAKA UTHIKUTLAANG

5.1. My body feels tense.

Mmele waka o utlwagala o nganyegile.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.1

5.2. I feel sick most of the time.

Ke ikutloa ke kula ba bangata ba ka nako eo.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.2

5.3. My body gets hurt by others.

Mmele waka ka matsatsi o lematsa ke batho.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.3

5.4. I do exercises that help me relax.

Ke dirisa mmele waka ka gore e nthusa gore lapologa.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.4

5.5. I wet my bed.

Ke thlapolela mpete.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.5

5.6. I feel good about my body.

Ke ikutloa gore mmele waka o botse.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.6

5.7. I hurt myself on purpose.

Ka te lematsa ka bomo.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.7

5.8. I have a lot of energy.

Ke na le e ngata matla.

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.8

5.9. I sleep well at night.

Ke robala hantle bosiu.

5.9

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

5.10. I go to bed without eating.

Ke robala ke sa ja.

5.10

 I agree Ke a dumela <input type="checkbox"/>	 Sometimes Na ko enwe <input type="checkbox"/>	 I disagree Ga ke dumele <input type="checkbox"/>
---	--	---

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Appendix 6

Faculty of Humanities
Research Proposal and Ethics Committee

1 April 2009

Dear Prof Lombard,

Project: A holistic ethnic-centric intervention program for the milieu disabled Sotho primary school child exposed to violence
Researcher: KS Fadel
Supervisor: Prof A Lombard
Department: Social Work and Criminology
Reference number: 26533228

Thank you for your response to the Committee's correspondence of 2 December 2008.

I have pleasure in informing you that the Research Proposal and Ethics Committee formally **approved** the above study on 26 March 2009. The approval is subject to the candidate abiding by the principles and parameters set out in her application and research proposal in the actual execution of the research.

The Committee requests you to convey this approval to Ms Fadel.

We wish you success with the project.

Sincerely

Prof. Brenda Louw
Chair: Research Proposal and Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: brenda.louw@up.ac.za

Appendix 7^a

03/08/2011

Our Ref: Ms. Karolien S. Fadel

Tel (012) 347-3210 / 082-566 7258

PARTICIPANTS' INFORMED ASSENT

What is the study about?

My name is Mrs. Karolien Fadel, and I am a student at the University of Pretoria, conducting a research study in Soshanguve. A research study is a way of finding out about something. This particular study is aimed at learning about Sotho-speaking children in Soshanguve who see, hear and experience violence, and how to help them deal with their problems through a social work program. As I cannot speak Sotho, I have asked a Sotho-speaking person to help us understand each other better. If you like, you can take part in the study. I am asking you because your teacher/social worker recommended you for this project, and your parents/caregivers gave permission for you to take part.

If you decide that you want to be in the study, this is what will happen...



If you decide you would like to take part in my study, you will meet with me for three hours in a special playroom, where we will play and talk about violence. Eleven other children will be in the group to talk and play with us. During the session, a video camera and a tape recorder will be used to record what you say and do.

Will anyone know you are taking part in the study?

Teachers, social workers, the translator, my supervisors and the other group members will know that you are in my study. I will not use your name when I tell other people about my research, and, when I write about you, I will use a secret code, so no one will know who I am talking about. I will be the only person to know

2./...

- 2 -

your name, details and any other information. I will also be the only person to use the videos and tape recordings. I have to use them when I write my report to help me remember exactly what you said. After that, they will be stored for fifteen years. Photos of your art work will be used in the research report. Only I, the members of your group, and the Sotho translator will hear what you say and see what play activities we do in the group, because everyone will be asked to do the same things.

Can anything harmful happen to you while you are taking part in the study?

I don't think anything harmful will happen to you when you are taking part in this study, but you might feel sad when I ask you to talk about violence and the bad things that happen when you or other people see or hear or feel violence at school. Also, you might be upset if other children tell others about what you talked about in the group. I will try my best to remind all the children not to gossip outside the group. Remember, you can always come before or after the group activities to discuss anything with me that makes you afraid or upset. You can even phone me at any time.



