

**THE PERCEPTIONS OF EXPERTS AND GUARDIANS REGARDING THE EARLY
ONSET OF MISBEHAVIOUR IN MALE, AT-RISK CHILDREN IN CHILD AND
YOUTH CARE CENTRES**

By

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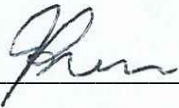
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DECLARATION

I, Jessie-Mari Broich, declare that the dissertation, *The perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres*, submitted for fulfilment of the degree Magister Artium in Criminology at the University of Pretoria is my own work and has not previously been submitted for a degree at another university. In addition, I declare that all sources that I have used or quoted have been indicated and acknowledged by means of complete and proper references.



JESSIE-MARI BROICH

19/03/2018

DATE

ABSTRACT

A dearth in research exists regarding the onset and escalation of misbehaviour in male, pre-pubescent, at-risk children. Insight into which factors contribute to the onset and escalation of such behaviour in this age group, as well as what could possibly assist in the prevention of misbehaviour, is lacking in criminological literature. While observational research into male, at-risk children is fraught with ethical concerns, an in-depth understanding of the perceptions of those responsible for their wellbeing could provide invaluable information on the topic. This study explored the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres. The research employs an exploratory qualitative approach and sampled a total of fourteen participants made up of both experts and guardians. During the data collection phase, the research topic was investigated through the use of semi-structured interviews with five guardians, and a focus group discussion with nine experts. An integrated model of misbehaviour in at-risk children was compiled by combining the following theories: Tannenbaum's labelling theory; Moffitt's developmental theory; Kohlberg's theory of moral development; Hirschi's social control theory; and Knight and Sims-Knight's three path model of sexual offending. This model acted as the theoretical framework of the study.

The empirical findings of this study indicate that experts and guardians insist that numerous factors can contribute to both the onset and prevention of misbehaviour in male, at-risk children in child and youth care centres. The factors that experts and guardians thought contributed to the prevention of the onset of misbehaviour included: quality relationships with family members; parenting capacity; positive peer pressure at home/school; and the personal resilience of the individual. Conversely, some of the factors that experts and guardians considered to have contributed to the onset of misbehaviour included: lack of time to acclimatise to the child and youth care centre; environmental inconsistency; a non-resilient personality; negative peer pressure; and weak caregiver attachment. Finally, recommendations pertaining to possible focus areas in secondary crime prevention programmes aimed at curbing youth misbehaviour in male, at-risk children were provided.

Keywords: Misbehaviour, early life and early onset, at-risk/risk factors, child and youth care centre, guardian, expert, resilience, status offence.

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DEDICATION

To my unfathomable God – without whom I would have nothing.

To my indescribably supportive husband – without whom I would surely have given up.

To my inexplicably understanding family – without whom I would not be here.

And to my inconceivably patient friends – for never was there a group more so...

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CHAPTER 1

INTRODUCTION, DEFINITION OF RELEVANT CONCEPTS AND STATEMENT OF THE PROBLEM

1.1 INTRODUCTION

Globally, young people are exposed to different pull and push factors in their immediate environment (La Palm, 2017:85-87). In addition, some of these factors become triggers or causative risk factors in their daily lives. Delinquent peers, drugs, and domestic violence are some of the global social ills that are considered risk factors in a young person's life (Harris & Bezuidenhout, 2010:28). Although a conservative estimate, approximately 3,3 to 10 million children worldwide are exposed to domestic violence every year (Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl & Russo, 2010:53-63).

Many studies have been conducted on the potential risk factors in early life and the profound effects these factors have on children, however, far fewer studies examine the effect these phenomena have on the onset of misbehaviour in early life (Bartol & Bartol, 2017:45, 164-165).

In South Africa, which is currently listed as the country with the fifth highest crime index in the world (Crime Index for Country 2016 Mid-Year, 2016), a significant portion of crimes are committed by and against children. This implies that many children end up in the Criminal Justice System as both perpetrators and victims of crime. While it is not ideal for a child to be exposed to crime in any way, their psychological, emotional, and sometimes physiological development can be profoundly affected by such experiences (Bartol & Bartol, 2017:45, 164-165; Parliamentary Monitoring Group, 2014). In South Africa, children under the age of ten years are not yet considered to have criminal capacity and can therefore not be criminally prosecuted (Child Justice Act No. 75 of 2008; Gallinetti, 2009). While a child under the age of ten years may not be considered legally responsible for a criminal offence, one cannot ignore the commission thereof and steps must be taken to prevent further incidents. Both the Child Justice Act (No. 75 of 2008) and the Children's Act (No. 38 of 2005) make provision for the post-offence processing and care of such children. One concern is that little is said about the process leading up to the onset of the undesirable, and in

this case, criminal behaviour of children who derail and have contact with the Criminal Justice System.

Risk factors and protective/preventative factors play a significant role in the encouragement or discouragement of the onset and maintenance of misbehaviour in children. If not managed, these factors may contribute to the onset of criminal behaviour at a young age, which can escalate to serious criminal acts in later life (Bartol & Bartol, 2017:173-175). Conversely, a child exposed to protective factors (regardless of whether risk factors are present) is more likely to develop resilience against his/her negative circumstances and may therefore be less likely to present with maladaptive or problem behaviour later in life. Protective factors in this case may stem from the child himself/herself, the child's family environment, and/or community (Theron & Theron, 2010:2).

With the aforementioned knowledge gaps in mind, it is evident that there are various inherently complex factors that play a role in the onset of misbehaviour in at-risk children. In an attempt to further study the aspects of childhood misbehaviour as previously described, the researcher elected to investigate two aspects. These include risk factors or preventative factors that can escalate or prevent the onset of misbehaviour in the early childhood of male at-risk children and how protective measures could be implemented in child and youth care centres (which are often used in the post-offence processing and care of such children). The sections that follow will detail the rationale of the study; a problem statement; the goal and objectives as well as the key definitions of the study. The chapter concludes with a brief methodological overview and a demarcation of the chapters.

1.2 RATIONALE FOR THE STUDY

Farrington (2005:177) purports that numerous indicators of childhood and adolescent misbehaviour including resistance to authority, theft, physical aggression, and sexual behaviour predict misbehaviour in adulthood including violence, excessive drinking, criminal acts, and child neglect. As such, an investigation into the onset, environmental predictors, and behavioural buffers of misbehaviour in at-risk children may assist in curbing escalation to deviant behaviour in adulthood. It should be noted that research directly pertaining to the early onset of problem behaviour in male, at-risk children in

child and youth care centres is limited, dated, and focuses predominantly on the misbehaviour of at-risk adolescents and adults (Bartol & Bartol, 2017:164). An emphasis on male, at-risk children will be employed due to the lack of research pertaining to female criminality and the development of misbehaviour excluding prostitution in later life. Lastly, differences in the types and reasons for the onset of male and female misbehaviour also vary, making comparative research between genders in this regard impractical (Bartol & Bartol, 2017:170-173).

In this study, experts and guardians will be interviewed to identify common themes such as problem behaviour, escalation patterns, and effective buffers against further escalation pertaining to past and present cases from their experience of misbehaviour in male, at-risk children in child and youth care centres. The resulting information will be documented, analysed and utilised to provide preliminary insights into the onset of misbehaviour in male, at-risk children in early life. Furthermore, the findings of this study can be utilised to develop secondary crime prevention strategies and specific intervention programmes which can address early onset problem behaviour before it escalates.

1.3 STATEMENT OF THE PROBLEM

Rather than researching the onset of misbehaviour in early life, criminological research has predominantly focused on the misbehaviour of adolescents and adults, with little to no focus on male, at-risk children (Bartol & Bartol, 2017:164-175). This study aims to address this gap and to add knowledge to this scantily researched domain in South Africa.

Simpson, Yahner and Dugan (2008:84-108) have stated that the onset of problem behaviour is determined by biological and situational factors, including the type of risk a child is exposed to, the support available to the child, and the age at which the individual was exposed to the harmful circumstances. In addition, Bartol and Bartol (2017:167) insist that children who engage in status offences or problem behaviour are two to three times more likely to become serious and chronic offenders than adolescents who only start acting out during adolescence. Identifying at-risk children in the school or home context as early as possible and identifying the similarities

between different individuals is therefore crucial. With this in mind, it is evident that the age of onset of misbehaviour in at-risk children plays a significant role in later deviance and is utilised in criminological literature and practice as a variable to distinguish high-frequency or at-risk offenders from low-frequency or low-risk offenders.

After considering these factors, the researcher formulated the following research question: What are the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres? The envisaged study will thus enhance knowledge pertaining to the early identification of at-risk children and will aid in informing secondary crime prevention strategies that can be utilised at child and youth care centres.

1.4 GOAL AND OBJECTIVES

The goal of the study is to explore the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres.

In pursuit of the goal, the objectives are to:

- Provide a general theoretical overview of the early onset of misbehaviour in at-risk children.
- Determine the perceptions of experts and guardians regarding triggers that may encourage the early onset of misbehaviour in male, at-risk children.
- Determine the perceptions of experts and guardians regarding buffers that may discourage and/or prevent the early onset of misbehaviour in male, at-risk children.
- Use the knowledge regarding the early onset of misbehaviour in male, at-risk children to provide recommendations pertaining to possible focus areas in secondary crime prevention programmes aimed at curbing youth misbehaviour in male, at-risk children.

1.5 DEFINITIONS OF KEY CONCEPTS

Key concepts pertinent to the study are defined in the sections that follow.

1.5.1 Early life and early onset

A child is defined by the Child Justice Act 75 of 2008 as “any person under the age of 18 and, in certain circumstances, means a person who is 18 years or older but under the age of 21 years...” However, the current study specifically focuses on early childhood. Bezuidenhout (2018:12) defines early to middle childhood as the years of life that range from age six to age 12. An online article (Growth Stages 2: Middle Childhood and Early Adolescence, [Sa.]) defines adolescence as between 12 years and 18 years old. As the current study is focusing on early childhood, it is looking at pre-pubescence in children which typically encompasses the years before the age of 13 (Enoch, 2011:17-31). For the purpose of this study, the term ‘child’ will refer to children between the ages of six and ten years old with the term ‘early onset’ being used to refer to the onset of misbehaviour in this age range.

1.5.2 Misbehaviour

Misbehaviour refers to conduct that is considered contextually inappropriate and can interfere with academic and social learning processes in children (Hameed-ur-Rehman & Sadruddin, 2012:162). In this way, behaviour that is perceived as traditionally delinquent (such as aggressive behaviour, petty theft, arson, antisocial behaviour, bullying, drug abuse, or truancy) also falls within the scope of misbehaviour (Bartol & Bartol, 2017:167). However, it should be noted that a concept dilemma arises when using the terms ‘deviance’ or ‘delinquency’ to describe any wrongdoing or misbehaviour. These terms imply criminal guilt and are commonly used to collectively label both minor and severe instances of youth misbehaviour. Individuals who are labelled as delinquent illicit a negative response from the community at large, which may propel them to engage in forms of actual wrongdoing, such as status offences or serious criminal activity (Bezuidenhout, 2018:12). For the purpose of this study, ‘misbehaviour’ will thus refer to any type of wrongdoing that is considered inappropriate in early life (between the ages of six and ten years old) in male, at-risk children in child and youth care centres.

1.5.3 At-risk/risk factors

Risk factors refer to environmental, social, and biological factors that increase the possibility of an individual initiating and maintaining antisocial behaviour. Three categories of risk factors exist, namely: criminogenic, dynamic, and static factors. Criminogenic factors are associated with criminal behaviour (such as petty theft), dynamic factors are associated with current modifiable attitudes, emotions, and behaviour (such as family circumstances), and static factors are associated with unchangeable factors (such as abuse history) (Harris & Bezuidenhout, 2010:28). Exposure to any one of the aforementioned factors classifies a child as being 'at-risk' (Rak & Patterson, 1996:368). For the purpose of this study, being 'at-risk' refers to previous or current exposure to any number of the aforementioned risk factors in any of the aforementioned categories.

1.5.4 Child and youth care centre/guardian/expert

Child and youth care centres are defined in Section 191(1) of the Children's Act (No. 38 of 2005) as "a facility for the provision of residential care for more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility." Jamieson, Mahery and Scott (2011:8) elaborate on this definition by purporting that child and youth care centres provide residential care for children who are not currently living with relatives and require specialised care such as therapy or intervention. Care in this case is provided by one or more house parent(s). On the other hand, foster care is defined as residential care for children in cases where they are unable to live with their biological parents and can either be informally sanctioned or officially arranged by social workers or other experts (What is Foster Care?, 2016). Child and youth care centres therefore differ from regular foster care in that therapy and/or intervention is not provided for children in foster care. 'Child and youth care centres' will therefore refer to secure care centres, children's homes, and places of safety.

When referring to the house parent(s) of a child and youth care centre, terms such as 'caretaker' and 'guardian' encompass anyone that may provide care to the child in question, thus possibly including relatives and unrelated adults (which are not included in this study). Therefore, owing to the study's focus on children residing in child and youth care centres, the term 'guardian' will refer to the designated house parent of a

child at the relevant care centre with a minimum of two years' experience working with male, at-risk children in child and youth care centres.

Lastly, the term 'expert', as used in this study, will refer to teachers, social workers, and psychologists with two or more years of experience working with male, at-risk children in child and youth care centres. This definition therefore extends to the multiple professionals who deal with the children in question from both a practical/intervention and academic standpoint.

1.5.5 Status offence

A status offence is an offence that contravenes social order such as truancy, sexual promiscuity, or running away from home and is frowned upon or viewed as illegal because the perpetrator is under the age of 18 years. The conduct is thus only unlawful or frowned upon because the person committing the act is underage (Bezuidenhout, 2018:15). Many academics and practitioners insist that status offences should not be treated in the same manner as criminal offences because offenders are often labelled as delinquents for relatively minor infringements or common misbehaviour (Bartol & Bartol, 2017:169-170). As previously mentioned, being labelled a 'delinquent' or 'criminal' can in some cases illicit a negative response from the offender's community and/or social circles (Bezuidenhout, 2018:12). Furthermore, status offences are generally viewed as indicative of other problems in the offender's environment, which is why addressing these potential problems may be more effective than labelling and/or punishing the child as if he had committed a criminal offence (Bartol & Bartol, 2017:45). With the above in mind, a 'status offence' will refer to conduct that is considered unlawful because the individual committing the act is younger than 18 years.

1.6 METHODOLOGY OVERVIEW

A brief overview of the methodological procedures that will be applied in this study is provided in the sections that follow.

1.6.1 Research approach

The research seeks to identify and study the context in which the early onset of childhood misbehaviour in child and youth care centres occurs. The approach will comprise of an in-depth analysis of the triggers and buffers that contribute to the process of the encouraging or discouraging of misbehaviour in male, at-risk children. The research is therefore qualitative in nature (Burns, 2000:13-14; Taylor, Bogdan & DeVault, 2015:7-9). The study will utilise an exploratory approach as comprehensive research focusing on the early onset of misbehaviour in male, at-risk children does not yet exist. The researcher therefore seeks to study a phenomenon with little to no existing data on the subject (Babbie, 2011:91).

1.6.2 Research design

A case study design will be utilised as the information required can only be obtained through an intensive investigation of one or more variables in order to understand the influence of environmental factors on a male, at-risk child's behaviour, worldview, and perception of events (Babbie & Mouton, 2003:281; Fouché & Schurink, 2011:321).

The unit of analysis will therefore be a social group and the researcher will opt for a collective case design. The required in-depth investigation of more than one guardian or expert's perception of the early onset of misbehaviour in male, at-risk children in child and youth care centres necessitates the use of more than one input from which to draw assumptions. The type of case study design is therefore required to be collective (Champion, 1993:66-67; Fouché & Schurink, 2011:322).

1.6.3 Sampling

The study population will comprise a combination of guardians and experts as defined in section 1.5.4. Regarding the sampling criteria, each of the selected participants from the chosen population is required to be currently working with male, at-risk children in child and youth care centres and have at least two years' experience working with these children. Non-probability sampling is utilised as obtaining a complete representation of the population will not be viable because the population includes too many individuals to collectively include in the study. More specifically, the population required for the study is too specific for random sampling methods to be effective, and each participant needs to be purposively selected (Strydom & Delpont, 2011:392;

Wysocki, 2004:157). Only individuals privy to the correct information and willing to assist will be approached (Kumar, 2005:179).

The researcher envisages two samples (guardians and experts) totalling approximately 14 participants.

1.6.4 Data collection

As the focus of this study is the early-onset of misbehaviour, participants will be asked to utilise a mental framework of knowledge regarding male, at-risk children aged between six and ten years. The information gathered will provide a holistic view of the perceptions of experts and guardians pertaining to the early-onset of misbehaviour in male, at-risk children in child and youth care centres, respectively. Semi-structured interviews will be conducted with approximately five guardians and a focus group discussion will be held with approximately nine experts. A semi-structured interview schedule and focus group schedule will be used to collect the data.

1.7 DEMARCATION OF CHAPTERS

In order to achieve the study objectives, the study was demarcated as follows: Chapter 1 discussed the background, rationale, research question, and key concepts. Chapter 2 will critically evaluate and synthesise a review of the available literature as well as detail the theoretical framework that will be applied in this study. In Chapter 3, the respective research paradigm, approach, purpose, design, type of research, methods involved, data quality, ethical considerations, and expected challenges will be presented. Chapter 4 will provide an analysis of all the thematic data gathered during the research process. Chapter 5 involves the synthesis of research data and the literature review in which the final assumptions of the study are drawn. The results of the research will be linked to the central research question and the possible contributions and limitations of the study will be outlined. Finally, recommendations for future research will be made.

1.8 CONCLUSION

Criminological research has predominantly focused on the misbehaviour of adolescents and adults, with little to no focus on male, at-risk children in particular (Bartol & Bartol, 2017:164). Using predefined concepts, research will be conducted with the aim of providing a theoretical overview of the early onset of misbehaviour in male, at-risk children. Furthermore, it aims to determine what perceptions experts and guardians hold regarding the early onset of misbehaviour, and use the knowledge gained to provide recommendations for possible utilisation in secondary crime prevention programmes. An exploratory, and qualitative approach will be utilised, with a collective case study design and non-random sampling of the participants. Participants will include experts and guardians, respectively, with data from experts collected through a focus group, and data from guardians collected via semi-structured interviews. While there are numerous problems that may arise when conducting research focusing on at-risk children in child and youth care centres, the study seeks to fill the identified gap in the existing criminological knowledge base. The following chapter provides an overview of the available literature regarding the topic of interest as well as an overview of criminological theories that are relevant to the study.

CHAPTER 2 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. INTRODUCTION

In this chapter a general overview of at-risk children, the age of onset of problem behaviour in at-risk children, at-risk children in child and youth care centres, and secondary crime prevention will be discussed.

The true nature and extent of youth offending remains unknown, as not all incidents are reported to authorities (Bartol & Bartol, 2017:168). With regards to the statistics that are accumulated by various law enforcement agencies, one needs to be cognisant of the fact that different countries often have different minimum ages of criminal responsibility; meaning that in some cases, data relating to offences committed by the same age groups are/are not being reported depending on the country. For example, in 2012, the minimum age of responsibility in England was ten years old while Scotland would not prosecute anyone under the age of twelve years (Natale, 2010). Similarly, the minimum age of criminal capacity in South Africa is ten years old, meaning that children between the ages of six and ten years old, which are of interest to the current study, cannot be criminally prosecuted for the commission of crimes (Child Justice Act No. 75 of 2008; Gallinetti, 2009). Consequently, crimes committed by children under the age of ten years old in South Africa (including the children the current study seeks to investigate) will not be recorded in the national crime statistics. The absence of children younger than ten years in the official crime statistics therefore does not imply that they do not commit crime at all. Overall statistics regarding youth offending need to be considered with caution because just like with the incidence of adult offending, the prevalence of dark figures (underreported crime) and grey figures (unrecorded crime) must be taken into consideration (Bartol & Bartol, 2017:167-168).

2.2. GENERAL OVERVIEW OF AT-RISK CHILDREN

In South Africa, the Children's Act (38 of 2005) states the conditions under which a child would be in need of an intervention (specialised care and protection) in order to prevent risk factors from initiating or maintaining antisocial behaviour. The list of these conditions is as follows and concerns children that:

- Are without visible support as in the case of abandonment or loss of guardian(s);
- Present with uncontrollable behaviour;
- Live on the street or must beg for a living;
- Are addicted (without treatment or support) to a dependence producing substance;
- Have been exploited;
- Have had their physical, mental or social well-being harmed;
- Are in a state of neglect (whether physical or mental);
- Are being deliberately abused or maltreated by an individual under whose control the child is;
- Are victims of child labour;
- Are in, or head a child-headed household;
- Live in circumstances that expose the child to any of the above factors; and
- May be at-risk of exposure to any of the above factors if returned to their parent or guardian.

The study conducted by Hildyard and Wolfe (2002:679-695) shows that the presence of risk factors in childhood have far-reaching, long term and short term effects on a child's developmental processes. However, buffers and positive social influences in the child's life can lessen the degree to which a child is affected by any of the above risk factors.

In line with the above, it has been shown that exposure to risk factors during the childhood phase of development often results in problem behaviour in both children and adults (Harris & Bezuidenhout, 2010:28; Mash & Wolfe, 2009:89). In the same way, the absence of certain factors (such as parental affection or a stable home) and/or the presence of certain factors (such as abuse or poverty) can also put a child at-risk and can be regarded as predictive of misbehaviour in children from as early as three years old (Eshel, Daelmans, De Mello & Martines, 2006:993-994).

Within the context of the early onset of misbehaviour in male, at-risk children, many risk factors and variables can have influences on a child's eventual behaviour (Child Maltreatment Surveillance, 2008). Consequently, it will be impossible to focus on each one of these factors in a study of this nature. With this in mind the current study intends

to focus on the most recognised and documented risk factors in at-risk children, being environmental, social and biological risk-factors such as: Abuse (physical, sexual or psychological/emotional); neglect; substance use; coming from an incomplete or 'broken' family unit; a state of extended poverty; homelessness; and Foetal Alcohol Spectrum Disorder (FASD). It should be noted that the severity, age of onset and duration of potential risk factors play a significant role in the acuteness of the risk in a child and, by extension, the degree to which buffers and secondary prevention strategies are required to be implemented (Harris & Bezuidenhout, 2010:33; Rak & Patterson, 1996:368; Robertson, 2010:73-79).

2.2.1. Abuse

For the purpose of the study, the informal classification of most seminal works on what child abuse entails will be used. As such, child abuse can be divided into physical abuse, sexual abuse and psychological/emotional abuse. Physical child abuse can be defined as the wilful injury, allowance of injury or torture of a child by an individual or group out of cruelty or because of excessive punishment (Child Maltreatment Surveillance, 2008). While the symptoms after abusive incidents are child specific, a child who has been physically abused is likely to display and maintain different behaviours well into adulthood. These include aggression; nonviolent criminal behaviour; substance use; self-injurious behaviour; suicidal behaviour; anxiety; physical illnesses often related to hypochondria; poor school performance and depression (Malinosky-Rummell & Hansen, 1993:68-79; Moylan, et al., 2010:53-63; Springer, Sheridan, Kuo & Carnes, 2007:517-530). Research by Sternberg, Baradaran, Abbot, Lamb and Guterman (2006:89–112) showed that children between the ages of four and nine years old who were exposed to both domestic violence and abuse were at a higher risk for displaying externalising behaviour (acting out) than children aged between ten and 14 years. This implies that younger children are more likely to present with external adverse behaviour as a result of exposure to domestic violence and abuse than their older peers (Moylan et al., 2010:53-63).

Sexual child abuse is the sexual exploitation of a child for personal gratification (such as sexual, monetary, power) by an individual or group (Robertson, 2010:3). Among the many symptoms displayed by child victims of sexual abuse, the following are the most common: depression; substance use; self-injurious behaviour; sexualised

behaviour; anxiety; Post Traumatic Stress Disorder (PTSD); an increase in complaints of physical illness and poor school performance (Klonsky & Moyer, 2008:166-170; Putnam, 2003:269-278).

Lastly, psychological/emotional child abuse can be defined as a behavioural pattern whereby a child is denied love, inappropriately punished or belittled by an individual or group, whether verbally or by acting/failing to act (Bartol & Bartol, 2017:293). Symptoms associated with emotional child abuse include but are not limited to an increase in anxiety; reports of physical illness/other physical symptoms; depression and PTSD (Spertus, Yehuda, Wong, Halligan & Seremetis, 2003:1247-1258). Children who are subjected to any of the above forms of abuse may display a number of developmental, behavioural, psychological, and physical symptoms, thus making them at-risk and in need of care and protection (Rak & Patterson, 1996:368).

Apart from the vast array of potential symptoms displayed by victims of child abuse listed above, Heim, Young, Mletzko, Miller and Nemeroff (2009:954–958) purport that exposure to abuse in early life affects the later levels of the neuropeptide, oxytocin in medically healthy adults. Oxytocin plays a role in mediating maternal behaviour, trust, social affiliation, social support and attachment and assists in safeguarding against anxiety and stress (Kirsch, Esslinger, Chen, Mier, Lis, Siddhanti, Gruppe, Mattay, Gallhofer & Meyer-Lindenberg, 2005:11489-11493; Kosfeld, Heinrichs, Zak, Fischbacher & Fehr, 2005:673–676; Heinrichs, Bauggartner, Kirschbaum & Ehlert, 2003:1389–1398). In their study, Heim et al. (2009:954–958) showed that maltreatment in childhood was associated with decreased oxytocin levels in adult participants' cerebrospinal fluid (CSF), with emotional abuse having the strongest effect. As oxytocin helps mediate attachment and assists in safeguarding against stress and anxiety, decreased levels may adversely affect the development of resilience (see 2.4.1) to an adverse event in an at-risk child.

2.2.2. Neglect

Neglect can be defined as the intentional or unintentional omission of required care by any number of individuals or institutions, which are contractually or morally obliged to provide care to the child involved (Neuroimaging of child abuse: a critical review, 2012). Examples of neglect include the disregarding of a child's needs in terms of shelter, food, clothing or required medical care (English, Thompson, Graham & Briggs,

2005:193). Furthermore, there are a number of different kinds of neglect that can take place including: physical neglect (neglect of physical needs, like food); emotional neglect (failure to meet a child’s emotional needs, such as withholding love); medical neglect (failing to provide adequate medical treatment when needed); mental health neglect (e.g. the caregiver refuses to follow through with recommendations by a mental health practitioner with regards to the child’s mental health); and educational neglect (wherein the caretaker fails to ensure their child attends school) (Myers, 2002:6-7). Research by Hildyard and Wolfe (2002:679-695) has shown that neglect is detrimental to a child’s behavioural, cognitive and socio-emotional developmental processes and proposes that neglect occurring in early life is especially harmful to a child’s later development. Some symptoms that may be expected from a neglected child include problems with self-control; aggression; peer rejection as a result of the aggression; overeating (in cases where a child did not receive regular meals); poor school performance; and low self-esteem (Chapple, Tyler & Bersani, 2005:39-53; Myers, 2002:7).

A longitudinal study by Johnson, Smailes, Phil, Cohen, Brown and Bernstein (2000: 171-187) investigated the link between the different kinds of childhood neglect and the prevalence of symptoms of personality disorders (PD) in adolescence and early adulthood. The study’s findings suggested that emotional neglect, physical neglect and supervision neglect (i.e. inadequate supervision) were associated with an increased risk for PDs with higher levels of PD symptoms in adolescence and early adulthood. Johnson et al.’s findings are summarised below:

Table 1: Types of childhood neglect that increase the risk for specific PDs

Type of childhood neglect	Associated PD symptom levels
Emotional	Avoidant; Cluster A
Physical	Cluster A
Supervision	Passive-aggressive; Paranoid; Cluster B

A ‘Cluster A’ PD is a term used to refer to PDs that are classed as ‘odd or eccentric’, and include Paranoid, Schizoid and Schizotypal PDs (Kendler, Czajkowski, Tambs & Torgersen, 2006:1583-1591). Regarding the above table, Johnson et al. (2000:171-187) explain that emotional/physical neglect in adolescence and early adulthood is

associated with higher levels of the symptoms of a Cluster A PD, not with the manifestation of the PDs themselves. A 'Cluster B' PD is the collective term for 'dramatic, emotional or erratic' PDs and includes borderline (BPD), antisocial (ASPD), narcissistic (NPD) and histrionic (HPD) PD (Torgersen, Czajkowski, Jacobson & Reichborn-Kjennerud, 2008:1617-1625). Similarly, with reference to the above table, Johnson et al. (2000:171-187) state that supervision neglect is associated with higher levels of symptoms associated with Cluster B PDs, as opposed to the onset of Cluster B PDs.

Research has shown that in addition to the typical effects of neglect (e.g. hospitalisation, developmental deficits, malnourishment, physical weakness, illness and unhygienic personal care) it could also have a physiological impact on a child. Research by Teicher, Dumont, Ito, Vaotuzis, Giedd and Andersen (2004:80-85) states that the Corpus Callosum (a structure in the brain that integrates cognitive, sensory and motor functions between the two hemispheres) is up to 17% smaller in the brains of children who were victims of neglect than those who were not, indicating an additional long term adverse effect on a child's physical development. Considering the potential psychological, physiological and physical effects of neglect discussed above, it is obvious that a neglected child is at-risk of a number of developmentally detrimental outcomes.

2.2.3. Substance use

Substance abuse refers to the illegal use of a substance to achieve a desired mental or physical effect (Steyn, 2013:341). While it cannot be said that substance use results in misbehaviour or later criminal activity, it is widely thought to affect an individual's internal behavioural inhibitors and increase the frequency of risk-taking behaviour. As such, in the case of a child who uses substances, the child's decision-making ability may be negatively affected when presented with a course of action that may be considered inappropriate. Substance use by a child is therefore considered a risk factor, as the commission thereof may lead to a child engaging in misbehaviour or behaviour that is otherwise considered inappropriate (Harris & Bezuidenhout, 2010:33; Kilpatrick, Acierno, Saunders, Resnick, Best & Schnurr, 2000:19-30; Taylor & Webster-Stratton, 2001:165-192).

Regarding aetiology, Repetti, Taylor and Seeman (2002:330-331) purport that being part of a 'risky family' (in other words a family that puts a child 'at-risk' with its home environment, parenting style or behaviour) creates deficits in a child's social and emotional development. These deficits are then compensated for by the child through substance use as a form of 'self-medication'. Access to substances through peers or neglectful parents only exacerbates the risks that the child is exposed to and is therefore a particularly dangerous risk factor that should be taken into account when trying to alleviate misbehaviour in children.

Similarly, Wall and Kohl (2007:20-30) insist that conduct problems and low caregiver relatedness can be associated with higher levels of substance use in children. With regards to conduct problems, it has been shown that poor response inhibition (the suppression of contextually inappropriate actions is a strong predictor for alcohol related problems) in childhood predicts alcohol-related problems, and comorbid alcohol and drug use in later life (Nigg, Wong, Martel, Jester, Puttler, Glass, Adams, Fitzgerald & Zucker, 2006:468–475).

On the other hand, Merenäkk, Mäestu, Nordquist, Parik, Oreland, Loit and Harro (2010:13-22) hypothesise that while the initiation of substance use in children and adolescents is determined mostly by environmental factors, the establishment of use patterns is strongly controlled by an individual's levels of genetic vulnerability (i.e. predisposition) to substance use. In their study, Merenäkk et al. (2010) found that by age 15 and 18 years respectively participants with a specific genotype (the genetic makeup of an individual) were more active tobacco, alcohol and drug users. In addition, at 18 years of age, male participants tended to use more drugs than their female peers, leading the researchers to speculate that gender played a role in addition to environmental factors and genetic makeup. In closing, it was concluded that genetic vulnerability to substance use in children is determined by the child's age, gender, type of substance and interaction of the child's genes.

Yet another possible aetiological link was made between substance use and childhood attention-deficit/hyperactivity disorder (ADHD). In a study comparing ADHD with substance use, ADHD children in this case were significantly more likely to have used nicotine, marijuana, cocaine or other substances later in life. In the study no

relationship between ADHD and alcohol use emerged (Lee, Humphreys, Flory, Lui, & Glass, 2011:328-341).

In short, it would be narrow-minded to assume a causal relationship between substance use in children and any one of the above factors. However, it is obvious that substance use in children is a multi-faceted phenomenon with many possible individual specific initiators and causative influences.

2.2.4. The incomplete or 'broken' family unit

Repetti et al. (2002) suggest that conflict and stress within an incomplete or 'broken' family unit can often have an effect on both the mental and physical health of a child, with incidents of aggression, depression, anxiety and an increased prevalence of abuse within the family unit becoming prevalent. Moylan et al. (2010:53-63) purport that childhood exposure to a broken home in the form of domestic violence could be linked to both internalising and externalising behaviours in children, including: anxiety; social withdrawal; low self-esteem and depression. An incomplete or 'broken' family unit is therefore considered a contributing factor in the early onset of misbehaviour and later need for intervention in at-risk children.

In addition to a family unit being incomplete as a result of the absence or neglect of an adult guardian, a family unit may also be considered incomplete when it becomes a child-headed household (in the event of illness, death or abandonment of a guardian), blended families and families with absent father figures (Jamieson, et al., 2011:7).

2.2.4.1. Child-headed households

According to an Internet article (Child and youth-headed households, 2015), it was estimated that there are approximately 90 000 children in South Africa living in 50 000 child-headed households, with up to three children per household being dependant on their caretakers. Despite the ongoing human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) epidemic in South Africa, the abovementioned number of child-headed households is apparently not increasing. Surprisingly, only about 8% of child-headed households are the result of children being orphaned. The vast majority of children living in a child-headed household actually have one or both parents present, but are forced to take charge at home due to parental illness or incapacity. In many of these cases, these children are either

supported by their community, through menial work or by remittance, in other words money sent by parents/relatives working away from home (Maqoko & Dreyer, 2007:717-731; Theobald, Farrington & Piguero, 2013:44-52).

In addition, Maqoko and Dreyer (2007:717-731) state that official recommendations and intervention strategies in the case of child-headed households do not adequately take the psychological, cognitive and emotional differences between different children in different stages of development into account. According to them, such differences may come about as a result of having to, as a child, support the family, leave school, and deal with the potential onset of malnutrition and illness as a result of the potential inability to provide for the household. Children who are heads of households have reported that individuals/organisations that offer support often do not consult or listen to their wishes regarding care-arrangements and they feel that they are not taken seriously by these individuals/organisations. In some cases, the children end up worse after the intervention which then results in many feeling as if they have no power over their situation (Van Dijk & Van Driel, 2009:915-927).

Payne (2012:399-411) on the other hand, feels that while the emotional and material needs of the children in child-headed households are not currently being met, such children are often also resilient, competent and otherwise coping in the face of their circumstances. Thus, while no child should have to take responsibility for the well-being of their family, it is clear that multiple factors can influence whether or not a child heading such a household will engage in misbehaviour.

2.2.4.2 Blended families

A blended family (also known as a stepfamily) refers to a family unit made up of at least one partner that entered the relationship/family with children from a previous relationship (Gillespie, 2004; Siegel & Welsh, 2011:173). A number of potential adverse relationship and development dynamics are associated with blended families, and remarried families are at a higher risk of dissolution in the early stages of the marriage when compared to families from first time marriages (Furrow & Palmer, 2007:45).

According to an Internet article (Gillespie, 2004) there are a number of dynamics at play that may contribute to problem behaviour in a blended family or dissolution of the

marriage. These include the fact that the new partner is often expected to instantly take on the role of the missing parent (but may have no experience with children or may have reservations about having to care for children that are not theirs); may have more partner-focused expectations from the marriage (such as personal time and romance) than parenting expectations; may neglect their new partner by focusing on their own children from a previous relationship; or may be prone to focusing on their own children's needs over those of their stepchildren. Similarly, there is likely to be a degree of conflict in a newly formed, blended family because of the pre-existing children potentially rejecting the new parent/siblings; being jealous of any attention their biological parent shows to others; or feeling that they are being neglected or have been 'forgotten' in light of the new arrivals in the family home.

The above dynamics (if not addressed) often result in higher incidents of problem behaviour and rebellion from the children in blended families. In comparison to children from intact families, children from blended families are more likely to display hyperactivity, behavioural problems, weak attachment, aggression, greater susceptibility to peer pressure and hostility (Siegel & Welsh, 2011:174). A study by Ginther and Pollak (2004:672) further found that educational outcomes for children in blended families were substantially worse than for children raised in 'intact' families. As such, owing to the interplay between the different parent-child dynamics in a blended household, children from such families can be considered as being at-risk with regards to the onset of misbehaviour.

2.2.4.3 Families with absent father figures

Criminological literature insists that the absence of a father figure in a child's life (as a consequence of divorce, separation, abandonment or death) can result in social problems in children and that such children (single parent children) are at greater risk than children that have two biological parents at home (McLanahan & Sandefur, 2009:2). Indeed, after a divorce or abandonment situation, fathers are less likely to be around to enforce discipline, solve potential problems or to implement standards of conduct, which may result in problem behaviour in his children (Siegel & Welsh, 2011:174-175). To support this, a study by Choi and Jackson (2011:698-704) showed that more frequent contact between fathers and their children (as well as better parenting ability by fathers) is indirectly associated with fewer childhood behavioural

problems, meaning the absence thereof could contribute to more frequent problem behaviour. With the above in mind, the absence of a father figure in a child's life should be considered a potential risk factor with regards to growing up in an incomplete or 'broken' family unit.

2.2.5. A state of extended poverty

Familial income largely determines the degree to which a family can afford adequate housing, food, schooling, and health services. The reality in South Africa is that many children live in families who are marginalised and live under the breadline. It has been documented that the insufficient provision of needs in the context of poverty has a negative effect on multiple aspects of child development (Bartol & Bartol, 2017:54). Street children are a good example of at-risk children who live in an extended state of poverty and, as a result, are in need of state intervention as detailed in the Children's Act (38 of 2005).

A study by Nikulina, Widom and Czaja (2011:309-321) examined the role of neglect and childhood poverty in predicting PTSD, academic achievement, Major Depressive Disorder (MDD) and crime in young adulthood. They found that a combination of childhood neglect and poverty could be used as a potential predictor for PTSD. In addition, they have also found that these variables were a good indicator for adult arrest. By itself (without childhood neglect being present), childhood poverty only predicted MDD in some cases. Interestingly childhood poverty was also linked to the state of poverty of the surrounding neighbourhood. As such, Nikulina et al. (2011:309-321) concluded their study by suggesting that the ecological context in which the at-risk child finds himself is just as important as the neglect or poverty experienced by the child himself. Children from families that live in a state of extended poverty are thus at a high risk of presenting with developmental and academic deficits as a result of their extended mental and physical neglect (Duncan & Brooks-Gunn, 2000:189).

2.2.6. Homelessness

In the event of familial homelessness, additional stress experienced by a child's guardians may result in the child's needs being neglected (as the parents prioritise basic needs like food and shelter). It can also contribute to a child being abused, such as in the case where they are used for child labour, are physically or mentally harmed,

or are exploited for financial gain (Robertson, 2010:77). McCoy-Roth, Mackintosh and Murphey (2012) indicate that children who experience a regular lack of stable housing may often become separated and sometimes estranged from their parents (while alternative housing arrangements are made) and/or suffer from developmental deficits, which stem from the neglect of their basic needs. Also, see section 2.2.2 in this regard. The misbehaviour could be linked to survival and subsistence crimes (e.g. shoplifting) or to misbehaviour like incorrigibility and other behavioural problems later in life. In some cases a combination of these types of misbehaviour is evident later in a child's life. Homelessness may therefore contribute to the later onset of misbehaviour in a child as a result of the risk of developmental deficits.

2.2.7 Foetal alcohol spectrum disorders (FASD)

FASD which occur when an unborn child has been exposed to excessive amounts of alcohol while still in the womb, have a direct impact on the later development of the child in question. Such children often present with social, physical and cognitive developmental problems (Robertson, 2010:79).

Furthermore, a study by Koponen, Kalland and Autii-Rämö (2009:1049-1056) found that children with FASD suffered from at least one of a number of developmental issues which typically affected language/speech, concentration or attention. The most severe issues affecting the FASD children's development included the disabilities and illnesses already impairing their functioning, how old the child was when he/she was first placed into long term residential care and the number of traumatic experiences the child had been exposed to. While attention deficits (such as ADHD) are the most common psychiatric comorbidity in children with FASD, other common symptoms include low intelligence, deficits in independent living skills, learning disorders and memory difficulties (Herman, Acosta & Chang, 2008:412). In addition, FASD has been shown to increase infant irritability, which may in turn lead to inadequate post-natal care and a weak maternal attachment in later life. A child with a FASD is therefore considered at-risk as a result of the possibility of associated developmental delays and the potential for weak guardian attachment (Bertrand, 2009:986-1006; Effects of Prenatal Alcohol Exposure on Child Development, 2003; May, Gossage, Kalberg, Robinson, Buckley, Manning & Hoyme, 2009:176–192; Warren, Hewitt, & Thomas, 2011:414).

In the aforementioned section a few noticeable risk factors were highlighted. It would be impossible to identify and discuss all the risk factors that could have an influence on an at-risk child but from the highlighted risk factors it is clear that the presence of risk factors in a child's life may have a profound effect on the child's development and play a role in the onset of misbehaviour in later life. It should be noted, however, that the age of an at-risk child might also influence the behavioural symptomology and onset of misbehaviour in the child in question. The age of onset of misbehaviour will thus be briefly discussed in the next section.

2.3. AGE OF ONSET OF PROBLEM BEHAVIOUR IN AT-RISK CHILDREN

Simpson et al. (2008:88) have shown that the factors influencing the onset of misbehaviour in early life differ from those that influence the onset of problem behaviour in adolescence, or later in life. In addition, Farrington (2005:178) insists that a 'difficult/under-controlled' temperament (poor attentiveness, being restless and being impulsive) at the age of three can predict aggression and self-reported criminal tendencies from age 18 to 21 years. As such, both the factors influencing the onset of misbehaviour in early childhood (to be discussed in Chapter 4) and the early onset of the misbehaviour itself are considered predictive of problem behaviour later in life. This necessitates a closer look at the phase of early childhood (pre-pubescent phase) as defined in section 1.5.2.

2.3.1. Pre-pubescent phase of child development

An understanding of the phases of child development assists in the creation/planning of intervention strategies and the comprehension of the specific developmental needs of individual children (Daniel, Wassell & Gilligan, 2011:11). The phase of interest to the research includes the ages of six to 12 years, wherein the child gradually comes to know and assimilate himself with the laws and customs of the context in which he exists. Davies (2010:327-336) reports that this phase of childhood is also characterised by the individual's ability to maintain states of educability, self-control, pliability and calm. During this phase, the child's reliance on and attachment to his primary caregivers decreases and some of the emotional security that he used to get from his caregivers is now derived from his friends. This causes the child to rely on and learn what he will deem 'appropriate' behaviour from his friends/peers regarding the school or home context, which opens the doors for both positive and negative peer

influence. On the other hand, children who are easily coerced, are shy or who are aggressive towards others tend to have fewer friends during this phase of development as they are generally isolated by their peers for their behaviour. While positive/negative peer influence is less likely in this case (as they have fewer friends, if any, to directly influence them), such children are likely to feel rejected or strive to gain acknowledgement from their peers by any means possible (Davies, 2010:327-336).