Can anything good happen to you?

We are going to have lots of fun playing and I hope that this research study will make you feel happy inside. You will also learn something that will help you to help other children in the community of Soshanguve who do not feel good about their experiences with violence. I cannot pay you to take part in the study, but I will always make sure that you have something nice to eat when you come and that your transport is paid. After the group you will receive a 'schoolbag' with a logo on it reminding children to stand up against violence.



You should know that:

- If you don't want to be part of the study, no one will be cross with you. If you want to be in the study now, but change your mind later, that's OK. You can stop at any time.
- Your parent(s)/guardian(s) were asked whether it was OK for you to be in this study. Even if they said it's OK, it is still your own choice whether or not to take part.

3./...

- If you sign this form, you also agree that you know what is going to happen in the group discussion and what is expected of you and the other group members.
- You can ask any questions you might have, now or later. If you think of a question later, you or your parents can contact me, Karolien Fadel at (012) 347-3210/ 082-566-7258.

You should sign this form only if you:

- understand what you will be doing for this study;
- have no more questions;
- have talked to your parent(s)/legal guardian about this project, and have agreed to take part in this research.

Your Choice!

	Yes, I will be in this research study.		No, I don't want to do this.
--	--	--	------------------------------

My “finger mark”, or signature, means that I understand what has been explained to me and that I am willing to be part of this project. You can sign with a finger mark or use any symbol you wish to indicate that you understand if you cannot write your name.

Your “finger mark” or Signature	Printed Name	Date
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I have discussed the above points with the participant or, where appropriate, with the participant's legally authorized representative, using a translator when necessary. It is my opinion that the participant understands the risks, benefits, and procedures involved with participation in this research study.

Researcher	Printed Name	Date
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Signature

☎Karolien Fadel (012) 347-3210 / 082-566-7258



Appendix 7^b

03/08/2011

Our Ref: Ms. Karolien S. Fadel

Tel (012) 347-3210 / 082-566 7258

CAREGIVER INFORMED CONSENT

FOCUS GROUP (CHILDREN)

INTRODUCTION

Your child is invited to take part in a research study. The aim of this letter is to obtain your permission to allow your child to participate. The content of this letter will provide you with all the information you need to fully understand what is involved before you provide permission for your child to partake in the study. If you have any questions that are not fully explained in this letter, do not hesitate to ask the researcher. You should not agree for your child to partake unless you are completely happy about all the procedures involved and possible risks.

1. TITLE OF THE STUDY

A holistic ethnic-centric intervention program for the milieu-disabled Sotho primary school child exposed to violence.

2. GOAL OF THE STUDY

The goal of the study is to design and develop a holistic and ethnic-centric intervention program to enhance the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence.

3. PROCEDURES

Your child will be part of a study conducted by using play therapy techniques. The researcher will focus on how your child understands violence and test some techniques to assist Sotho primary school children exposed to violence. Your child will be part of a group consisting of twelve Sotho speaking primary school children who will share in the play activities and the discussions.

2./...

4. POSSIBLE DISCOMFORT

I understand that it is possible that negative feelings might be evoked when my child talks about his/her experiences regarding violence, and that this might cause some discomfort. I trust that the researcher, as a qualified social worker will do her best to minimise such discomfort.

5. BENEFITS OF THE STUDY

I understand that there may not be any immediate benefits for my child partaking in this study. The results of the study however may enable the researcher to develop an intervention program that can possibly make a difference in the lives of Sotho primary school children exposed to violence.

6. RIGHTS OF THE PARTICIPANT

I understand that I have the right to withdraw my child from the study at any given time.

7. FINANCIAL COMPENSATION

There will be no financial compensation for participation in the study, however transport money will be provided to the venue where the research will be conducted. Refreshments will also be provided.