During the pre-pubescent phase of child development, isolation/rejection from one's peers can be just as much of a risk factor to the early onset of misbehaviour as any of the factors discussed in section 2.2. Bartol and Bartol (2017:55-56) purport that peer rejection is a notable risk factor for delinquency in elementary school children and can be linked to the development of antisocial behaviour between the first and fourth grade. As such, pre-existing shyness, aggression or coercive behaviour in this phase may indirectly contribute to the onset of misbehaviour if response inhibition remains poor.

With the above in mind it is possible to see how peer influence is vitally important to this stage of childhood development. On one hand, friends may influence a child into engaging in uncharacteristic behaviour by simply following the trends of what is considered the norm for them (which may include misbehaviour). On the other hand, peers who isolate a child because of his unique (and sometimes less desirable) behavioural traits could make a child feel rejected which in turn may result in him misbehaving. As such, the early identification of pre-pubescent children that may be at-risk of initiating misbehaviour due to peer influence is of critical importance if an intervention strategy is to be implemented. In this case peer influence may be considered a risk factor in the onset of misbehaviour in children. Fortunately, the presence of risk factors in a child's life is not a guarantee for the onset of misbehaviour. Protective factors, as discussed below, assist a child in fostering resilience and adapting to negative influences on his life.

2.4. RISK FACTORS AND PROTECTIVE FACTORS

With regards to criminal behaviour by children, risk factors and protective (preventative) factors play a significant role in the encouragement/discouragement of

the onset and maintenance of misbehaviour in at-risk children. If not managed, these factors may contribute to the onset of criminal behaviour at a young age which can mature into serious criminal acts in later life (Bartol & Bartol, 2017:50-54; Barlow, Hutchinson, Newton, Grover & Ward, 2015:111-119).

The available literature has shown that exposure to childhood risk factors (environmental, social and biological factors that increase the possibility of an individual initiating and maintaining antisocial behaviour) can greatly influence the onset of later problem behaviour in children and adults (Harris & Bezuidenhout, 2010:28; Mash & Wolfe, 2009:89). The absence of (or inconsistent exposure to) certain childhood factors, such as maternal responsiveness in infancy, can be regarded as predictive of the onset of misbehaviour in children from as early as three years old (Eshel, et al., 2006:993-994). Exposure to any one of the above-mentioned factors would classify a child as being 'at-risk' (Rak & Patterson, 1996:368).

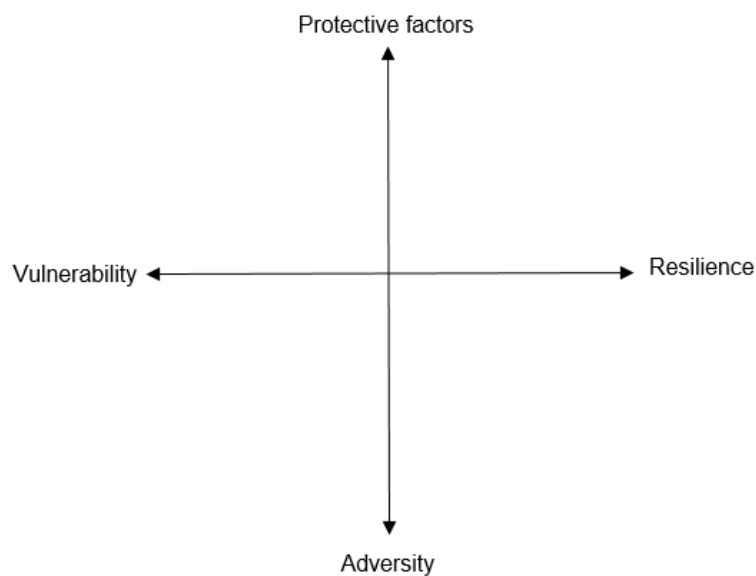
2.4.1. Resilience

On the other hand, a child exposed to protective factors (regardless of whether risk factors are present) is more likely to develop resilience against his/her negative circumstances, and may thus, in turn, be less likely to present with maladaptive/problem behaviour later in life. Protective factors in this case may stem from the child him/herself, the child's family environment and/or community (Theron & Theron, 2010:2). A resilient child is considered a child that successfully navigates childhood despite being exposed to significant life stressors. In this way, the child is considered to have gradually learned to handle increasing amounts of life stress without major adverse effect, thus being able to overcome incidents such as childhood trauma (Goldstein & Brooks, 2013:8; Wang & Gordon, 2009:3-5; Wingo, Wrenn, Pelletier, Gutman, Bradley & Ressler, 2010:411–414).

Daniel et al. (2011:14-17) propose the 'Resilience Matrix' (see Figure 1), which is a framework for practitioners that can be used to identify the full range of positive and negative factors currently affecting a child. This is done so that once the positive and negative factors influencing the child are mapped, the practitioner can better understand the needs specific to the individual. The proposed matrix comprises of two dimensions, being 'resilience and vulnerability' (which are primarily intrinsic) and 'protective factors and adversity' (which are primarily extrinsic).

In this model, 'resilience' encompasses the child's own, intrinsic level of resilience to life events while 'vulnerability' highlights any potential elevated risk to poor behavioural, emotional and psychological outcomes as a result of adverse life events. In the same way, 'protective factors' refer to extrinsic aspects of the child's life that act as a buffer to negative influences and risk factors (Daniel, et al., 2011:14-17; Theron & Theron, 2010:2). Lastly, 'adversity' refers to aspects of the child's life that result in stress, physical/psychological/emotional harm, neglect, maltreatment, or death to name a few, and typically represent negative influences in the child's life that may result in adverse behavioural outcomes. In short, the matrix presents the interaction between positive and negative factors in a child's life in order to pinpoint a child's current level of resilience. See examples on the next page (Figure 2).

Figure 1: The Resilience Matrix

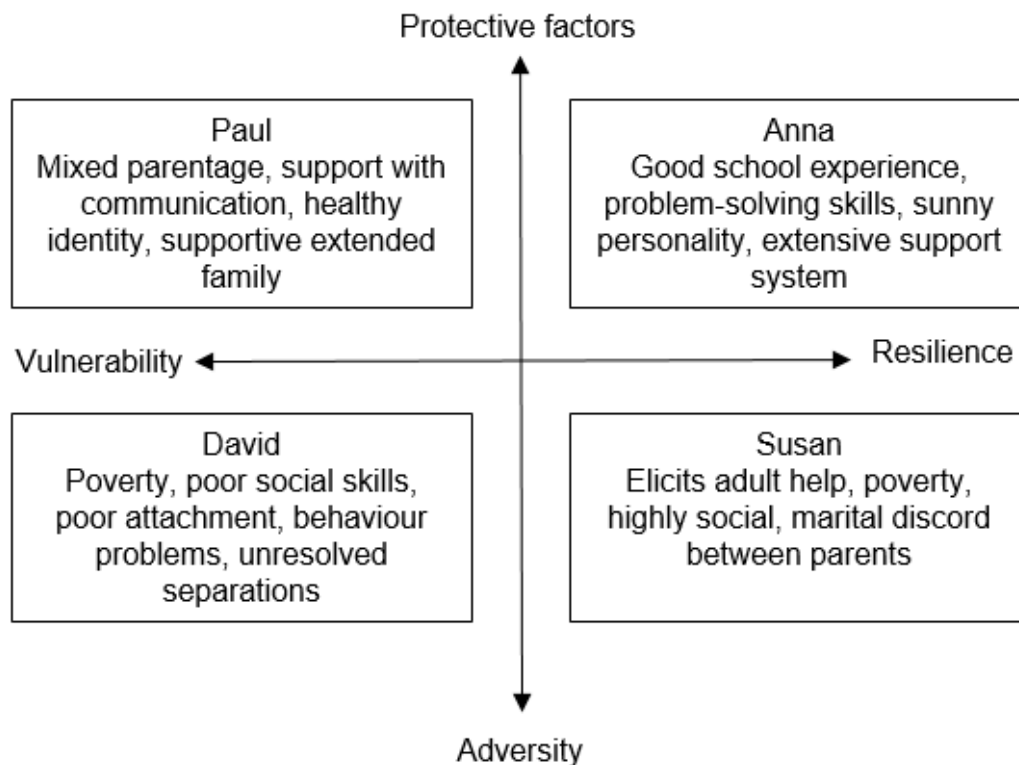


(Source: Daniel et al., 2011:14-17)

With reference to Figure 1, protective factors (such as positive school experiences, community support and supportive adults) are factors that act as a buffer to the negative effects of adversity which refers to negative influences and experiences in life (such as poverty, trauma and negative school experiences). In the same way, resilience refers to factors that foster adaptation despite adversity (such as problem solving skills, sociability and secure attachment). Vulnerability in this case refers to

characteristics that impair healthy development such as a hostile temperament, or the experience of loss (Daniel, et al. 2011:14-17).

Figure 2: Application of Resilience Matrix



(Adapted from Daniel et al., 2011:14-17)

Regarding the examples in Figure 2, each of the described individuals have been placed in the appropriate section of the Resilience Matrix to illustrate its use. In the example, Paul is placed between 'protective' and 'vulnerability' because while he has several protective factors influencing his life (such as a supportive extended family and a healthy identity), he is also vulnerable because of his mixed parentage (a term that refers to having/coming from a combination of parents that does not otherwise fit the norm of a single set of consenting parents, such as being adopted, or the child of a rape victim). Intervention in his case would involve an emphasis on the introduction and maintenance of factors that foster resilience in order to counter his current vulnerability. In the same way, Susan is described as having a number of resilient traits (such as supportive adults and sociability) but is also being exposed to adversity in the form of poverty and marital discord between her parents. Intervention strategies in her case would thus involve an emphasis on the introduction and maintenance of

protective factors in her life. As can be seen in the application of the Resilience Matrix, the interplay between risk factors and protective factors affect numerous aspects of an at-risk child's life (Bartol & Bartol, 2017:50-51). As discussed in Chapter 1, children that are exposed to risk factors are considered to be at-risk and in need of state care and safeguarding. Such safeguarding is often provided through child and youth care centres, which will be discussed in the next section.

2.5. CHILD AND YOUTH CARE CENTRES

The Children's Act (38 of 2005) states that once the Children's court has been made aware that a child is in need of care and protection (in that the child is being abused, neglected or otherwise exposed to risk factors that would be detrimental to the child's immediate development), it may choose to place the child in a child and youth care centre in order to remove the child from its current circumstances. The Act does, however, also specify that the removal of a child from his/her current environment should not take place unless there is no other option.

The Act goes on to explain that a child and youth care centre is a facility for the provision of residential care to more than six children outside of the child's family environment. Furthermore, child and youth care centres implement child specific therapeutic care programmes, which are designed for the care of children outside their family environment. In this way, steps are taken to mitigate any negative affects stemming from the child's removal and/or personal history.

Vandell, Belsky, Burchinal, Steinberg and Vandergrift (2010:737-756) claim that high quality early child care has a partial mediating effect on risk-taking behaviour in 15 year olds. This implies that early intervention in an at-risk child's life can curb the incidence of misbehaviour in later life. When compared to children who reside in foster homes, at-risk children from child and youth care centres are more likely to perform poorly at school as a result of the discomfort/stress associated with moving to a new environment (Bruskas, 2008:71). However, while placement into a child and youth care centre may initially impact negatively on a child, foster home placement would be more detrimental because the selected foster home may not be equipped to address the child's context-specific needs and/or maladaptive behaviour. As such, while placement into a child and youth care centre may result in profound cognitive and behavioural changes in an at-risk child, it is often the best option to ensure that current

and potential future maladaptive behaviour is adequately addressed (Hughes, 1997:3).

Maltreated children experience a degree of trauma when removed from their homes and placed into a child and youth care centre. Furthermore, children are likely to suffer educational performance deficits as a result of their new environment and strained comfort levels (Bruskas, 2008:71). It should be noted, however, that research by Scholte (1997) evidences that young children do better in child and youth care centres than adolescents. Barber and Delfabbro (2004) state that at-risk children require services that foster homes (see 1.5.4) are not always able to provide. While not all at-risk children present with emotional or behavioural disorders, many often suffer from an inability to regulate emotional affect, psychological difficulties stemming from their respective past circumstances or a dysfunctional maintenance of a negative self-concept, among other things. The placement of an at-risk child presenting with aforementioned difficulties in a regular foster home may thus lead to the neglect of required services (Hughes, 1997:3).

Another important aspect to consider when exploring the wellbeing of children in child and youth care centres is guardian attachment. Within the framework of guardian attachment, 'working models' are the name used for a child's mental schema and subsequent behaviour with regards to the guardian's motives towards them. If a child's working model of their guardian stems from a weak attachment to that individual, they are less likely to trust the individual and will resort to manipulation and avoidance techniques to feel safe. A weak attachment often stems from a child's exposure to abuse or neglect from a previous guardian, and children with a weak guardian attachment are thus often considered at-risk (Rich, 2006:11). The behaviour in this regard not only stems from potential risk factors but also becomes a risk factor in itself. A child with a weak attachment working model can be described as callous, manipulative, untrusting and controlling of their environments. Any form of discipline used by the guardian is perceived as a form of abuse, humiliation or the deliberate neglect of the child's wishes and is thus observed as further reason not to trust the relevant guardian. In stark contrast to those with a weak guardian attachment, children with a healthy attachment to their guardian perceive the role of guardian as that of a teacher, and trust that the discipline enforced by a guardian is in their best interest, whether they are currently in favour of the discipline or not. Healthy development

comes as part of primary attachment to a guardian and as such, the degree of attachment between an at-risk child in a child and youth care centre and his guardian should be a primary focus area in secondary crime prevention strategies (Hughes, 1997:5-8). It is therefore important to consider the above cognitive and behavioural factors when dealing with at-risk children in child and youth care centres as opposed to children in foster homes.

It is widely agreed that early intervention into the lives of at-risk children through the use of child and youth care centres can only benefit the child in question. However, there is also a dearth in research regarding child and youth care centres and their long term success. Knorth, Harder, Zandberg and Kendrick (2008:123-140) state that among the criticisms for the placement of at-risk children into child and youth care centres, the lack of research regarding the success of residential care programmes in the long term is most disturbing. While such programmes have proven to be effective in the short term, the researchers still expressed concern over a lack of long-term evidence to support the viability of such facilities. Furthermore, Knorth et al. (2008:123-140) mentioned that due to the child specific nature of the residential interventions that are implemented, the little research that does exist generally lacks a description of the care programme that was implemented.

2.5.1. Research sites

The child and youth care centres that were identified as research sites from which to source research participants are Jakaranda Children's Home, Louis Botha Children's Home and Tshwane Place of Safety Association (TPOSA). These institutions were identified because of their close proximity and accessibility of the researcher (Pretoria), operational size and established track record regarding the number of years in operation and collective staff experience. The three child and youth care centres from which participants were drawn for the study are briefly discussed below.

2.5.1.1. Jakaranda Children's Home and Louis Botha Children's Home

The Jakaranda Children's Home and Louis Botha Children's Home were established in 1987 and 1918, respectively. They attend to the physical, educational, emotional, and psychological welfare of children between the ages of 18 months and 18 years

who were removed from their homes by the South African Children's court as a result of abandonment, neglect and/or emotional, sexual, or physical abuse. The Jakaranda Children's Home currently houses 250 children in East Lynne, Pretoria, while the Louis Botha Children's Home houses 100 children in Queenswood, Pretoria. Children who reside in the two facilities are divided into smaller groups of between six and 13 and live in houses under the direct supervision of individual house parents (About us, 2017).

2.5.1.2. Tshwane Place of Safety Association

TPOSA was established in October 2003 and encompasses several individual places of safety, nurseries, and foster homes. These include private homes and organisations such as Forever Angels, Joining Hands, Rock of Hope, Swallows Nest, and Tshwane Haven. All of these centres care for abandoned, neglected, and abused children and babies. The 300 children and babies in their care are currently housed by 102 private families in the employ of TPOSA in and around Pretoria (About us, [sa]).

While conducting research on at-risk children within the context of functioning child and youth care centres can be invaluable, there are a number of problems that arise when attempting to do so. The following section will discuss some of the challenges associated with conducting research on at risk children in child and youth care centres.

2.6. PROBLEMS ASSOCIATED WITH RESEARCH ON AT-RISK CHILDREN IN CHILD AND YOUTH CARE CENTRES

Misbehaviour in at-risk children varies according to the age of the individual and the unique context in which the individual lives (Byrnes, Miller & Schafer, 1999:377). As such, misbehaviour in at-risk children manifests inconsistently in accordance with the individual's circumstances, age and temperament. Another challenge is the issue of false labels/overanalyses of perceived misconduct. According to Scaccia (2016) pre-pubescent children are generally labelled as engaging in misconduct if they display one or more of the following behaviours: aggression; deceit; defiance; abusiveness to animals and people; vandalism; theft; and/or rule breaking. However, the presence of one or more of the above behaviours does not necessarily mean that a child is a delinquent or in need of therapeutic intervention, as the behaviour might be a natural response to any number of factors influencing the child. Due to the unique

circumstances affecting the target group of children (such as past trauma, the forcible removal from their homes and active therapeutic interventions on a daily basis), other as yet unknown factors may be influencing the behaviour being displayed (see Chapter 4). As such, behaviour that would normally be regarded as 'misconduct' and reason for intervention, may be taking place as a normal response to adverse circumstances.

With this in mind, research seeking to reduce misbehaviour is somewhat hindered if causality cannot be established between a particular pattern of misconduct and its root cause. The next section will focus on relevant secondary crime prevention strategies.

2.7. SECONDARY CRIME PREVENTION

Secondary crime prevention refers to diversion or intervention in the case of high-risk children and adolescents who present with early signs of antisocial behaviour but have not yet been categorised as criminal by the court. The premise behind secondary prevention is that early detection and intervention will prevent the escalation of misbehaviour to more serious offences (Bartol & Bartol, 2017:188-191). As such, the proposed study is aimed at both identifying risk factors that may contribute to the onset of misbehaviour and identifying buffers for possible utilisation in the development of secondary prevention strategies in male, at-risk children. Literature regarding secondary prevention in relation to the focus of the proposed study is summarised below.

Farrington (2005:177-190) states that multi-faceted intervention strategies targeting the following risk factors (if present) should be implemented as early as possible to avoid the early onset of misbehaviour in at-risk children: erratic discipline at home, impulsiveness, a cold parental attitude, low family income, poor school achievement, a disrupted family, low intelligence, antisocial peers and a high crime neighbourhood.

Research conducted by Egeland, Tuppert, Appleyard and Van Dulmen (2002:242), however, focused on developmental pathways, exposure to abuse at a young age and later deviant behaviour in adolescence. The research comprised of a longitudinal study of young, at-risk individuals and their immediate/primary social circles. Two specific variables namely, alienation and dysregulation, were identified and included in the model proposed by the study. Dysregulation refers to a lack of emotional self-

regulation, while alienation is the lack of a meaningful relationship between the child and guardian. The two variables were found to be causal in nature and assisted in describing the process between the abuse and later behaviour more effectively. Alienation played a bigger role in later deviance than dysregulation and regardless of the situation, prevention of later deviance could be achieved through early relationship-based intervention (Egeland et al., 2002:249-260). The above-mentioned factors are also true for exposure to risk factors. The success or failure of an intervention programme is therefore highly dependent on the extent to which interventions are applied as soon as possible after the child has been exposed to a potentially harmful situation or potentially harmful circumstances. As a result, when attempting to diminish the negative effects of risk factors, the age of the child and knowledge of how the child's negative circumstances may affect the child's stages of life are critical in determining how to approach a specific case. The following section will provide an overview of the theories that will comprise the theoretical framework of this study.

2.8. THEORETICAL FRAMEWORK

A theoretical framework is an outline on which to build and support the research using formal theory (Organizing Your Social Sciences Research Paper: Theoretical Framework, 2018). The theories included in the framework make up the basis of the researcher's approach to the research topic as they link the topic to established research (Grant & Osanloo, 2014:13). Without a theoretical base from which to work, a researcher would not be able to justify their research findings or integrate it into current literature.

The study will take place within the framework of pathway models, social bond theory, social reaction theory and developmental theories. Pathway and developmental theories function, to some degree, on the assumption of a developmental process of cognition and behaviour throughout life. Social bond theories, on the other hand, stress that criminal motivation can be deterred by a strong emphasis on social integration (Brown, Esbensen & Geis, 2013:349). Lastly, social reaction theories refer to theories that focus on both society's reaction to misbehaviour and the misbehaving individual's interpretation of this reaction (Taylor, Walton & Young, 2003:28). The following approaches make up the theoretical framework of the current study: Frank

Tannenbaum's labelling theory; Terrie Moffit's developmental theory; Lawrence Kohlberg's theory of moral development; Travis Hirschi's social control theory and Raymond Knight and Judith Sims-Knight's three path model of sexual offending. While each respective theory or model has its merits with regards to the study, no single one encompasses all the relevant aspects associated with the proposed study. To remedy this, the various approaches will be combined into an integrated model at the conclusion of this chapter (see Figure 3).

2.8.1. Frank Tannenbaum's labelling theory and the 'dramatisation of evil'

Frank Tannenbaum, the father of labelling theory, proposed that criminality is the result of a conflict between delinquent youths and the community (Liddell & Martinovic, 2013:136). According to Tannenbaum (1938:351) labelling comes into play when there is an initial difference of opinion between a 'delinquent' youth and the community concerning a behavioural act; the community labels an act as evil and wrong, while the 'delinquent' youth does not. The difference in opinion causes the youth to be labelled as 'evil' by extension and the community then begins to treat the youth as such. The act of separating a youth from his social group (such as friends and family) for special care in an attempt to change his 'evil' nature (whether to shun, threat or punish) plays the biggest role in the development of true delinquency as the youth will become ostracised from all potential social buffers to his behaviour. The youth will eventually internalise the label he has been given and begin to act in a manner befitting the way he is treated by society, thus perpetuating his delinquent label. As such, the theory maintains that it is the reaction of society, rather than the committing of a deviant act, that most influences the onset of delinquency in an individual (DeKeseredy & Perry, 2006:65; Brown et al., 2013:319). Labelling thus has a strong influence on the onset and perpetuation of misbehaviour and can be applied to the ostracising process of life in a child and youth care centre. At-risk children in child and youth care centres are often subjected to many forms of attempted interventions, are physically removed from their families and may even receive differential treatment by the adults in their lives when compared to other children. As such, Frank Tannenbaum's theory of the 'dramatisation of evil' is an ideal framework from which to understand the development of ostracised youth and the onset of deviant behaviour stemming from earlier labelling.

With regards to critique, it is important to note that labelling theory tends to ignore the importance of informal reactions to deviant behaviour and the potential effect of positive interactions on a 'deviant' individual (such as the love/acceptance of those close to the individual). Furthermore, it could also be argued that the labelling theory fails to address aetiology as it purports that deviant behaviour is the result of a societal response rather than having its own origin (Gay, 2000:9-10).

2.8.2. Terrie Moffitt's developmental theory

Terrie Moffitt's developmental theory (Moffitt, 1993:674) looks at the age of onset of deviant behaviour and how it affects later criminality. The original theory identified the two developmental paths children can take, being life-course persistent (LCP) and adolescent limited (AL). The LCP group is a group of children who display a lifelong pattern of delinquency (i.e. spanning into adulthood) from about three years of age or younger. These types of children will seem to simply be 'bad' their whole lives, with behaviour like unnatural aggression in preschool and shoplifting in adolescence, escalating to stealing and raping in adulthood in the case of boys. As such, the behaviour displayed by LCP children is expected to persist throughout their lives. The second developmental path refers to AL children wherein the antisocial behaviour is limited to the adolescent phase of their development. These children typically do not have violent histories but their antisocial behaviour can match the severity of the LCP child group (Bartol & Bartol, 2017:174-178; Cicchetti & Cohen, 2015; Moffitt & Caspi, 2001:355-375).

Moffitt's developmental theory does not emphasise any causes/potential buffers to misbehaviour but focuses on the kind of child one is presented with based on the child's history. Intervention analysis by Leaw, Ang, Huan, Chan and Cheong (2015:16-19) has shown that individuals are not necessarily destined to become AL or LCP, but can be influenced by effective multimodal intervention strategies.

Information gleaned on the LCP or AL nature of an at-risk child can be used to further the development of secondary crime prevention strategies and mitigate the onset of adverse behaviour in the target group of children. As such, the theory is wholly applicable to the proposed study.

The over simplification of developmental pathways in this case (allowing only for two potential pathways) has led some researchers to identify up to four potential pathways to make up for cases that did not fit the theory (such as seemingly AL offenders who went on to offend in early adulthood and stopped) (Bartol & Bartol, 2017:177-178). As such, possible critique for Terrie Moffitt's developmental theory would be oversimplification of a multifaceted phenomenon like youth offending. Furthermore, longitudinal research by McGee, Hayatbakhsh, Bor, Cerruto, Dean, Alati, Mills, Williams, O'Callaghan and Najman (2011:53) suggests that misbehaviour in childhood is associated with later problems in life in areas such as depression, marriages, educational attainment, health, employment, anxiety and discomfort with relationships. Their study sought to investigate whether adult outcomes of persistent behavioural problems in childhood remained if the behaviour desisted by adolescence. It was found that problems in adulthood persevered regardless of whether conduct problems persisted through adolescence or not. It should be noted, however, that outcomes were worse for adults whose behaviour problems did not cease in adulthood, which somewhat supports Terrie Moffitt's developmental theory.

2.8.3. Lawrence Kohlberg's theory of moral development

Lawrence Kohlberg's theory of moral development is based on the original two-stage moral development theory of Jean Piaget. In his original theory, Piaget categorises children into the pre-eleven year old stage (during which rules are perceived to be absolute) and the post-eleven year old stage (where rules are perceived to be malleable and relative). Kohlberg expands Piaget's theory to encompass six different stages of moral development (Bartol & Bartol, 2017:366-368; Roelofse, 2011:353). According to Kohlberg, there are three levels of moral reasoning each of which encompasses two distinct sub-stages. The levels and stages identified by Kohlberg describe the basis on which moral judgements are made by an individual and therefore reflect the individual's current stage of moral advancement. It should be noted that moral development can only advance in the specified order, and that new levels of moral development typically replace the reasoning associated with the lower levels. Furthermore, not everyone achieves all the stages (Kohlberg, 1984).

The first main level, being pre-conventional moral reasoning, is associated with the anticipation of physical punishment or reward and can be divided into a 'punishment-

obedience orientation' (stage 1) and an 'instrumental-hedonistic orientation' (stage 2). The former is centred on obeying given rules to avoid punishment, while individuals in the latter stage attempt to obey rules in order to gain self-centred rewards. The second main level of moral reasoning, being conventional morality, describes people who conform to the values and expectations of others. The two sub-stages in this regard are a 'good-child orientation' whereby moral reasoning is based on the approval and good-status of oneself with others (stage 3) and a 'law-and-order orientation' wherein morality is seen as an individual's duty in maintaining social order (stage 4). Post-conventional morality, as the third main level of moral reasoning, describes an internalised moral value system. Stage 5 in this regard is a 'social contract orientation' whereby the individual acknowledges that societal laws prioritise the individual welfare and rights of its citizens and can be modified as needed to increase social utility. Stage 6 of Kohlberg's six stages of moral development identifies the 'universal ethical principles' stage, which means that an individual has internalised the abstract notions of justice and equality, and that their unique moral principles are now based on their own ethical code. It is important to note that very few people reach this stage. A marked change from pre-conventional moral reasoning to conventional moral reasoning generally occurs from childhood through adolescence, while post-conventional moral reasoning is rare even among adults (Bartol & Bartol, 2017:365-368; Kohlberg, 1984; Passer, Smith, Holt, Bremner, Sutherland & Vliek, 2009:582-583).

Kohlberg's theory does, however, have some limitations when being related to the present study. For one, the original theory was based on artificial scenarios that many of the young participants (aged between ten and sixteen years) could not relate to. For example, one of these scenarios was where a man, Heinz, resorts to stealing medicine to save his dying wife (Kohlberg, 1984). While the scenario certainly provides a moral dilemma, the participants were unlikely to have wives or ever have been faced with such a situation due to their age, making their understanding and responses of the situation artificial (Vitz, 1994:5-35).

Concerning the present study, a failure to move through the above-mentioned stages by at-risk children may be considered a causative factor in the development of later deviant behaviour when considering current behavioural patterns and social circumstances in a child's life. For instance, many adults who claimed to have been

exposed to a number of risk factors in their youth are still operating on the lower levels of conventional moral reasoning, such as acting only for rewards or to gain social approval from others.

2.8.4. Travis Hirschi's social control theory

The social control theory of Travis Hirschi (1975:181-203) revolves around the strength of an individual's bond to conventional society. A social bond is the way in which an individual cleaves to the values, beliefs and norms of society. As such, individuals with weak societal bonds are more likely to engage in deviant behaviour while those with strong bonds will not. Hirschi's social control theory identifies four elements that play a role in bonding a person to the norms of society, namely attachment, commitment, involvement and belief (Van der Westhuizen, 2011:157).

Attachment refers to the strength of a child's relationship with key people in their lives. In this case, if a child misbehaves or goes against the norms of society, it is perceived as directly going against the personal wishes of those who are important to them. A weak attachment in this regard, such as that of a foster child who has little or no attachment to his parents, would allow the individual to ignore the potential deterrent of disappointing one's loved ones and to violate the norms of society. Commitment, the second element, concerns the degree to which an individual is committed to the norms of society and thus, by extension, the degree to which they are committed to behaving according to conventional norms. Potential deviance is therefore weighed against the possibility of acting against these norms and risking the loss of the status, money, or self-esteem gained through conforming behaviour. A strong commitment to the values of conventional society thus makes violating these norms disagreeable. Involvement refers to the extent to which an individual is too occupied to commit deviant acts. Individuals who fill their time with conventional activities will not have the opportunity to engage in deviant behaviour. Lastly, the element of belief refers to the degree to which an individual feels obligated to obey the rules. As such, the less an individual believes that there is merit in conventional conduct, the more likely they are to engage in deviant behaviour. In short, a strong attachment to key persons, a commitment to conventional behaviour, involvement in constructive, time-consuming activities and a strong belief that one is obligated to follow the rules of society will

decrease the likelihood of an individual engaging in deviant behaviour (Unnever, Cullen & Pratt, 2006:471-500; Van der Westhuizen, 2011:157).

Critique levelled against this theory is that it comes across as one sided by putting much of the 'blame' on the individual and his/her social bonds rather than exploring potential external influencing factors. In a similar way, peer group pressure can also play a role in the onset/buffering of misbehaviour, as a weak attachment to one's caregivers or parents does not necessarily mean you are not attached to other individuals who may influence you in positive/negative ways. Granted, the available literature has shown that strong attachment to a primary caregiver is vital for a positive outcome; but this does not mean that the importance of other attachments (whether good or bad) should be overlooked (Kelly, 1996:321-337).

The phenomenon of early development and onset of misbehaviour in male, at-risk children in the proposed study could partially be described by a combination of the above factors with respect to the strength of a child's ties to society. In this way, the onset of misbehaviour in the children in question may reflect a steadily weakening social bond, which would be invaluable as a focus point for intervention strategies on a secondary crime prevention level. The above theory remains one of the most verified and most prominent theories in criminology today (Bartol & Bartol, 2017:27-28).

2.8.5. Raymond Knight and Judith Sims-Knight's three path model of sexual offending

The three path model proposed by Raymond Knight and Judith Sims-Knight emphasises the main pathways in adults and juveniles that play a role in the development of sexually coercive behaviour. Within the framework of this model, three personality traits are identified as the basis on which a path to sexually coercive behaviour is formed; being sexual drive/preoccupation, antisocial behaviour and callousness. As such, the model defines three paths to sexually coercive behaviour that are respectively strengthened by either physical abuse, verbal abuse or sexual abuse. Two paths are influenced by physical and verbal abuse, the first of which describes callousness, deceit and emotional detachment as a result of the abuse. The second pathway stemming from this kind of abuse is defined by anti-social behaviour and impulsivity. Lastly, according to the third pathway, sexual abuse in earlier life strongly influences the onset of sexual preoccupation, aggressive sexual fantasies and

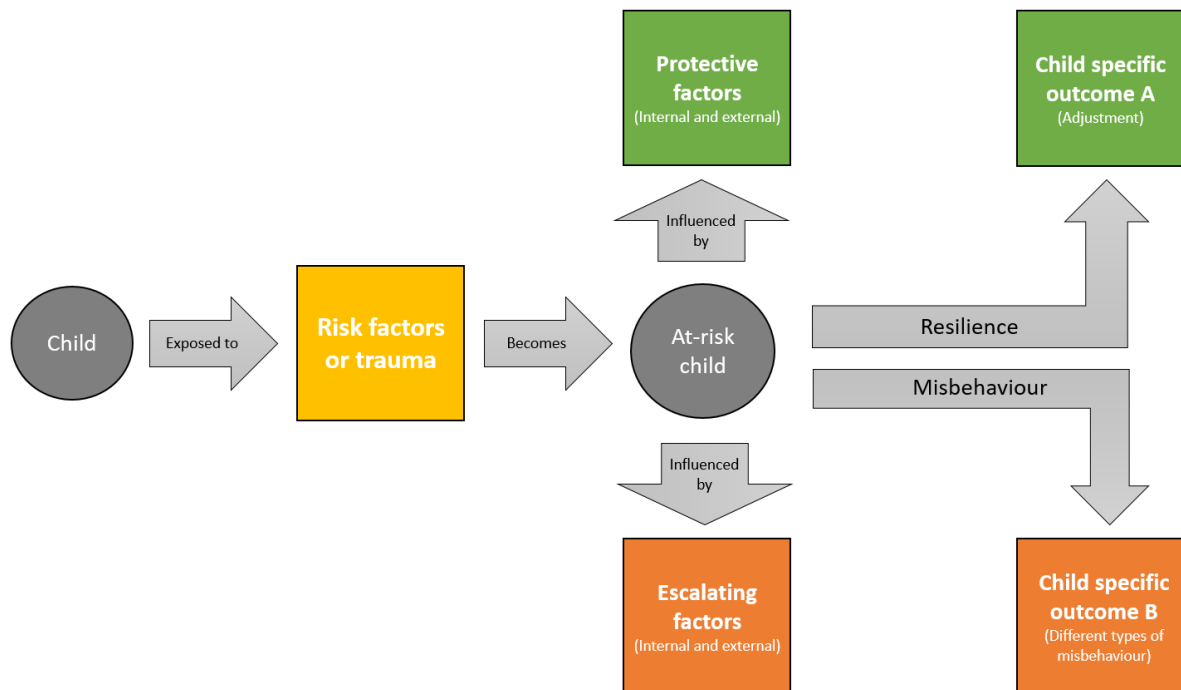
sexual compulsivity in adults and juveniles alike (Bartol & Bartol, 2017:392-393; Blackwell, 2017:76-77; Knight & Sims-Knight, 2006:72-85; Knight & Sims-Knight, 2008:33-55). Individuals must be exposed to a number of environmental risk factors and biological predispositions for misbehaviour to manifest.

It serves to be noted that the Knight and Sims-Knight three path model is one-dimensional in that it only refers to sexual offending and thus does not explain other types of misbehaviour. The model does, however, indicate that pathways are often the result of risk factors identified in earlier stages of life, thus making it a suitable framework from which to work with regards to the present study. Moreover, the model plays a critical role in understanding the origin of sexual violence and determining the risk of recidivism, which could potentially provide practitioners with a framework for intervention (Bartol & Bartol, 2017:392-393; Blackwell, 2017:76-77; Johnson & Knight, 2000:165-178; Knight & Sims-Knight, 2006:72-85; Knight & Sims-Knight, 2008:33-55).

2.8.6. Summary of theoretical framework

On their own, the above theories only partially account for the onset, continuation and escalation of misbehaviour in young, at-risk children within the context of child specific trauma, circumstances, protective factors and environmental factors. When the theories are combined the result starts to fill in gaps and assist in the creation of a more holistic model for the early onset of misbehaviour in at-risk children. The researcher proposes the following model:

Figure 3: Integrated model of misbehaviour in at-risk children



The above model works as follows: Once a child is exposed to risk factors and becomes at-risk, he is simultaneously being influenced by protective factors and escalating factors. Protective factors can include strong societal bonds, as suggested in Travis Hirschi’s social control theory, and functioning levels of greater moral development, as per Kohlberg’s theory of moral development. Combined these theories provide the basis for other protective factors or internal buffers (see section 2.4) which may dissuade a child from engaging in adverse behaviour.

On the other side, escalating factors (which refers to factors that facilitate the onset of misbehaviour in an at-risk child), such as being labelled as ‘deviant’ or ‘at-risk’ by the community (as per Frank Tannenbaum’s labelling theory) may help drive an at-risk child to misbehave. Similarly, weakened societal bonds (as per Travis Hirschi’s social control theory) may also develop whereby the child will be more likely to engage in misbehaviour.

Depending on the child’s context, personality and environment, he may become resilient to the escalating factors and become less likely to misbehave, ending up as a well-adjusted child. Conversely, the available personal and protective factors or buffers may not be sufficient to sway the child, resulting in the onset of misbehaviour.

With regards to a resilient child, Kohlberg's theory of moral development once more comes into play as a factor in all future decisions when an opportunity to misbehave is presented and denied (Child-specific outcome A in the integrated model). On the other hand, if the child succumbs to the escalating factors in their life, Terrie Moffitt's developmental theory becomes relevant when looking at whether the child is an AL or LCP child. Lastly, still within the context of the onset of misbehaviour, it is likely that the acts committed by the child will follow a trauma/risk specific pathway of behaviour, as indicated in Raymond Knight and Judith Sims-Knight's three path model of sexual offending. Further pathways can then be identified from 'Child specific outcome B' (as per the integrated model) according to the child's unique behaviour, context, environment and trauma.

The above model thus integrates the above theories while leaving room for individual, risk specific, protective and environmental factors.

2.9. CONCLUSION

The sheer number of potential risk factors in a child's life makes the onset of misbehaviour almost unavoidable in the case of male, at-risk children in child and youth care centres. Although some male, at-risk children in child and youth care centres show resilience and never engage in misbehaviour this group appears to be in the minority. The integrated model of misbehaviour in at-risk children serves as a practical framework from which to understand the lived experience of male, at-risk children in child and youth care centres as well as the developmental processes and pathways that influence the early onset of misbehaviour in their lives. The next section describes the research methodology to be used in order to achieve the stated research objectives.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

In this chapter, the research methodology and design utilised to conduct the study will be discussed. Furthermore, an exposition of the sampling methods, data collection and analysis, as well as the limitations and challenges pertaining to the chosen research methodology will be provided. Lastly, the research instruments, measurement quality, pilot study, and ethical considerations will be explained.

3.2 RESEARCH APPROACH

The research falls within the paradigm of subjectivism as it seeks to appreciate the lived, human experience and subjective perception of each of the experts and guardians to draw its assumptions. The researcher will recreate and study the context in which the early onset of childhood misbehaviour in child and youth care centres occurs. This could be achieved with an in-depth analysis of the triggers and buffers that contribute to the process of the encouragement or discouragement of misbehaviour in male, at-risk children (Burns, 2000:13-14). The research will therefore be qualitative in nature as research of this kind requires the involvement of the researcher in the specific context to collect the data. The reasoning in this case is inductive as a tally of whether a specific behaviour was present in relation to a certain factor would not provide the desired level of depth in the information (Burns, 2000:13-14). The positivistic, quantitative research approach is therefore not applicable as the required in-depth data cannot be numerically gathered, and the study population is too small to opt for a quantitative study (Terreblanche, Durrheim & Painter, 2006:47). Lastly, in order to effectively conduct the research, the study utilises an exploratory approach as comprehensive research focusing on the early onset of misbehaviour in male, at-risk children is severely limited. The researcher will therefore be studying a phenomenon with little to no existing data on the subject (Babbie, 2011:91).

3.3 TYPE OF RESEARCH

The current study is basic as it will generate new theoretical knowledge. Although the findings and recommendations could be utilised by different role players in the future to initiate new prevention programmes or enhance existing prevention initiatives, the study does not aim to develop and implement such a programme once completed. As such, it is a basic study aimed at uncovering baseline information and therefore functions purely as a foundation on which further research can be built (Terreblanche et al., 2006:45).

3.4 RESEARCH DESIGN

A case study design will be utilised as the research will focus on the meaning the participants attach to their respective experiences when working with male, at-risk children in child and youth care centres. This design is ideal for gaining insight into the variables that make up their perceptions so as to gain familiarity with their lived experiences (Babbie & Mouton, 2003:281). As the individual participants will be chosen so that comparisons can be made between the various cases, themes, and variables, a collective case study is required with the social group as a unit of analysis (Fouché & Schurink, 2011:320). The social group as the unit of analysis will be utilised because the participants (experts and guardians) are seen as individuals that are part of a larger social group or community. Furthermore, case study designs are flexible, inexpensive, allow the researcher to employ multiple techniques to gather data, and can be utilised in most social environments, making the design a clear choice for the study (Champion, 1993:66-67; Fouché & Schurink, 2011:322).

3.5. STUDY POPULATION AND SAMPLING

A total of 14 guardians and experts were identified for the study. As discussed in Chapter 1, the term 'guardian' refers to the designated house parent of a child at a child and youth care centre with a minimum of two years' experience working with male, at-risk children in child and youth care centres. In the same way, the term 'expert' refers to teachers, social workers, and psychologists with two or more years of experience working with male, at-risk children in child and youth care centres.

3.6 SAMPLING

Sampling will be done with the purpose of attempting to answer the research question. Non-probability sampling will be utilised as obtaining a full representation of the population was not viable since the population is unknown and represented too many individuals to collectively include in the study. More specifically, the population required for the study is too specific for random sampling methods to be effective and each participant will therefore be purposively selected (Wysocki, 2004:157). Purposive sampling refers to the selection of a sample based on the characteristics of the population within the context of the objective of the study (Understanding purposive sampling, 2018). Only the individual's privy to the correct information and willing to assist will be approached (Fouché & Schurink, 2011:392; Kumar, 2005:179; Strydom & Delport, 2011:392). The participants are required to currently be working with male, at-risk children in child and youth care centres and have at least two years' experience working with such children.

A purposive sample of 14 participants were drawn from Jakaranda Children's Home, Louis Botha Children's Home, and Tshwane Place of Safety Association (TPOSA). Of those 14, nine participants were experts and five were guardians. The guardians will each participate in a one-on-one semi-structured interview while the experts will take part in a focus group.

The information will be gathered from the focus group and the semi-structured interviews with the purpose of providing a holistic view of the perceptions of experts and guardians regarding the research topic.

3.7 PARTICIPANTS

Participants will be asked to utilise a mental framework of knowledge regarding male, at-risk children aged between six and ten years. Participants will be divided as follows:

- **Participants defined as guardians**

Face-to-face, semi-structured interviews will be carried out with five guardians from the Jakaranda Children’s Home, Louis Botha Children’s Home, and TPOSA.

- **Participants defined as experts**

The focus group will comprise of nine experts from the Jakaranda Children’s Home and Louis Botha Children’s Home.