8. CONFIDENTIALITY

In order to record accurately what is said in the play therapy sessions, a video tape as well as a cassette recorder will be utilised. The tape will be viewed by the researcher and study supervisors only and will be stored for fifteen years at the Department Social Work and Criminology at the University of Pretoria with the other raw data material after completion of the research study. I take note that photos will also be taken of my child's art work and will be utilised in the research report without him/her being identified. During the research period the media material and field notes will be safely stored at the home of the researcher in a private study room which can be locked. I understand that all names, details and other personal information will be known only to the researcher and will be kept confidential. I understand that my child's name will not appear in the research report, or any other publication. I also understand that the research data may not be used for any other research purpose or study without my informed consent.

For any questions and concerns, I know I can call Karolien Fadel at (012) 347-3210 / 082-566-7258.

I understand my rights as the caregiver of a research participant and I voluntarily consent to my child's participation in the study. I understand what the study is about and why and how it is being done.

Parent(s) / Guardian(s) signature

Date

Researcher's signature

Date



Appendix 8

28/03/2011

Our Ref: Ms. Karolien S. Fadel
Tel: (012) 347-3210/ 082-566-7258

PARTICIPANTS' INFORMED CONSENT: FOCUS GROUP (ADULTS)

INTRODUCTION

You are making a decision whether or not to participate in this study. Please do not sign until you understand all the information presented on this form and until all your questions about the research have been answered to your satisfaction. Please take cognisance that participation is voluntary and you may choose to withdraw at any time during the study. Your signature indicates that you meet all the requirements for participation as explained by Karolien S. Fadel and have decided to participate, having read the information on this form.

2. PURPOSE OF THE STUDY

The purpose of the study is to design and develop a holistic and ethnic-centric intervention program to enhance the holistic developmental well-being of milieu-disabled Sotho primary school children exposed to violence.

3. PROCEDURES

You will be part of a focus group involving eleven other members. Loneck (1994:449) and Collins (2004:3) define a focus group as a small group (6 to 12 people) that has a 'focused discussion on a particular issue in which all group members are encouraged to participate and openly share their feelings and ideas'. Your valuable experiences and ideas regarding the development and design of a holistic ethnic-centric intervention program for milieu disabled Sotho primary school children exposed to violence will be requested.

4. POSSIBLE DISCOMFORT

The researcher, as a qualified social worker will do her best to minimise any discomfort that may arise from the discussions.

5. BENEFITS OF THE STUDY

Milieu disabled primary school children in South Africa are affected by violence on a daily basis, either as victims or as witnesses of violent events. It is impossible to remain insensitive to the plea of milieu-disabled children exposed to violence and to continue with therapeutic practises that are alienated from the reality surrounding social workers. It is evident that there is a dearth of holistic and ethnic-centric childhood interventions relating to violence specifically designed and developed for the South African context. Your participation in this study could assist the researcher to design and develop a holistic ethnic-centric intervention program that could possibly make a difference in the lives of Sotho milieu-disabled primary school children traumatised by violence.

6. FINANCIAL COMPENSATION

There will be no financial compensation for participation in the study, however a meal and refreshments will be provided during the duration of the focus group.

7. CONFIDENTIALITY

In order to record accurately what is said in the focus group, a video tape as well as a cassette recorder will be utilised. The media will be utilised by the researcher only and will be stored for fifteen years at the Department Social Work and Criminology with the other raw data material after completion of the research project. Although your name will be revealed to the others in the group, your details and other personal information will be known only to the researcher and will be kept confidential. However if permission is provided your name will appear in the dissertation to acknowledge your contribution to the research project.

For any questions and concerns, I can call Karolien Fadel at (012) 347-3210 / 082-566-7258.

I understand my rights as a research participant and I voluntarily consent to my participation in the study. I understand what the study is about and why and how it is being done.

Participant's signature

Date

Researcher's signature

Date