A breakdown of the participants’ professions, years of experience and places of employment will be provided below:

Table 2: Breakdown of research participants

Participant number	Profession	Years of experience	Place of employment
1	House parent (Guardian)	7	Jakaranda Children’s Home
2	House parent (Guardian)	6	Jakaranda Children’s Home
3	House parent (Guardian)	25	Louis Botha Children’s Home
4	House parent (Guardian)	2	Louis Botha Children’s Home
5	House parent (Guardian)	15	TPOSA

Participant number	Profession	Years of experience	Place of employment
6	Social worker (Expert)	19	Jakaranda/Louis Botha Children's Home
7	Social worker (Expert)	2	Jakaranda/Louis Botha Children's Home
8	Social worker (Expert)	12	Jakaranda/Louis Botha Children's Home
9	Social worker (Expert)	30	Jakaranda/Louis Botha Children's Home
10	Social worker (Expert)	6	Jakaranda/Louis Botha Children's Home
11	Social worker (Expert)	3	Jakaranda/Louis Botha Children's Home
12	Social worker (Expert)	3	Jakaranda/Louis Botha Children's Home
13	Social worker (Expert)	2	Jakaranda/Louis Botha Children's Home

Participant number	Profession	Years of experience	Place of employment
14	Social worker (Expert)	6	Jakaranda/Louis Botha Children's Home

3.8 DATA COLLECTION

Face-to-face, semi-structured interviews and a focus group will be conducted to collect data. The interviews, focus group and the limitations and challenges of the interviewing process are discussed in the sections that follow.

3.8.1 Interviews

It is important to note that the success or failure of an interview is highly dependent on the interviewer. Possible disadvantages of the interview process include, among others: the derailing effect of interruptions on the interviewee; making the interviewee feel exposed by using recording equipment; and an interviewer's inadequate knowledge base on the research topic or environment (Greeff, 2011:346, 351, 358; Nel, 2005:346). Various steps can be taken to counteract the aforementioned disadvantages. Ensuring the interview takes place in a quiet, secluded office or area, for example, will ensure that nothing interrupts the interviewee. The interviewer should also ensure that he/she is prepared for each scheduled interview. These simple methods will ensure that researcher fault is primarily absent from the focus group and the semi-structured interviews.

Participants will be asked to sign a consent form prior to the interview which will include permission to make use of audio-recordings. This is necessary to ensure that the data is obtained thoroughly, and that no information is overlooked while taking field notes on key aspects. Audio recording can often be unsettling to participants and it is suggested that they be given time to acclimatise to the presence of an audio recording device prior to commencing the interview. It is also advised that the researcher give

participants repeated assurances that there is nothing to worry about and that they can relax, especially because the information is treated as confidential and will not be heard by anyone but the researcher (Greeff, 2011:346, 351, 358; Nel, 2005:346). The interview process is expected to take between 30 and 60 minutes.

3.8.2 Focus group

Similarly, while focus groups allow a group of people to share their experiences and insight into a topic of interest, provision should be made for numerous challenges inherent to focus groups before attempting to conduct one. These challenges include: ensuring in-depth participation; efficient time management; and handling unmanageable, assertive, or especially talkative participants (Strydom & Delpont, 2011:358-374; Westmarland, 2011:101). Active efforts by the researcher to ensure in-depth participation by members should include descriptive introductions, a well-prepared research instrument containing questions to be discussed in the focus group and ensuring the participation of all members in the discussions. Effective time management can be achieved by the moderator through control of the focus group environment and study-related discussions. In addition, a smaller focus group (normally between five and six members) will guarantee a more manageable environment where each participant can contribute to the discussion. Despite this, the focus group utilised in the current study will be made up of nine members due to scheduling conflicts with each of the smaller groups at the various research institutions. The bigger group will, however, be controlled through effective moderation to avoid unmanageable, assertive, or overly talkative participants such as through verbal cues and the laying down of ground rules (Greeff, 2011:358-374; Terreblanche et al., 2006:305-307; Westmarland, 2011:100-102).

Regarding effective moderation by the researcher in the current study, the researcher will lay down ground rules during the introductory phase such as having to raise a hand to talk, speaking one at a time, and respecting others' opinions. The researcher will also allow for questions regarding the research topic and purpose (beyond what was contained in the informed consent form) prior to the commencement of the focus group in order to maintain control throughout the discussion. Furthermore, effective moderation will be ensured throughout, as participants with raised hands would need to be addressed by the researcher before speaking, thus avoiding outbursts from other

participants or long-winded responses. The focus group is expected to take between 30 and 45 minutes.

3.9 LIMITATIONS AND CHALLENGES OF THE RESEARCH METHODS UTILISED

A common shortcoming associated with the non-probability sampling approach is that the limited availability of participants in this case necessitate highly selective sampling. The more selective the sampling, the less the resulting information can be generalised for the experts and guardians caring for young, male, at-risk children in child and youth care centres (i.e. the research population) (Babbie & Mouton, 2005:79). Furthermore, face-to-face interviews can be problematic due to the possibility of interviewer bias, which occurs when the interviewer influences the responses of the interviewee. Different interviewers may also interpret or answer items on the research instrument differently (Babbie, 2005:274; Gravetter & Forzano, 2009:371).

3.10 RESEARCH INSTRUMENTS

Topics of interest derived from the literature review were formulated into an interview schedule and a focus group schedule aimed at answering the research question and realising the goal and objectives of the study. As such, the literature review was used to compile the research instruments (see Appendix E).

3.11 DATA ANALYSIS

Due to the qualitative nature of the study, a process of thematic content analysis will be undertaken to analyse the captured data. Creswell's (2013:183-187) spiral technique will be utilised to implement the data analysis process. As such, steps in the data analysis process will not be structured and would instead act as a guide that could overlap in some respects. The researcher will utilise this technique to organise all the gathered data before converting the appropriate segments of text for analysis (Creswell, 2013:182-187).

Creswell's technique will be applied in the study using the following six steps or phases, as per the framework (2013:183-187). In phase one, the researcher will familiarise herself with the data gleaned from both the semi-structured interview and focus group by reviewing the field notes and audio-recordings numerous times within the context of the research topic. In phase two, open coding (whereby data is broken

down, named, categorised and compared) will be applied to the data to identify, name, and categorise the data for later comparison (Fouché & Schurink, 2011:412) with regard to phase three, wherein the researcher will tentatively identify the relevant themes and sub-themes. After revising the identified themes and sub-themes (as per phase four) to ensure accuracy and to refine the presented data, the final themes will be named and defined in Chapter 4 (as per phase five). Lastly, phase six will be employed with the writing of the final report, which includes the assumptions drawn from the research, recommendations for further study, and answers to the research goal and objectives.

3.12 MEASUREMENT QUALITY

The concept of trustworthiness as it relates to qualitative analysis is paramount. If the results of a study closely represent the perceptions and experiences of the research participants, then the study is considered trustworthy. Trustworthiness is achieved through the use of credibility, transferability, auditability, and conformability in a study (Lietz & Zayas, 2010:191-198).

Credibility refers to the degree to which the meaning presented by the participants is reflected by the research results. To manage credibility, a researcher must be able to control research bias and reactivity, which is the potential for the researcher to influence the participants and thereby change the outcome of the study. Research reactivity is thus constantly monitored by employing reflexivity (reflecting on the results obtained to make sure that researcher bias does not contaminate the research results) (Lietz & Zayas, 2010:192).

In addition to reflexivity, triangulation (the use of two or more sources to achieve comprehensive insight into a point of reference) can be employed to ensure credibility (Lietz & Zayas, 2010:192). More specifically, the researcher will employ two data collection methods, namely semi-structured interviews and a focus group to obtain an in-depth response to the research question.

Transferability refers to the degree to which future research (both theoretical and practical) can benefit from the results of the research (Lietz & Zayas, 2010:192). The transferability of the study in this case is deemed to be sound as it is explorative; future

research would seek to build on and investigate the data gleaned from the current study.

Auditability refers to the degree to which a third party will be able to follow and critique the research process and is therefore related to how well the research is documented (Lietz & Zayas, 2010:195). Auditability will be ensured by keeping an audit trail and engaging in regular peer debriefing with the supervisors of the study. Lastly, conformability, which refers to the ability of others to replicate and confirm the research findings, will also be observed through the active use of strategies such as peer debriefing and audit trails (Lietz & Zayas, 2010:197; Terreblanche et al., 2006:553).

Once trustworthiness is achieved, the researcher will describe and classify the data using themes and codes identified during the analysis phase for later interpretation. In line with the last phase of Creswell's spiral, the interpreted data will then be represented in a written report (Creswell, 2013:183-187).

The researcher will also consider the issue of establishing rigour in the qualitative study. According to Lietz, Lange and Furman (2006:441-458), research procedures utilised in qualitative studies to establish rigour are an important way to increase confidence that the voices of the participants are heard. The researcher will frequently provide reflective summaries to confirm that she understands what the participant is saying (Fouché & Schurink, 2011:345). The researcher will also ask participants to clarify ambiguous statements to increase confidence that the findings represented the meanings intended by the participants.

3.13 PILOT STUDY

Pilot studies are undertaken to establish the timeframe and address any unforeseen problems with the research methodology or research group (Chenail, 2011:255-262; Kim, 2010:1-17; Sampson, 2004:383-402). Since pilot studies for focus groups are generally not viable, the pilot study comprised the administration of two semi-structured interviews with two different guardians. Due to small sample size and richness of the data obtained, the results of the pilot study were included in the main study. No experts were involved in this part of the study as they would only form part of the focus group. The gathered data was then analysed and coded according to categories and in relation to any prevailing themes that were shared between the

respective participants. After confirming that enough verified similarities existed between the categories where some form of similarity was expected, a full-scale version of the study was executed (Hissong, Lape & Bailey, 2015:156).

3.13.1 Challenges experienced during the pilot study

Numerous challenges were experienced during the pilot study. Firstly, the researcher experienced some difficulties explaining some of the concepts to the guardians who were predominantly Afrikaans (but could speak adequate English). This challenge was overcome during the pilot study with explanations of each term and asking for reflective summaries to confirm mutual understanding. This solution will also be employed during the interview and focus group sections of the main study as many of the guardians and experts may also be Afrikaans-speaking.

Secondly, the two guardians interviewed during the pilot study admitted that they did not have a strong relationship of trust with their allotted children. This meant that they felt that they were unable to adequately answer the research questions as opposed to answering in a way that reflected the entire truth. This challenge was addressed during the pilot study through assurances that there was 'no right or wrong answer' and that the researcher was interested in their perceptions as guardians, instead of attempting to discover an empirical truth about the target child group. The researcher will endeavour to offer the same assurances in the main study, whether or not participants feel that they have a strong relationship with their allotted children or not.

Thirdly, both as a matter of pride and for fear of reprisal from their employers, the guardians in the pilot study leaned towards only reporting 'well-mannered' behaviour due to concerns that answers describing 'ill-mannered' children would reflect negatively on their parenting abilities. In order to address this challenge, the researcher assured the guardians that all information would be treated as confidential, even from their employer. In addition, the researcher emphasised that an honest view of male, at-risk children in child and youth care centres was more useful to the study than a portrayal of well-mannered children with no relevance to the research. After noting the aforementioned behaviour in the pilot study, the same assurances will be provided to the participants in the main study prior to the commencement of the individual semi-structured interviews.

Lastly, different house parents had different parenting styles in that some were very strict while others had a more permissive parenting approach. While this is to be expected, it is possible that the different guardians perceived the behaviour of their male, at-risk children in different ways, meaning their answers may not have correlated to the same behaviour (such as overreacting or underreacting to misbehaviour). While it may not have been possible to control this aspect of parenting during the pilot study, the nine experts included in the focus groups were included in the sample to provide a more objective view on the target group and to balance out potential bias. An understanding of terms such as 'misbehaviour' (as used in the study) however, was provided in the list of key concepts which was given to participants before the interview commenced so as to assist in realising a shared understanding of terms.

3.14 ETHICAL CONSIDERATIONS

Ethical considerations when conducting the study included: attaining the informed consent of all participants; voluntary participation; competency of the researcher; avoidance of harm; confidentiality; privacy; and the debriefing of participants.

3.14.1 Informed consent and voluntary participation

Each participant will be required to sign an informed consent form (refer to Appendix B and Appendix C) prior to the commencement of the interview and focus group. The participants will therefore be informed of the goal and objectives of the study, the specifics of the research process (including that their responses would be audio-recorded), and that they will not be entitled to any form of reward or remuneration for participating. Additionally, participants will be informed that they will not be harmed during the interview or focus group, how their confidentiality would be assured, and that participation is voluntary which means that they could refuse to continue at any point during the study without consequence (Strydom & Delpont, 2011:117-119). It should also be noted that permission (refer to Appendix A) will be obtained from the experts' and guardians' respective institutes or organisations before the study commences.

3.14.2 Privacy and confidentiality

Privacy and confidentiality were some of the main concerns of the study. In order to maintain confidentiality, numeric values will be attributed to participants to protect their identities (which will only be known to the researcher). Furthermore, the research data and identifiable particulars of the participants will be kept in a safe room at the Faculty of Humanities of the University of Pretoria for 15 years as prescribed by regulations. The research data will also not be discussed or released to third parties for archiving and research purposes. Furthermore, identifiable particulars of the participants will not be presented in a detectable way in this dissertation or any future research articles. The participants' responses will therefore remain confidential.

3.14.3 Avoidance of harm

The respective sample groups, namely guardians and experts, work with at-risk children on a daily basis, therefore the questions set will be well within their normal frame of reference and the participants are thus unlikely to be physically, emotionally, or psychologically harmed by the research process. However, several assurances, such as being allowed to stop the interview at any time without negative consequences, will be set out in the informed consent form (refer to Appendix B and C) prior to the interview and focus group so that participants are aware of the types of the questions they would be asked (Strydom & Delport, 2011:117-119).

3.14.4 Debriefing of participants

After the interviews and focus group, participants will be thanked for their time and will be asked whether they had any questions about the study as well as anything they wished to discuss regarding the research process. A brief wellness check will be conducted after the interviews and focus group by inquiring about participant affect and feelings about the study and subject matter. Follow-up information will be provided if participants have any further questions or need clarification on any part of the study.

3.14.5 Competency of the researcher

At the time of conducting the study, the researcher had three years' experience working with both male and female at-risk children of the target age in a place of safety

as a stand-in house mother (when the allocated house mother was on leave). As such, the researcher was interested and well acquainted with the subject matter and the environment in which both the experts and guardians worked. The researcher had ample experience with group facilitation and discussion due to her experience as a tutor for the Department of Social Work and Criminology at the University of Pretoria. The researcher also successfully completed five research modules while studying (spanning three years during her undergraduate degree, one year during her Honours degree in Applied Psychology and one year during her Honours degree in Criminology). In addition, the researcher was supervised by two experienced researchers with extensive knowledge in the fields of youth misbehaviour and crime prevention.

3.15 CONCLUSION

This chapter outlined the envisaged methodology to be utilised in the study and detailed the possible pitfalls the researcher could encounter while attempting to implement the methodology. The next chapter will outline the description and interpretation of the primary findings regarding the perceptions of guardians and experts in the context of the early onset of misbehaviour in male, at-risk children in child and youth care facilities.

CHAPTER 4

DESCRIPTION AND INTERPRETATION OF FINDINGS

4.1 INTRODUCTION

In Chapter 3 it was envisaged that experts and guardians (as defined in Chapter 1) would collectively provide insight into the research topic using the proposed research design and instruments. In order to achieve the goal and objectives of the study, the data was collected using an interview and focus group schedule derived from themes identified in the literature review.

The identified themes were formulated into the questions in the interview and focus group schedule with the aim of answering the research question and realising the goal and objectives of the study. Originally, the researcher had planned to identify additional participants if either of the two sample sets did not provide enough useful information to continue until the point of saturation was reached, however, the additional identification of participants was not necessary. Owing to the fact that qualitative studies are characterised by in-depth research with a smaller research sample and the selection criteria used for participants was highly specified, the researcher believes that the point of saturation was reached. All participants were knowledgeable enough and had enough experience to adequately answer the research question and provide insight into the research topic. After assigning numeric values to the research participants (refer to Chapter 3), the researcher transcribed audio-recordings of their responses and typed out the various answers. Comparative analysis was then utilised to identify common themes and sub-themes from participant responses with regard to the context of misbehaviour in male, at-risk children in child and youth care centres.

Some obstacles were experienced during the data collection phase of the research, (such as discomfort caused by the audio recording device or the enlarged focus group) but were overcome in the following ways. During the focus-group discussion the researcher made provision for the larger group size and the anticipated higher volume of responses to questions by allotting more time for answers that would originally be necessary and laying strict ground rules (such as raising one's hand if they wish to talk) prior to the commencement of the focus group. This ensured that the group was

not only manageable, but also that each participant wishing to answer had ample time to do so.

During the one-on-one interviews the researcher addressed the problems of audio recording device related discomfort and privacy/continuity (making sure that the interview would not be interrupted and that no distractions were present). The researcher did the following to negate the above issues. While the presence of an audio-recorder caused initial discomfort in the majority of the interviews, the researcher gave participants time to acclimatise to the presence of the recorder by switching it on and engaging in small talk prior to the interview. Further assurances were given during the interview process, such as insisting that it was the participants' specific opinions and knowledge that the researcher required, not a textbook or rehearsed 'perfect' answer. Lastly, as the interviews and focus group took place at the residential care facilities, which the respective guardians managed, interview times were selected to coincide with the children's school hours so that potential interruptions from the house children would be negated.

In addition, the following addresses the limitations of the methodological procedures as discussed in 3.5.4.3. Firstly, the purpose of the study was to gain in-depth knowledge and not to generalise the information. Potential interviewer bias was minimised with the use of a pre-approved set of interview and focus group questions. Both interview and focus group participants were provided with a copy of the key concepts and their definitions utilised in this study (refer to Chapter 1) prior to the interview or focus group for greater clarity during the data collection phase. As a result, there was very little room for misunderstandings regarding the interview or focus group schedules, or opportunity for the researcher to influence responses by altering questions. In cases when a participant's answer was unclear, the researcher probed for information until the meaning of the participant's statement was apparent. Furthermore, the interviews and focus group were audio-recorded in order to better capture participants' responses, which further minimised the risk of interpretation errors after the data collection phase was complete. Lastly, only one researcher conducted the interviews and focus group, therefore the chance of multiple interpretations of the research instrument was reduced. The active negation of the above obstacles implies that sound and verifiable data was collected.

In this chapter the analysis of the data will be highlighted. The commonly identified themes and sub-themes as derived from the responses of the experts and guardians will be presented in Table 3. As both the house parents and social workers work together in similar environments and circumstances (places of safety) it is not surprising to find so much in common between the various responses obtained during the data collection phase. The research findings for each respective section will then be interpreted and linked with the information provided in the literature review in Chapter 2. The chapter will conclude with a case study of an unorthodox intervention applied by participant 2. Specific participant responses will be presented throughout the chapter to substantiate information where relevant. Please note that square brackets '[']' will be used to add explanatory notes to the verbatim responses. However, where necessary, these responses have been adapted to avoid participants or children being identified from the answers - the quality of the quotes was not affected.

4.2 DESCRIPTION OF THEMES

Creswell's spiral technique was employed to identify common themes and sub-themes in the research data. Firstly, the researcher reviewed audio recordings from the interviews and focus group multiple times before transcribing the recordings and typing out what was said (as per phase one). During phase two, the researcher employed open encoding by comparing the data to common themes identified in the literature review and categorising, naming and contextualising the data that was most similar to those themes. In this way the data was tentatively categorised into primary themes and sub-themes (as per phase three) before the identified themes were revised for accuracy and refinement (phase four). Phase five will feature in this chapter, as the themes and sub-themes are named and defined while phase six will feature in Chapter 5, whereby assumptions will be drawn from the research, recommendations will be given for further study and the research goal and objectives will be answered (Creswell, 2013:183-187). As per the above comparative analysis was employed to convert the research results into systematic categories, which were used to identify common themes and sub-themes with regard to the context of misbehaviour in male, at-risk children in child and youth care centres.

The common themes and sub-themes derived from the interviews and focus group are presented in Table 3.

Table 3: Description of themes and sub-themes

Themes	Sub-themes
Theme 1: Demographic specific behaviour	1.1. Gender 1.2. Age inappropriate behaviour
Theme 2: Individual factors	2.1. Resilience 2.2. Type of trauma 2.3. Mental health
Theme 3: Family and environmental factors	3.1. Consistency 3.2. Parenting capacity 3.3. Quality relationships with family members
Theme 4: School environment	4.1. Peer pressure 4.2. Bullying
Theme 5: Therapeutic intervention	5.1 Therapeutic interventions in child and youth care centres 5.2. Over-analysis of behaviour

4.2.1 Theme 1: Demographic-specific behaviour

General behaviour specific to the gender, circumstances, and the age group of male at-risk children was discussed with participants. Their answers focused on the following sub-themes:

4.2.1.1 Gender

The study is focused exclusively on the early onset of misbehaviour in male, at-risk children. With this in mind, when asked how 'misbehaviour' (as defined in Chapter 1) presented in at-risk boys between the ages of six years old and ten years old, many participants spontaneously added their perceptions on girls in order to emphasise points by way of comparison. While the focus remains on at-risk male children, the responses regarding at-risk female children were also included to contextualise the responses regarding the at-risk male children.

With regard to participant responses, guardians 2 and 3 worked exclusively with male at-risk children and as such did not provide insight regarding gender differences, which the other participants did. Participants 1 and 4 indicated that boys were more aggressive when they misbehaved, as opposed to girls who misbehaved in another way and were quieter when they acted out. Participant 5 was of the opinion that no difference existed between at-risk boys and girls in the age range of interest (between the ages of six and ten years old) as both were just as likely to lie, manipulate, steal, and get involved in physical altercations at home and at school. During the focus groups, the nine experts mutually agreed that male, at-risk children act out in more overt ways (such as aggression and screaming), while young female at-risk children were subtler by comparison.

For the purposes of the current study, the responses regarding the males indicate a general pattern of overt aggression towards peers and guardians alike, including behaviour such as swearing, fighting, and screaming. While the study did not seek to investigate the similarities and differences between male and female at-risk children, the responses show that experts and guardians in this case believe that there is a definite difference in the presentation of misbehaviour between the different genders. To some extent, this only adds to the confusion on the topic described by literature, as criminological opinions regarding the potential behavioural similarities or differences vary greatly (Moynan et al., 2010:53-63). As indicated by participant 7, the misbehaviour is child- and context-specific (which is discussed in more detail in Theme 2). The responses for participant 1 and 7 were included because, while they do not specifically mention gender, it is the researcher's understanding that the responses

were made to emphasize male misbehaviour within the context of the study - thus addressing the gender theme as highlighted by this section. The following statements indicate their perceptions on the difference between young male and female at-risk children.

Guardians

- *Participant 1: "Obviously it depends from child to child, but a lot of my boys scream and swear when they fight – which is a lot."*
- *Participant 2: "I think boys can misbehave more. Girls also misbehave and fight, but in another way...and not as aggressive as the boys."*
- *Participant 5: "Both boys and girls can come home with black eyes. Girls just get hurt more by emotions and words."*

Experts

- *Participant 6: "I think the males are more aggressive and more loud. The girls are normally more rude to each other; like through inappropriate language."*
- *Participant 7: "You'll often see instances where the boys have been physically fighting with each other over small things."*

4.2.1.2 Age inappropriate behaviour

Misbehaviour refers to conduct that is considered contextually inappropriate and that interferes with learning processes (Hameed-ur-Rehman & Sadruddin, 2012:162). Participants stressed that while many of the male, at-risk children were already engaging in forms of misbehaviour prior to or upon their arrival at the place of safety, other children would only start misbehaving (if at all) later on. In these cases, they felt that the onset or maintenance of misbehaviour was largely child- and context-specific, with many children responding better to environmental buffers and interventions than others.

Both experts and guardians agreed that the following behaviour was considered abnormal for the age group: excessive tantrums; excessive crying; aggression or violence; bullying; truancy; excessive defiance (such as aggressive responses to instructions, attempts to mock or injure the house parent, and extreme refusal to obey requests, sometimes even days after they were asked); swearing; a lack of manners;

over-sexualised behaviour; smoking and the consumption of alcohol. While behaviour such as substance use by children (which is listed by participants as one of many kinds of age inappropriate behaviour) should be curbed to avoid long term negative effects (Harris & Bezuidenhout, 2010:33), it is important to primarily view the child within his specific context and consider the effect of peer pressure on his behaviour. Consider the second quote in this section. A child asking other children or the house mother to engage in sex is age inappropriate behaviour, but one must probe why he is asking such a thing in the first place. In other words, why does the child think it is alright to ask other people in the house for sex? Is the child's previous experience to blame or is he simply mirroring the behaviour of others? Conversely, would this kind of behaviour be considered age-appropriate in teenage or older boys? When asked what behaviour they would deem "misbehaviour" when presented by a young, at-risk male in child and youth care centres, the participants indicated the following:

Guardians

- *Participant 1: "Tantrums that just go on and on and on, and the ones that keep going on everyday..."*
- *Participant 2: "Asking myself [the house mother] or other [house] kids for sex."*
- *Participant 3: "Fighting and crying a lot. It's not a normal cry either, it just goes on and on..."*
- *Participant 4: "Swearing and breaking the rules the whole time."*
- *Participant 5: "Sometimes they just don't want to listen, but not in the way a normal child just being naughty does, they flat out refuse to do anything I ask them and scream and fight when I try to make them."*

Experts

- *Participant 9: "Drinking alcohol, stealing and smoking. It's not normal for that age."*
- *Participant 11: "Substance use or over-sexualised behaviour."*
- *Participant 14: "Truancy, uncalled-for aggression, smoking or overly-sexual conduct."*

4.2.2 Theme 2: Individual factors

Assuming that all children, albeit a specific subset in this context, will behave and react in a similar fashion to environmental stimuli is short-sighted (Byrnes et al., 1999:377). Just as adults are all essentially different and react differently to situations, not every child that is exposed to a specific set of circumstances will react in the same manner (Theron & Theron, 2010:2). The following sub-themes were identified with regard to individual-specific nuances that affect how a child reacts to adverse stimuli.

4.2.2.1 Resilience

A resilient child is one that successfully navigates childhood despite being exposed to significant life stress (such as childhood trauma). This kind of child is considered to have adapted to handling increasing amounts of life stress without major adverse effects (Goldstein & Brooks, 2013:8; Wang & Gordon, 2009:3-5; Wingo et al., 2010:411-414). While general trends for male, at-risk children in child and youth care centres did emerge, participants stressed that often the expected escalation, reduction, or onset of misbehaviour was dependant on the child himself. Both experts and guardians emphasised that numerous factors assisted in building resilience to prior trauma and its psychological effects.

Both experts and guardians emphasised that some children were simply better at adjusting to risk factors in their lives than others. While individual resilience cannot be ignored, experts proceeded to highlight additional factors in their responses. These factors included: available support; strength of interpersonal relationships; severity or duration of trauma; and duration of residency at the child and youth care facility. During the focus group, the experts purported that such “protective” factors could help certain children foster resilience to adverse circumstances, an idea which is supported by criminological literature. Protective factors (factors which are present in the child’s life that make the development of resilience more likely) generally stem from the child him/herself, the child’s family environment and/or community (Goldstein & Brooks, 2013:8; Theron & Theron, 2010:2; Wang & Gordon, 2009:3-5; Wingo et al., 2010:411-414). However, as indicated by the research participants, the child’s personality type is essentially the deciding factor in therapeutic success or failure. In this way, despite the best efforts of experts and guardians, a successful intervention is often dependent

on the personality of the child involved as opposed to a caretaker's ability to successfully foster resilience to trauma.

Guardians

- *Participant 2: "I have one boy that can't leave me alone for a second, he always wants to be near me and gets anxious when I'm not around. Then there's another boy from a similar background [abuse] that gets annoyed if I 'faf' [worry about or ask about his wellbeing] and wants to do his own thing with his friends. They're all different."*
- *Participant 3: "Some boys bounce back from trauma a lot faster than others."*

Experts

- *Participant 7: "No matter the circumstance, it's always child-specific. Sure, some kids act the same way, but you never know how well that personality is going to cope with a situation or if he will react badly to something, because it's different for every child. Some children are just stronger than others emotionally."*
- *Participant 12: "Sure, a lot of it has to do with what support is available to the child (and his relationships with those people), how long the trauma went on and how long he's been cared for in a place of safety...but some children have the support and fall apart while others have no support but work through it and move on anyway. The personality of the child plays a big role."*

4.2.2.2 Type of trauma

When asked whether male, at-risk children misbehaved differently due to different risk factors, both experts and guardians separately agreed that, while it was child-specific, young children exposed to different risk factors did sometimes misbehave in a different manner from one another. Participant 8 stressed that a more noticeable difference in behaviour (regarding the onset of misbehaviour in relation to the type of trauma the child was exposed to) was only discernible in older children. While specifics regarding different behaviours and different risk factors were not mentioned, neglect, physical abuse, and/or sexual abuse were separately identified as risk factors that result in separate types of misbehaviour in male, at-risk children in child and youth care facilities.

All but one participant felt that misbehaviour in male, at-risk children manifests in a manner specific to the risk factors the individual child was exposed to. It was stressed that such a clear divergence in types of misbehaviour is only seen in more severe cases, or when the child is influenced to misbehave by his peers. In less severe cases, participants indicated that the “risk-specific misbehaviour” is more likely to be directly triggered in reaction to external stimuli such as abandonment, bullying at school, or sexual advances from another child in the house. A further distinction was made by participant 4, who stated that children who misbehave as a reaction to external stimuli tend to cease the behaviour after about a week. The participant added that children who spontaneously engage in misbehaviour (that is to say, with no discernible reason) tend to maintain the adverse behaviour for much longer periods. Nonetheless, an argument can be made for the need to be aware of the potential onset of risk-specific misbehaviour in male, at-risk children in child and youth care centres.

Research indicates that exposure to any form of abuse is detrimental to a child’s development and health (Hildyard & Wolfe, 2002:679-695; Rak & Patterson, 1996:368), therefore standard intervention techniques will need to be implemented regardless of the risk factors the child has been exposed to. It is likely that the behaviour of male, at-risk children follows a similar process to that described by Knight and Sims-Knight’s (2003) three-path model of sexual offending. The model defines three paths to sexually coercive behaviour that are respectively strengthened by either physical abuse, verbal abuse, or sexual abuse (Bartol & Bartol, 2017:392). While this model focuses exclusively on sexual abuse or offending and therefore does not encompass all possible risk factors, it describes a developmental process whereby different risk factors influence different behavioural outcomes.

Guardians

- *Participant 2: “Victims of sexual abuse often act out in a sexual manner [behave sexually towards adults and other children] whereas victims of physical abuse were more likely to be aggressive towards others and use obscene language.”*
- *Participant 3: “Children who were neglected almost always steal food and overeat at every meal.”*

Experts

- *Participant 8: “I don’t think they behave very differently; they’re too young to be that specific when they get upset.”*
- *Participant 10: “If there’s a child that was sexually abused, I need to make sure to isolate them from the other children until we can make a plan because he will act out the [sexual] behaviour on the other kids and end up influencing them.”*
- *Participant 13: “A child who comes in for neglect won’t act out sexually and vice versa, so it’s generally related to the trauma they were exposed to.”*
- *Participant 14: “It depends a lot on the environment they came out of – neglect, sexual abuse, physical abuse, an over authoritative parenting style, or abandonment can all result in very different ways of acting out when the child gets to you.”*

4.2.2.3 Mental health

Often, some children in the care of the guardians suffer from mental or developmental problems in addition to their prior abuse or maltreatment. For example, participant 1 cared for a twelve-year-old boy with the mental age of a three-year-old, while participant 2 cared for two boys who were suffering from FASD. Within this context, participants expressed concern that the children suffering from mental deficits were often side-lined when it came to their care in comparison to the demands and care of the other children. This was due to the fact that this child would need more attention (thus forcing the house mother to pay less attention to the other children) or act out towards the other children due to feelings of anger or rejection, which often results in a scolding from the house mother (thus only alienating the child further). In addition, participant 5 felt that mentally challenged children often acted out more severely in an attempt to gain validation or approval.

Children who present with developmental problems, mental issues, and FASD (among others) are likely to display social, physical, and cognitive developmental problems throughout their childhood (Robertson, 2010:79). Despite their best efforts, the potential for weak guardian attachment is high due to consistent behavioural problems from the child and the guardian’s inadvertent focus on the other, more manageable

children (Bertrand, 2009:986-1006; Hughes, 1997:5-8; May et al., 2009:176-192; Rich, 2006:11; Warren et al., 2011:414).

Guardians

- *Participant 1: “My one boy has the mental age of a much younger child, I do my best, but it really gets hard sometimes...especially when there are eleven other boys trying to get your attention.”*
- *Participant 2: “Most of them here are being born with FASD.”*
- *Participant 3: “In cases of extreme behaviour or mental illness, we often have to ask our social worker for advice about how to correctly deal with the behaviour. This means that I often need to wait for feedback before moving to address the problem and its effect on the other children in the house.”*
- *Participant 4: “I have a FASD boy that I’m struggling [to care for] with at the moment.”*
- *Participant 5: “Like it or not, they just need so much more attention. If they’re not really getting it (because you’re busy with the other kids), they sometimes do something bad so that they can get you to give it to them – bad or good.”*

Expert

- *Participant 11: “It’s a bit of a strain on the house moms but we do what we can to give the children with mental health problems the help they need.”*

4.2.3 Theme 3: Family and environmental factors

One of the most important factors in mitigating the effects of trauma in male, at-risk children in child and youth care centres is the environment that they are exposed to once they are removed from their original circumstances. The researcher identified the following themes from the participant responses after asking them what factors were likely to mitigate or facilitate the onset and escalation of misbehaviour in male, at-risk children in child and youth care centres.

4.2.3.1 Consistency

Consistency was identified as one of the key factors in normalising a child's behaviour with regards to house rules, affection, chores, routine, extracurricular activities and the implementation of fair punishment when needed.

Many of the experts' and guardians' perceptions regarding the current sub-theme are similar. As both groups of participants work very closely together to create an environment where male, at-risk children can flourish, it is likely that they are simply reciting a set standard taken from experience and theory with regard to consistency.

Consistency and routine is integral to a successful intervention strategy. At-risk children experience a degree of trauma from being removed from their original homes and into a new unfamiliar environment (Bruskas, 2008:71). Behavioural problems that are already present are thus likely to be exacerbated in response to the new environment and unknown structure within a child and youth care centre. As stated by the participants, children are often angry with guardians and experts for taking them away from their homes, not knowing that their home life was abnormal.

Guardians

- Participant 3: *"It won't work unless the child has a chance to get used to how things work in his new environment [the child and youth care centre] over a period of time. He needs to know how the rules and routines work. These kinds of children are often shuffled from house to house because their behaviour is too bad for one environment [in that the child's behaviour is too volatile for the current house], or they have a bad history [the guardian may not have experience dealing with sexually abused children], meaning a lot of these children don't get the stability that they need to adjust to their new environment and develop into healthy kids."*
- Participant 4: *"The environment from which a child is taken is often stable but abnormal [in that the child is consistently being abused or neglected over a period of time and learns to manipulate that environment to avoid harm as far as possible – which is not a normal environment to grow up in], so when that child is placed in a youth care centre they expect the environment to work the same way because of their previous circumstances [for example, sexualised*

behaviour may have been rewarded at home, but is inappropriate at a child and youth care centre].”

Experts

- *Participant 7: “They need rules and discipline, which they often aren’t used to.”*
- *Participant 11: “I think things that would help maintain consistency are a consistent routine, involvement in sports, lots of love, trust, set rules, and good examples of how they should behave.”*
- *Participant 12: “If they are kept busy in an active and productive way it definitely helps.”*
- *Participant 14: “A child doesn’t know that the situation its coming from isn’t ‘normal’, so they will always fight you when they come into your home and you start teaching them what ‘normal’ [a set of age-appropriate behaviours and rules] looks like.*

4.2.3.2 Parenting capacity

The ability of a guardian to understand, guide, and care for their children directly affects whether the child in question will feel loved, taken care of, and safe. While experts can still assist in maintaining these aspects, the parenting or primary caregiving role remains with the guardians.

For example, establishing trust and making a child feel loved was highlighted as extremely important in helping a male, at-risk child acclimatise to and thrive in a child and youth care centre. However, much of it depends on the time, ability, and effort a guardian is willing to invest. As mentioned in Chapter 2, foster homes are often ill equipped to provide the necessary emotional and psychological supports to an at-risk child when compared to child and youth care centres (Hughes, 1997:3). This implies that guardians at child and youth care centres are better equipped to offer the necessary support than those in foster care homes. Similarly, Vandell et al. (2010:737-756) emphasise that high quality early child care has a partial mediating effect on risk-taking behaviour. This not only highlights the importance of early intervention, but also the quality thereof.

While all social workers and house parents are trained in their respective field, all social workers have a tertiary qualification while all house parents have received specialised training in the care of at-risk youth, but may not necessarily have a tertiary qualification. With the above in mind, parenting capacity comes into play when children act outside the expected norm of the guardians' or experts' proficiency. In light of the participants' responses, it is clear that children who are cared for by capable and experienced guardians are far more likely to adjust, display less deviant behaviour, and form attachments, than those whose specific needs are not addressed.

Guardians

- *Participant 1: "In cases of extreme behaviour or mental illness, we often have to ask our social worker for advice about how to correctly deal with the behaviour. This means that I often need to wait for feedback before moving to address the problem and its effect on the other children in the house."*
- *Participant 5: "Getting mad at a child only makes the behaviour worse. Every situation should only be treated with love. Unfortunately, not all house parents are able to keep their cool when they need to, which means bad behaviour is being treated with intimidation a lot of the time."*

Experts

- *Participant 6: "Some kids don't trust the moms or feel like they are being attacked all the time. The moms can fix that, but it takes time and doesn't always work."*
- *Participant 10: "I think that knowing that the house mom really does care does a lot for the child."*

4.2.3.3 Quality relationships with family members

Children who feel rejected or alienated by their peers and family are very difficult to treat with regard to negative thought patterns and misbehaviour. Quality relationships with their new family members, such as the established guardian and other children in the house, are essential so that the child can form meaningful attachments and feel at home in his new environment.

Egeland et al. (2002) purport that early, relationship-based intervention can prevent later deviance in most cases. According to Hirschi's (1975) social control theory (Van der Westhuizen, 2011:157), if a child has a weak attachment to a guardian, they are less likely to trust the individual and will resort to manipulation, misbehaviour, and avoidance techniques to feel safe, which hinder the successful implementation of intervention strategies (Rich, 2006:11). Only Participant 5 references the importance of the family environment in general as opposed to that of the primary caregiver. However, while the primary caregiver is important, other family members or peers can take the place of an absent primary caregiver to similar effect (Gibson, 2002:341-343). A strong attachment to the individuals in the child's primary social circle thus provides a safe place for the child to grow and begin to move beyond his previous circumstances.

Guardians

- *Participant 1: "My kids know they can come to me and tell me anything and it will always be safe."*
- *Participant 2: "Love is the only thing that works. It doesn't help to yell at them and scream at them. You can't hit them, but you can sit and talk to them and give them love."*
- *Participant 3: "If they know that you love them and that they can talk to you about anything it really builds up a lot of trust and lets you know what's happening in the house because they come and tell you everything that the other kids did."*
- *Participant 4: "One of the most important parts of the job is to establish a relationship of trust, safety, and openness so that the children can tell me anything and not have to worry about negative consequences."*
- *Participant 5: "Not all children respond to it, but reciprocal love in a stable family environment is the best way to help a child with a traumatic past."*

Experts

- *Participant 14: "It is incredibly important that the child feels loved and has a strong attachment to a primary caregiver in order to mitigate the effect of trauma in a child's life."*

4.2.4 Theme 4: School environment

In the same way a stable home environment and supervision can assist a male, at-risk child in mitigating the stressors that result in misbehaviour, a supervised learning environment assists in teaching discipline and emotional self-regulation. Regarding the school environment, both experts and guardians indicated that the most significant factor with regard to the facilitation and mitigation of misbehaviour in male, at-risk children was the influence and relationship of the child's peers at school. Sub-themes identified in the responses of participants within the context of school, comprised peer pressure and bullying.

4.2.4.1 Peer pressure

When asked which factors in a male, at-risk child's life or environment were likely to worsen misbehaviour, participants strongly identified the theme of peer pressure or extra-familial influence. The participants stated that exposure to a more volatile group of friends or "doing what the cool kids are doing" was paramount to a distinct and negative change in behaviour in the male, at-risk children they had worked with.

Bartol and Bartol (2017:55-58) purport that young children are more susceptible to peer influence than parental influence and that peer influence is a strong predictor of misbehaviour and the early onset of substance use. As stated by one of the guardians, early intervention is key as children are very gullible when they are young. As such, implementing peer-induced interventions (where the child is encouraged to act like his well-behaving peers through controlled peer pressure) can greatly assist with regard to curbing misbehaviour in this age group (Bartol & Bartol, 2017:184-185). Nonetheless, the degree of impact that extra-familial influence can have on a child's life cannot be overstated.

Guardians

- *Participant 2: "He won't come and ask for sex [from me or the other boys] out of his own, he does it because the other boys do it. And then it goes from there."*

- *Participant 3: “Boys this age are extremely gullible, they can be convinced to do almost anything – drink, smoke, skip school, lie, have sex, or fight with someone – pretty easily.”*
- *Participant 4: “Sure, the boys at school that they hang out with make them do bad things sometimes...but it’s because they just want to be cool and hang around the older kids. It’s [how easily influenced the age group is] not always a bad thing though, because when something goes wrong in the house it’s very easy to convince them to stop doing something or thinking in a certain way. It’s not so easy with the older boys.”*

Experts

- *Participant 6: “You must understand that they don’t smoke or steal or bully people because they’re bad kids, they do it because they want to be with the in-crowd at home or at school.”*
- *Participant 8: “Peer pressure is definitely a problem in most households, but I’ve seen that it’s a bigger problem with children living in informal settlements than in the suburbs because of the general lack of parental supervision that happens in townships. In the suburbs, the children are driven to and from school, to and from friends, supervised at home...and as a result their parents have much greater control over what they do and who they see. In townships a lot of these kids are just left to their own devices and wander around between mealtimes and end up getting influenced by who and what they encounter in the community or on their way home.”*

4.2.4.2 Bullying

When asked what additional factors in a male, at-risk child’s life were likely to worsen misbehaviour, participants strongly indicated that being ostracised or bullied at school would often result in the onset and escalation of misbehaviour at home. In the event that a bullying incident took place, guardians 1, 2, and 4 agreed that the bullied child would be likely to act out or misbehave at home for the next week or two. According to these participants, if the bullying was not timeously addressed (either by teaching the child better coping skills or by asking the school to intervene), the misbehaviour at home was likely to continue and escalate beyond the first two weeks.

Crockette, Raffaelli and Shen (2006:508) state that in children and adolescents, affiliation to peers who engage in misconduct and/or aggressive behaviour is positively linked to later misbehaviour. In the same way, ridicule and/or adverse behavioural influence from school peers will act as facilitators to the onset, continuation, and/or escalation of misbehaviour in the target group. As such, the child's relationship with his peers (both at home and at school) is important to note with regard to the ongoing adaptation of intervention strategies throughout the child's development.

Guardians

- *Participant 1: "Bullying by other kids at school happens quite often, and they almost always act out for a few days when they get home [after it's happened]."*
- *Participant 2: "The longer the bullying goes on, the worse the behaviour at home gets."*
- *Participant 4: "It normally takes up to two weeks for them to start behaving normally again, and that's after we stopped what was going on at school."*

Experts

- *Participant 6: "Bullying at school also makes them worse."*
- *Participant 7: "Children from these houses [child and youth care centres] are often ostracised and teased by their school peers for being orphaned or because their 'parents didn't want them'. There's not much you can do about it besides trying to address the associated feelings with better coping strategies at home."*
- *Participant 13: "Being bullied, bullying others, and smoking definitely makes the behaviour worse."*

4.2.5 Theme 5: Therapeutic intervention

Child and youth care centres are distinguished from foster care by their focus on the therapeutic intervention and the implementation of residential care programmes with regard to the at-risk children they house.

4.2.5.1 Therapeutic intervention in child and youth care centres

Guardians and experts were asked about the difference between the general behaviour and misbehaviour of male, at-risk children housed in child and youth care facilities in comparison to male, at-risk children housed elsewhere (i.e. foster care, original family, or homeless). In the case of guardians, answers were based on school stories that the children from their respective child and youth care centre had told them, or from having met such children at the schools their own at-risk children went to. Participants mutually agreed that foster homes are ill-equipped to care for male, at-risk children as misbehaviour is not effectively managed. In addition, the guardians in particular were proud of the level of discipline they had been able to instil in the children they cared for when compared to children that did not have access to a child and youth care centre.

Foster care facilities are not always equipped (whether through therapeutic support or guardian training) to address an at-risk child's context-specific needs and/or maladaptive behaviour (Barber & Delfabbro, 2004:151; Bruskas, 2008:71; Hughes, 1997:3). As such, the timely and correct placement of male, at-risk children into child and youth care centres (as opposed to foster care) is essential to buffering the potential continuation and escalation of misbehaviour.

Guardians

- *Participant 1: "At least from what I've seen and from what my boys tell me, the other boys [who do not have access to the residential care programmes provided in child and youth care centres] are less disciplined and behave much worse."*

Participant 3: "Boys from the home [in this case one of several houses owned and run by Jakaranda Children's Home] are calmer and are better at self-regulation."

Experts

- *Participant 6: "The kids who don't grow up in a home [a place of safety] have very bad manners."*
- *Participant 7: "Our kids are definitely calmer."*

- *Participant 9: “In child and youth care centres, the child is hopefully getting more focused attention than they would in foster care, so there is an opportunity to build a meaningful relationship.”*
- *Participant 10: “Foster care kids tend to come through with uncontrolled behaviour and nobody seems to know the extent to which they were traumatised.”*
- *Participant 13: ‘How well a child does at a child and youth care centre is largely child-specific, but it is true that the children are able to get more focused attention when staying in one [a child and youth care centre]. Misbehaviour is also more actively managed.’*

4.2.5.2 Over-analysis of behaviour

Participants also noted that experts or guardians may often falsely attribute certain age-related behaviour to an intervention-worthy escalation of misbehaviour. Mislabelling reasonable behaviour (such as the onset of puberty resulting in increased aggression) can be detrimental in the context of secondary crime prevention strategies. This is because a child being labelled, counselled, and often treated as a perpetrator of misbehaviour may respond by starting to act according to his label (Liddell & Martinovic, 2013:136). Regarding the over-analysis of misbehaviour in male, at-risk children, participants stressed that assumptions about causality would only hinder the child’s progress. Research participants further pointed out that an in-depth understanding of the factors influencing the child’s life should be taken into account before attempting to intervene once misbehaviour has occurred.

A question was asked regarding the difference between children who start misbehaving between the ages of six and ten years, and those who start misbehaving from the age of 11 years onwards. While the focus remains on the younger group, it is important to draw a line regarding the age of onset of misbehaviour for possible further study. While Kohlberg and Piaget’s theories address morality and behavioural changes after the age of 11 years, they do not look specifically at the changes in behaviour/misbehaviour in male, at-risk children within the context of residential care facilities. Their theories can, however, help explain behavioural changes/escalation that do not occur as a result of childhood exposure to risk (Bartol & Bartol, 2017:366-368; Roelofse, 2011:353).

When asked to elaborate on what kind of misbehaviour the target age group engaged in when compared to their older peers, participants mutually agreed that general misbehaviour of the target age group (between the ages of six and ten years) could include: excessive tantrums; aggression; stealing; lying; defiance; swearing; substance use (circumstance-specific); poor academic performance (circumstance-specific); and/or sexualised behaviour (circumstance-specific). On the other hand, the following was mentioned with regard to the misbehaviour of older children when compared to the target age group: an increase in aggression; an interest in sexual activities and/or pornography; gangsterism (context-specific); and/or substance use (circumstance-specific).

Simpson et al. (2008:84-108) purport that biological and situational factors determine the onset of problem behaviour and that these factors are different from factors that influence the onset of problem behaviour in later life. As such, the onset of misbehaviour in a child between the ages of six and ten is often influenced by contextual or historical factors present in the child's life and should be addressed within the age group in which the misbehaviour appears.

The over-analysis of normal behaviour owing to a label is likely to do more harm than good to the child's development as demonstrated by Tannenbaum's (1938) labelling theory (Liddell & Martinovic, 2013:136). Within the sphere of at-risk child care and targeted, effective intervention strategies, an objective view of the child's development is paramount to the end goal of identifying the need for intervention.

Gender, age, peer pressure, and misbehaviour aside, humans are not computers that all react in the same, logical way to stimuli. In the same way, not all children that are exposed to a specific set of circumstances, people, or environments will react to them in a uniform manner (Theron & Theron, 2010:2). As such, within the context of misbehaviour in male, at-risk children in child and youth care centres, it is paramount to take the individual and their unique context into account when attempting any form of intervention.

Guardians

- *Participant 1: "Yes, the older ones are generally a bit more aggressive than the younger ones but that's not always because they're bad kids or because of*

what happened [to them in the past]. Sometimes it's just puberty or because their friends at school are acting tough."

- *Participant 3: "Sometimes it is related to their pasts or something that happened to them, but other times it's really not."*
- *Participant 4: "We want to read into everything they do because they've been through so much but sometimes it is just something normal."*
- *Participant 5: "I think older boys can express themselves better, so they look like they're acting out worse when really they're just letting off steam."*

Experts

- *Participant 7: "I think a lot of parents overreact to bad behaviour because they are hyper aware of the fact that the child is at-risk, so they try to find a reason for everything they do."*
- *Participant 10: "Even when it [the behaviour] is normal, we tend to overreact because it's [foster care, childhood trauma, childhood neglect, abandonment, child and youth care centres, and removing children from inadequate environments] such an abnormal system."*
- *Participant 11: "The behaviour might be more or less the same [for the different age groups] but you need to keep in mind that it might be for different reasons."*
- *Participant 14: "Sometimes a child is genuinely troubled and in need of intervention, but psychologists, teachers, social workers, and house parents also often mistake normal age-appropriate behaviour for misbehaviour, for example, when a normal tantrum from a six-year-old being denied a toy is interpreted as acting out in response to trauma."*

4.3 CASE STUDY

In the previous section, identified themes, sub-themes and participant responses were analysed and discussed within the context of the onset, escalation, maintenance, and deterrence of misbehaviour in male, at-risk children in child and youth care centres. The section to follow will elaborate on and discuss a case study detailing an intervention utilised by participant 2. While it is well documented that a successful intervention programme should be based on child developmental principles which were obtained from thorough research (Bartol & Bartol, 2017:184), it is also possible

to successfully implement an intervention programme by defying accepted theory. As per the case study to follow, experts and guardians sometimes feel the need to defy established academic theory to implement a successful solution when it comes to certain children.

4.3.1 Context

During the interview, participant 2 mentioned that it was sometimes frustrating to attempt to discipline the house children because more traditional methods of punishment (such as corporal punishment) were not allowed. Simply talking to a child between the ages of six and ten years was rarely effective. In some cases, she said, the only way to bring about meaningful change was to go to more extreme lengths. She then provided insight into a successful, if somewhat unorthodox intervention. The intervention to follow, which was nicknamed “the island”, is generally only used as a last resort after many different mainstream attempts have failed to rectify the child’s behaviour. The child in question was excessively defiant, aggressive, and callous towards both the house parent and the other children in the house. The following quote from the housemother provides a breakdown of the implemented strategy.

4.3.2 Description

“He was one of the older boys. We put him on ‘the island’ for a month...it’s something that the social worker can suggest upstairs [talking to child and youth care centre management about implementing it]. It’s the first time we’ve had to do it but with this boy we thought we needed to do something big to get him back down to earth. What you do is, [within the residential care facility] he cooks his own food – I give him the ingredients and tools, but he needs to make or cook his own food...he must wash all his own clothes – by hand – no washing machine. I didn’t wash any of his school clothes for him; I didn’t make him any meals – he even had to make his own porridge in the morning. The other children aren’t allowed to speak to him – because he’s on an ‘island’ – but I can communicate with him as needed...and let me tell you at one point he came to me saying

'he wished this was over already', so I explained to him how he didn't appreciate everything that was done for him when he treats us so badly and that because of this whole exercise [the island] he should now understand how much we do for him. We haven't had a problem with him at all since then. For me, it was a very interesting exercise. They [the social workers] don't easily give the okay to implement it. But I could see that something clicked [in the boy] and I wish they would do it more for kids who really need an extra push; there are a lot of kids like that here – kids that have that attitude of 'just do what I want, when I want' and from many different age groups, even the older ones..."

4.3.3 Interpretation

Peer rejection is a notable risk factor for misbehaviour in elementary school children and can be linked to the development of antisocial behaviour between the first and fourth grade (Bartol & Bartol, 2017:55-56). It would therefore be logical to attempt to limit or negate the psychological effects of peer rejection in the target group in a child and youth care centre as much as possible. In the case study, however, the guardian created an environment whereby peer rejection and isolation were actively "encouraged" and used as a motivator for change. In this way, it is evident how experts and guardians often adapt theory in practice, whether by following theory or using established adverse effects to foster meaningful behavioural change.

As discussed in Chapter 1, one of the objectives of the research was to determine the perceptions of experts and guardians regarding buffers that may discourage the early onset of misbehaviour in male, at-risk children. While the aforementioned intervention was only implemented once the child had already started misbehaving, this case study demonstrates how constructive change to a child's environment and peer relations may act as a buffer to the maintenance of misbehaviour in young, at-risk children in child and youth care centres. Though it was a more severe case of consistent misbehaviour by a child, the participant's use of an intervention that relied heavily on the negative effects of what is traditionally considered a risk factor made a more significant impact than more championed buffers (refer to the sections on peer pressure, quality relationships with family members, parenting capacity, resilience,

therapeutic intervention, and consistency). Once again it is important to note that other interventions had failed in this case, meaning that whatever buffers had been put in place were not adequate to successfully address the child's misbehaviour.

4.4 CONCLUSION

This chapter outlined the data gleaned from participants through five separate semi-structured interviews and one focus group. Many of the male, at-risk children described by participants seemed to already be misbehaving prior to, or upon their arrival at the child and youth care centres. However, participants stressed that this was only true for some of the children and that sometimes (given a conducive personality and environment) misbehaviour does not manifest at all (refer to section 4.2.2). Participants suggested that numerous factors (demographic, individual, peer influence, and family environment as well as focused therapeutic intervention) all work together to either discourage or encourage the onset of misbehaviour in male, at-risk children in child and youth care centres. Perhaps the most important finding is the way in which these factors are controlled or dealt with not only by the child, but by the guardian as well. It is evident that a holistic approach to intervention (wherein multiple factors in the child's life are monitored, addressed, and taken into consideration) is the only viable approach to develop secondary crime prevention strategies. The information gathered thus clearly addresses the research goal of uncovering the perceptions of experts and caregivers regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres.

In the next chapter, these findings will be used to indicate areas of focus for potential secondary prevention strategies, provide recommendations for further study, indicate whether the goal and objectives of the research were successfully addressed and form the basis from which the research conclusions are drawn.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The current study explored the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres. Chapter 1 was devoted to describing the background, rationale, research question, and key concepts of the current study. Chapter 2 consists of a literature review focusing on an exposition of literature associated with the research topic and includes a breakdown of the study's theoretical framework. In Chapter 3, the researcher discussed the research methodology utilised in pursuit of the study's goal and objectives and highlighted the ethical considerations that were of paramount concern. Chapter 4 is devoted to the exposition and interpretation of research data obtained during the data collection phase. In the concluding chapter, the researcher aims to assess whether the goal and objectives of the study (as stated in Chapter 1) were achieved. After reflecting on the value and limitations of the research, the researcher intends to synthesise the literature review and theoretical framework (refer to Chapter 2) with the data obtained from the interviews and focus group, respectively. Recommendations pertaining to possible focus areas in secondary crime prevention programmes aimed at curbing youth misbehaviour in male, at-risk children will then be provided. The chapter will conclude with recommendations for future research endeavours focusing on the research topic.

5.2 RESEARCH GOAL AND OBJECTIVES

The goal of the research was to explore the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres. In pursuit of this goal, the following objectives were achieved:

- **Provide a theoretical overview of the early onset of misbehaviour in at-risk children**

The objective was achieved in Chapter 2 which outlined the main factors relating to the early onset of misbehaviour in male, at-risk children in child and youth care centres. The information in Chapter 2 was then utilised to analyse and corroborate the

feedback from experts and guardians regarding the early onset of misbehaviour in male, at-risk children in Chapter 4 and 5.

- **Determine the perceptions of experts and guardians regarding triggers that may encourage the early onset of misbehaviour in male, at-risk children**

Through the focus group discussion and semi-structured interviews, a number of triggers were identified that may facilitate the onset, continuation, and escalation of misbehaviour in male, at-risk children as well. The aforementioned triggers were outlined in Chapter 4 and will be discussed in section 5.6 of this chapter.

- **Determine the perceptions of experts and guardians regarding buffers that may discourage and/or prevent the early onset of misbehaviour in male, at-risk children**

Participant feedback through the focus group and semi-structured interviews assisted in the identification of numerous personal, family, and environmental factors or buffers that can help mitigate the onset, continuation, and escalation of misbehaviour in male, at-risk children. The factors were recorded in Chapter 4 and will be discussed in section 5.6 of this chapter.

- **Use the knowledge regarding the early onset of misbehaviour in male, at-risk children to provide recommendations pertaining to possible focus areas in secondary crime prevention programmes aimed at the curbing of youth misbehaviour in male, at-risk children**

Possible areas of focus for secondary crime prevention programmes were recorded in Chapter 4 and will be discussed in section 5.6 of this chapter.

5.3 VALUE AND LIMITATIONS OF THE STUDY

5.3.1 Value of the study

This study has numerous valuable features. Firstly, the research allowed for the collection of both academic and “hands-on” data on the early onset of misbehaviour in male, at-risk children. Such data is invaluable in assessing the above goal and

objectives within the context of child and youth care centres. The further emphasis on data relating only to the early onset of misbehaviour allowed the researcher to provide a holistic view of possible triggers of and buffers to misbehaviour in the pre-pubescent phase of childhood. This is a neglected age group in criminological literature as most studies focus on adolescents and adults. Furthermore, the deliberate focus on male at-risk children currently residing in child and youth care facilities allowed the researcher to provide insight into a very specific group of children and their behaviour within the context of the research topic. Lastly, while the researcher had experience working as a stand-in house parent (refer to Chapter 3), she also had formal academic training in criminology (Honours level) and Psychology (Honours level). Academic knowledge in the behavioural sciences allowed the researcher to identify the differences between the knowledge gleaned from experts and guardians during the interviews and focus group discussion, respectively. The research has therefore contributed to the current dearth in criminological literature pertaining to the early onset of misbehaviour in male, at-risk children in child and youth care centres.

5.3.2 Limitations of the study

As the research is exploratory in nature, the identified themes and subsequent points of focus for secondary prevention programmes are very general when considering the potential for more focused research (such as risk factor-specific interventions or predictive models for misbehaviour). Furthermore, due to the collective case study design of the research, the data cannot be generalised across multiple contexts.

In addition, the research covered three distinct academic fields, namely: criminology, developmental psychology and social work. Social workers were selected to participate in the study over other experts because their work environment most closely mirrored that of the guardians. Both social workers and house parents work with children from similar backgrounds in the same kind of environment, but from different backgrounds and perspectives. As such, the researcher felt that data which allowed for both an objective academic and a subjective hands-on perception of the same phenomenon would be invaluable in assessing the early onset of misbehaviour in male, at-risk children in child and youth care centres. However, an educator's or school counsellor's view on the topic could have provided additional insight into the school context as opposed to only investigating the home context. As such,

comparison between the various research inputs from individuals with varied backgrounds would be valuable as a potential point of further study.

5.4 SIMILARITIES AND DIFFERENCES IN THE PERCEPTIONS OF EXPERTS AND GUARDIANS REGARDING THE RESEARCH TOPIC

The criterion requiring participants to have a certain amount of experience relevant to the research topic (refer to Chapter 1 and 3) ensured that all participants were capable and knowledgeable about their profession and the children they worked with. During the interviews and focus group discussion, however, a difference in academic knowledge and practical, or hands-on knowledge was noted.

The different kinds of experience and knowledge that experts and guardians enjoyed became apparent during the interviews and focus group discussion. The guardians had intimate “parenting” knowledge of how to deal with “expected” misbehaviour from the house children such as tantrums, defiance, anger, fighting within the house, bullying, lying, and truancy. However, they generally needed to contact their assigned social worker and/or psychologist for advice on how to deal with incidents of extreme misbehaviour such as sexualised behaviour, mental health problems, extreme aggression, extreme defiance, or excessive attention-seeking. In the same way, the social workers, who do not work with the children as regularly or as intimately as the guardians, knew a great deal about the behavioural application of academic theory with regards to misbehaviour and how to address it. However, they seemed to lack the practical or hands-on knowledge that came with looking after male, at-risk children in child and youth care centres.

Regarding the research topic, there was very little disparity between the opinions of the two groups (guardians and experts), if at all. Additionally, in cases where individual opinions differed, it was not linked to their profession but rather due to personal opinion. For example, in the case where Participant 5 felt that there was no difference between at-risk boys and girls between the ages of six and ten years old while the other experts were of the opinion that a clear behavioural difference existed (see 4.2.1.1).

5.5 KEY FINDINGS AND CONCLUSIONS

5.5.1 Theme 1: Demographic-specific behaviour

5.5.1.1 Sub-theme 1.1: Gender

As previously stated, the study did not intend to focus on gender differences between male and female at-risk children regarding the onset of misbehaviour in child and youth care centres. However, owing to the fact that some participants felt the need to mention behavioural differences between genders to contextualise their responses (refer to Chapter 4), the researcher believed that gender should be briefly mentioned in the concluding chapter. Participant feedback suggested that noteworthy behavioural differences exist between male and female at-risk children of the target age group. As such, the general consensus was that male, at-risk children of this age group misbehaved in an overt and aggressive manner (such as through physical fighting and screaming), while female, at-risk children tended to be hostile (but less so than males), swear, act rudely, or inflict emotional pain. Despite this conclusion, the available literature remains undecided about whether or not there are gender specific differences regarding responses to exposure to risk factors in early childhood. Research has both claimed that gender is a significant factor (Evans, Davies & DiLillo 2008:131-141) and that there is no evidence of gender-by-outcome interactions regarding the effects of exposure to risk factors in childhood (Kitzmann, Gaylord, Holt, & Kenny, 2003:339-352; Moylan et al., 2010:53-63).

5.5.1.2 Sub-theme 1.2: Age inappropriate behaviour

The participants considered the following behaviour abnormal for the age group in question: excessive tantrums; excessive crying; aggression or violence; bullying; truancy; excessive defiance (such as aggressive responses to instructions, attempts to mock or injure the house parent, and extreme refusal to obey requests, sometimes even days after they were asked); swearing; a lack of manners; over-sexualised behaviour; smoking; and the consumption of alcohol. The available literature indicates that pre-pubescent children are labelled as engaging in misconduct if they engage in one or more of the following behaviours: aggression; deceit; defiance; abusiveness towards animals and people; vandalism; theft; and/or rule breaking (Scaccia, 2016). The literature thus supports what experts and guardians perceive as age inappropriate

behaviour in male, at-risk children in child and youth care centres. These behaviours were deemed significant as it is perceived as often being the precursors of misbehaviour and misconduct later in life.

5.5.2 Theme 2: Individual factors

5.5.2.1 Sub-theme 2.1: Resilience

The development of resilience is paramount to a child's ability to adjust to life in a new environment and handle future adversity in a healthy manner. Participant feedback from experts indicated that while resilience is mostly child-specific, a deliberate focus on introducing protective factors to the child's life, family environment, and/or community can help a child become more resilient. In support of this, both experts and guardians agree that some children are simply better at adjusting to their circumstances than others and feel that both protective factors and personal resilience play a significant role therein. In support of this, the available literature emphasises that a child exposed to protective factors is more likely to develop resilience against his/her circumstances (regardless of whether risk factors are present) and may be less likely to present with misbehaviour as a result. According to Theron and Theron (2010:2), protective factors may stem from the child himself/herself, the child's family environment, and/or community, which coincides with the perceptions of experts regarding a deliberate focus on introducing protective factors to the child's life, family environment, and/or community. When applied to the integrated model (see Chapter 2), triggers to the onset of misbehaviour would be classified as the internal and external 'escalating factors' that influence an at-risk child. The participants also identified certain buffers that could prevent misbehaviour. These implied buffers comprise the internal and external 'protective factors' that prevents an at-risk child to commence with problem behaviour (refer to section 5.6 for a summary of these factors).

5.5.2.2 Sub-theme 2.2: Type of trauma

Respondent feedback hints at the likelihood of different types of misbehaviour manifesting in relation to the different risk factors a child was exposed to. For example, it was stated that the manner in which a physically abused child is likely to misbehave (aggression and obscene language) will differ greatly from that of a sexually abused

child (sexualised behaviour towards adults and other children). Knight and Sims-Knight's (2003) three-path model of sexual offending describes a similar process whereby three paths to sexually coercive behaviour are defined which are respectively strengthened by either physical abuse, verbal abuse, or sexual abuse (Bartol & Bartol, 2017:392). The model thus describes a developmental process whereby different risk factors influence different behavioural outcomes. This is similar to what participants suggested takes place with different types of trauma in male, at-risk children in child and youth care centres. They concurred that the type of trauma often predisposed the child to a specific pathway of acting out the trauma. Sexually abused children most often showed very predictable behaviour of over sexualised behaviour and a tendency to be calloused and pessimistic. With the above example in mind it is possible to see how developmental pathways to specific behavioural outcomes may depend on the type of trauma/risk a child is exposed to.

5.5.2.3 Sub-theme 2.3: Mental health

Participants indicated that some children manifest with mental health problems in the care centres. Children with mental health problems are often ostracised in the house due to the fact that they would need more attention and care (owing to their mental health problems) or act out towards the other children due to feelings of anger or rejection. The available literature indicates that children with mental health problems are likely to display social, physical, and cognitive developmental problems throughout their childhood (Robertson, 2010:79). As a result, children with mental health challenges may form a weak attachment to their guardian because they are repeatedly scolded for being aggressive or the guardian is inadvertently focused on the other, more manageable children (Bertrand, 2009:986-1006; Hughes, 1997:5-8; May et al., 2009:176-192; Rich, 2006:11; Warren et al., 2011:414). As such, as suggested by participant 5, the onset of misbehaviour in this regard may be an attempt to gain validation or approval. Their acting out behaviour can even be seen as a defence mechanism against a non-accepting environment. From this one can deduce that children with mental health challenges need special attention and that early diagnosis of their challenge could contribute to early intervention before the cycle of rejection and labelling commences.

5.5.3 Theme 3: Family and environmental factors

5.5.3.1 Sub-theme 3.1: Consistency

According to participant feedback, consistent and stable house rules, affection, chores, routine, extracurricular activities as well as the implementation of fair punishment when needed are key to curbing or preventing the onset of misbehaviour in male, at-risk children in child and youth care centres. In support of this, Bruska (2008:71) purports that at-risk children experience a degree of trauma from being removed from their original homes (usually where consistent house rules are wanting) as a result of their new, unfamiliar environment where consistent and stable house rules are imposed. The participants echoed this sentiment and also highlighted the fact that children, even abused and neglected children, eventually function better in a stable home set up where they know exactly what is expected of them. As such, consistency and routine are integral to a successful intervention strategy as it assists children in acclimatising to an otherwise unfamiliar environment.

5.5.3.2 Sub-theme 3.2: Parenting capacity

Participants highlighted the fact that the degree to which a guardian can not only care for a child but understand and guide that child is of paramount importance to foster an environment of trust, discipline, and meaningful change. Since humans use different parenting styles that are often associated with their personality type, guardians and house parents are often challenged to implement a style of parenting that nourish consistency and a stable home environment for the already traumatised child.

5.5.3.3 Sub-theme 3.3: Quality relationships with family members

Guardians stressed that love, communication, and trust between the various house children and the primary caregiver was significantly important for long-term intervention strategies. Experts were in agreement, adding that fostering strong attachment to a primary caregiver is imperative when attempting to mitigate the effects of risk factors in a child's life. It is thus vital that children form meaningful attachments to the established guardian and other house children in order to prevent a situation where the child feels rejected, defensive, or alienated by their peers, thus increasing the chance for a successful intervention and adaptation in their new environment.

Children who have a weak attachment to their guardian are very difficult to treat with regard to interventions that result in meaningful behavioural change and adaptation (Rich, 2006:11). Furthermore, Egeland et al. (2002) states that early, relationship-based intervention can, in most cases, prevent later deviance. It is therefore imperative to identify high risk children very early in their placement in a care facility and to intervene immediately.

5.5.4 Theme 4: School environment

5.5.4.1 Sub-theme 4.1: Peer pressure

Participants indicated that male, at-risk children between the ages of six and ten years are easily influenced by their peers at home and at school. According to the participants, misbehaviour is often encouraged by negative influences in either of these environments. At the same time, however, one guardian (Participant 3) indicated that peer pressure could be utilised in a positive manner. In this way, a misbehaving child could be pressured by peers at home or school into normalising his behaviour or following a set of rules solely because the other children in the house were doing so. The available literature indicates that young children are more susceptible to peer influence than parental influence, and that peer influence is a strong predictor of misbehaviour and the early onset of substance use (Bartol & Bartol, 2017:55-58). The above guardian indicated that group interventions with all the children in a house could address the issue of peer pressure.

5.5.4.2 Sub-theme 4.2: Bullying

Another factor that participants highlighted as a trigger to the onset of misbehaviour in male, at-risk children is bullying at home or at school. Participants emphasised that male, at-risk children that were bullied often started misbehaving at home in response to the bullying, and that, assuming the bullying stopped, the misbehaviour would generally continue for a short while (approximately two weeks) after the bullying incident had taken place. Furthermore, it was stated that in the event that steps were not taken to assist the child in coping with the bullying or if bullying was not stopped, the misbehaviour would continue long after the expected period of misbehaviour had run out. Crockette et al. (2006:508) state that affiliation to peers who engage in

misconduct and/or aggressive behaviour is positively linked to later misbehaviour in children and adolescents. Similarly, ridicule and/or adverse behavioural influences from school peers act as facilitators to the onset, continuation and/or escalation of misbehaviour in the target group of children.

5.5.5 Theme 5: Therapeutic intervention

5.5.5.1 Sub-theme 5.1: Therapeutic intervention in child and youth care centres

Participant feedback indicated that child and youth care centres were better equipped to provide male, at-risk children with therapeutic intervention, discipline, and behavioural management than regular foster care facilities. This is supported by the literature, which emphasises that foster care facilities are not always equipped to address an at-risk child's context-specific needs and/or maladaptive behaviour (Barber & Delfabbro, 2004:151; Bruskas, 2008:71; Hughes, 1997:3). This supports the notion that general hybrid interventions will probably not be effective in these care centres. Individualised professionally developed programmes for each child will most probably have the most effective results.

5.5.5.2 Sub-theme 5.2: Over-analysis of behaviour

Participant feedback suggests that misbehaviour presents differently in early childhood as opposed to adolescence. Specifically, participants listed the following with regard to the general misbehaviour of the target age group (between the ages of six and ten years) when compared to older children: excessive tantrums; aggression; stealing; lying; defiance; swearing; substance use (circumstance-specific); poor academic performance (circumstance-specific); and/or sexualised behaviour (circumstance-specific). Conversely, the following was mentioned with regard to the misbehaviour of older children when compared to the target age group: an increase in aggression; an interest in sexual activities (more intense than normal experimenting behaviour) or pornography; gangsterism (context-specific); and/or substance use (circumstance-specific). Participants further pointed out that it is often easy for experts and caregivers to incorrectly assume that misbehaviour (such as escalated aggression) is related to the child's exposure to risk factors and requires immediate intervention. Often, however, misbehaviour can be the result of normal circumstances

such as the onset of puberty or as a reaction to bullying at school (refer to theme 4). Participants stressed that it should always be kept in mind that any number of factors could cause the child to misbehave, and that it is better to explore all possible causes before reaching hasty conclusions and attempting to intervene. The literature supports this sentiment. Simpson et al. (2008:84-108) insist that biological and situational factors which are different from factors that influence the onset of problem behaviour in later life, determine the onset of problem behaviour. Tannenbaum's (1938) labelling theory also proposes that the over analysis of normal behaviour owing to a label is likely to do more harm than good to the child's development (Liddell & Martinovic, 2013:136).

5.6 RECOMMENDATIONS FOR POSSIBLE FOCUS AREAS IN SECONDARY CRIME PREVENTION PROGRAMMES AIMED AT REDUCING THE ONSET OF MISBEHAVIOUR IN MALE, AT-RISK CHILDREN

It is recommended that secondary crime prevention programmes aimed at curbing misbehaviour should focus on the implied triggers and buffers to the onset of misbehaviour in male, at-risk children in child and youth care centres.

Participant feedback indicated the following factors which may trigger or encourage the onset of misbehaviour: severe trauma; insufficient time to acclimatise to the child and youth care centre; environmental inconsistency (such as irregular discipline, inconsistent time schedules, and absent or unenforced house rules); inconsistency with regard to their relationships with others; the type of trauma or risk they were exposed to; a non-resilient personality; lack of access to therapeutic intervention; being labelled as 'deviant' or 'bad' (regardless of behaviour); negative peer pressure at home or school; bullying at home or school; pre-existing mental health problems; a lack of trust between the child and primary caregiver; and weak caregiver attachment. It is recommended that the developers of secondary crime prevention programmes consider these factors and actively work to mitigate the effect they may have on male, at-risk children in child and youth care centres.

On the other hand, participant feedback indicated the following potential buffers to the onset of misbehaviour in the target group of children: beneficial peer pressure at home or school; quality relationships with family members; constructive parenting capacity;

resilience; early and regular therapeutic intervention; and consistent stable home environments. These factors can all play a role in preventing or discouraging the onset of misbehaviour as well as to address the behaviour once it has already manifested. As such, the importance of fostering and maintaining these factors in potential secondary crime prevention programmes cannot be overstated when attempting to curb youth misbehaviour in male, at-risk children in child and youth care centres.

Lastly, information from the literature review can be applied to all aspects of the integrated model to further substantiate the roles certain factors play in the onset of misbehaviour in male, at-risk children in child and youth care centres. Such information includes the reality of the developmental stage in which the male children are in when exposed to risk factors, a few of the various aspects of a child's life that can be considered risk factors (escalating factors), examples of protective factors, the reality and challenges of at-risk children in child and youth care centres (regarding the development of resilience with the aim of achieving Child Specific Outcome A) and an understanding of what resilience is and examples of how it can be fostered.

5.7 RECOMMENDATIONS FOR FUTURE RESEARCH

Future research on the topic could focus on the following:

- Research into the effect of different kinds of trauma on misbehaviour in early childhood. As previously indicated, the literature and participants are in agreement that certain behavioural outcomes may present differently in male, at-risk children in accordance with the type of trauma the child was exposed to (sexual abuse, neglect, and physical abuse). The suggested research may allow for the development of trauma-specific individualised intervention strategies.
- A comparative study would help to shed light on the perceptions of different experts from different academic backgrounds (such as Social Workers, Early Childhood Development (ECD) Workers, Social Auxiliary Workers, Child Psychologists, School Counsellors, Volunteers, Educators, and Criminologists) on the topic of interest. Insight into the research topic across multiple contexts in which the respective experts come into contact with the

children (such as the school context, home context, therapeutic context, and criminal context) would be an invaluable contribution to the existing dearth of criminological knowledge on the topic.

- A longitudinal study focusing on different childhood intervention strategies for the subset of male, at-risk children and how effective these strategies were on the behaviours carried into adulthood. Male, at-risk children who are placed in the childcare system are either adopted or 'age out' (are removed from the child care system once they turn 18 years as they are no longer legally classified as a child). It is therefore difficult to determine whether intervention strategies remained successful past adolescence.

5.9 CONCLUSION

It is evident that the success or failure of secondary prevention strategies largely depend on the circumstances, history, environment, personality, and situation-specific strengths and weaknesses of the child involved. Similarly, the research indicates that many factors interact with a male, at-risk child's personality, protective factors, and risk factors on a daily basis. As such, curbing misbehaviour is only possible through a multifaceted approach to an at-risk child's individual circumstances. While the perceptions of guardians and experts do not seem to differ much (except in isolated cases), it is vital that they continue to collaborate in order to effectively deal with and curb behavioural problems within their assigned roles.

As explained, misbehaviour in at-risk children between the ages of six and ten years (if allowed to develop and escalate) is a strong predictor of deviant behaviour later in life. Criminological literature has focused on the misbehaviour and criminal potential of adolescents. More focus is needed on the influence of abusive factors in the pre-pubescent childhood phase as opposed to the adolescent or late childhood/teenager phases. By conducting research on the pre-pubescent phase within the context of the potential development of later deviant behaviour, the researcher generated a basis from which future researchers can work to fill an existing knowledge gap. Furthermore, by investigating focus areas for potential secondary crime prevention programmes, the research may assist in preventing the onset and escalation of misbehaviour in an at-risk child, thus potentially averting the development of criminalised behaviour in

later life. In essence, by pre-emptively addressing the root of the problem by means of early detection and intervention, it may potentially reduce later criminal behaviour in male, at-risk children.

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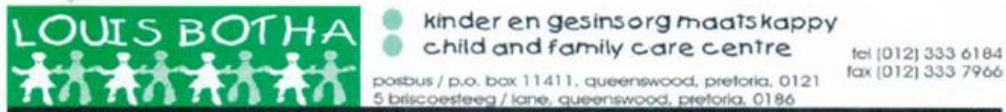
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APPENDIX A: SIGNED PERMISSION FROM AUTHORITIES TO CONDUCT RESEARCH



Art. 21 Mpy. / Sec. 21 Co. Reg. nr: 2001/016840/08

03/03/2016

To whom it may concern,

I would hereby like to confirm that the multi-disciplinary team of both Jakaranda and Louis Botha Children's Home's has approved that Jessie-Mari Broich may continue with her a dissertation entitled: "Perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres".

There are child care workers and social workers who will gladly assist.

Kind regards,

Charlene Grobler

Head of Children's Affairs and MDCC

Bank Besonderhede/Bank Details: ABSA – Derdepoort **Tak kode/Branch Code :** 335245 **Rek. No./Account No. :** 4051082782

Beskermpersone/Patrons: Adv. Paul Rothmann , Pieter Koen

Direkteure/Directors: (Voorsitter/Chairman) Ds./Rev. JH van Loggerenberg; Mnr./Mr. JB Kruger, Adv. SA Visser, Ds./Rev. DH Janse v. Rensburg, Mnr./Mr. G. Botha, Mnr./Mr. O Truter, Mnr./Mr. LS de Kock, Me. RA Fourie, (Uitvoerende Direkteur/Executive Director) Mnr./Mr. M Erwee



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07/03/16

Mrs J.M Broich
Department of Social Work and Criminology
University of Pretoria

Request for permission to conduct research

The Tshwane Place of Safety Association hereby grants Mrs J. M. Broich permission to conduct research on the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres. Our staff will be happy to assist with the proposed study.

Kind regards,

Jeanette Birrell
Managing Director
Tshwane Place of Safety Association

Yours sincerely,

Jeanette Birrell

JEANETTE BIRRELL
Managing Director



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APPENDIX B: INFORMED CONSENT FORM FOR FOCUS GROUP



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Social Work & Criminology

01 June 2016

Our Ref: Jessie Mari Broich

Tel: 072 158 7922

E-mail: broich.jm@gmail.com

[Participant/organisation address]

Dear research participant,

INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH PROCESS (FOCUS GROUP) FOR A MASTER'S DEGREE IN CRIMINOLOGY

Title of the study: The perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres.

Thank you for your participation in the current study. The University of Pretoria's Ethics Committee requires that a researcher should obtain informed consent from a research participant before commencing the research. Informed consent includes the following:

- 1. Goal of the research:** The current study is being conducted in fulfilment of a Master's Degree in Criminology at the Department of Social Work and Criminology, University of Pretoria. The goal of the study is to explore the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres.
- 2. Procedure:** As part of the study a focus group schedule will be used to gather data from selected experts. The term 'expert' refers to teachers, social workers and psychologists with five or more years of experience working with male, at-risk children in child and youth care centres. The researcher will make use of two separate focus group discussions whereby the researcher will ask the research participants questions and audio tape their answers. The focus group will take between 50 to 90 minutes to complete.
- 3. Avoidance of harm:** Research participants will not be exposed to any risks or discomfort by participating in this study.
- 4. Benefits:** There are no financial benefits for participating in this study. However, the results of the study may highlight possible focus areas in secondary crime prevention programmes aimed at the curbing of youth misbehaviour in male, at-risk children.
- 5. Participant rights:** Participation in the study is voluntary and participants may choose to withdraw from the study at any time without any consequences. Should a participant

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Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

withdraw, all data related to the participant in question will be destroyed immediately.

6. Confidentiality and anonymity: The identity and position of participants as well as the information divulged during the focus group interview will be treated as confidential. Also it is essential that all participants in the focus group are cognisant of the fact that all the information shared is confidential and should not be shared with third parties not participating in the focus group. In addition to the MA dissertation, results of the study will be published in scientific journals and/or presented at conferences and will only be used for research purposes. Once the research has been completed the raw data of the study will be kept in a safe room at the Department of Social Work and Criminology, Faculty of Humanities, the University of Pretoria for 15 years for archiving and research purposes as prescribed by regulations.

7. Ethical clearance: The Ethics Committee of the Faculty of Humanities, University of Pretoria has granted ethical clearance for this study.

8. Person to contact: Questions or concerns regarding the research may be directed to the researcher Mrs J.M. Broich on 072 158 7922 and/or at broich.jm@gmail.com. The supervisors of the study Professor C Bezuidenhout and Dr Laetitia Coetzee can also be contacted should any questions arise during the study. Their contact details are: (012) 420 3320 or 3481 and cb@up.ac.za or laetitia.coetzee@up.ac.za.

DECLARATION

I, understand my rights as a research participant and consent to participate in the study voluntarily and have received a copy of this consent letter.

_____	_____	_____
Date	Place	Participant signature
_____	_____	_____
Date	Place	Researcher signature

Kind regards,

Mrs Jessie Mari Broich

APPENDIX C: INFORMED CONSENT FORM FOR SEMI-STRUCTURED INTERVIEWS



Faculty of Humanities

Department of Social Work & Criminology

01 June 2016

Our Ref: Jessie Mari Broich

Tel: 072 158 7922

E-mail: broich.jm@gmail.com

[Participant/organisation address]

Dear research participant,

INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH PROCESS (SEMI-STRUCTURED INTERVIEWS) FOR A MASTER'S DEGREE IN CRIMINOLOGY

Title of the study: The perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres.

Thank you for your participation in the current study. The University of Pretoria's Ethics Committee requires that a researcher should obtain informed consent from a research participant before commencing the research. Informed consent includes the following:

- 1. Goal of the research:** The current study is being conducted in fulfilment of a Master's Degree in Criminology at the Department of Social Work and Criminology, University of Pretoria. The goal of the study is to explore the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres.
- 2. Procedure:** In order to undertake this study, an interview schedule will be used to gather data from selected research participants. Semi-structured interviews will be conducted with guardians (for the purpose of the study, the term 'guardian' refers to the designated house parent of a youth and child care centre). The research participants will be asked questions and the answers will be audio taped. Each semi-structured interview will take approximately 30 - 40 minutes.
- 3. Avoidance of harm:** Research participants will not be exposed to any risks or discomfort by participating in this study.
- 4. Benefits:** There are no financial benefits for participating in this study. However, the results of the study may highlight possible focus areas in secondary crime prevention programmes aimed at the curbing of youth misbehaviour in male, at-risk children.
- 5. Participant rights:** Participation in the study is voluntary and participants may choose to withdraw from the study at any time without any consequences. Should a participant withdraw, all data related to the participant in question will be destroyed immediately.

Department of Social Work & Criminology
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University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 420 2325/2030
Fax +27 (0)12 420 2093
Email Antoinette.lombard@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotho

6. Confidentiality and anonymity: The identities of research participants will not be disclosed and all information will be treated as confidential. In addition to the MA dissertation, results of the study will be published in scientific journals and/or presented at conferences and will only be used for research purposes. Once the research has been completed the raw data of the study will be kept in a safe room at the Department of Social Work and Criminology, Faculty of Humanities, the University of Pretoria for 15 years for archiving and research purposes as prescribed by regulations.

7. Ethical clearance: The Ethics Committee of the Faculty of Humanities, University of Pretoria has granted ethical clearance for this study.

8. Person to contact: Questions or concerns regarding the research may be directed to the researcher Mrs J.M. Broich on 072 158 7922 and/or at broich.jm@gmail.com. The supervisors of the study Professor C Bezuidenhout and Dr Laetitia Coetzee can also be contacted should any questions arise during the study. Their contact details are: (012) 420 3320 or 3481 and cb@up.ac.za or laetitia.coetzee@up.ac.za.

DECLARATION

I, understand my rights as a research participant and consent to participate in the study voluntarily and have received a copy of this consent letter.

----- Date	----- Place	----- Participant signature
----- Date	----- Place	----- Researcher signature

Kind regards,

Mrs Jessie Mari Broich

APPENDIX D: LETTER FROM PROFESSIONAL LANGUAGE EDITOR

A Master's dissertation titled "The Perceptions of Experts and Guardians Regarding the Early Onset of Misbehaviour in Male, At-risk Children in Child and Youth Care Centres" was edited for Jessie-Mari Broich, a student in the Department of Social Work & Criminology at the University of Pretoria. The scope of editing included correcting grammar and improving sentence construction. In-text references and the reference list were adjusted where necessary, and formatting was done according to the template provided.

Name of Editor: Liandri Pretorius

Qualifications: BA Languages (Journalism)

BA Honours (Criminology)

Signature: 

Contact Number: 079 883 0122

Email address: liandrip@gmail.com

Date Issued: 2018/03/19

The editor will not be held accountable for any later additions or changes to the document that were not edited by the editor, nor if the client rejects or ignores any of the changes, suggestions or queries, which he/she is free to do. The editor can also not be held responsible for errors in the content of the document or whether or not the client passes or fails. It is the client's responsibility to review the edited document before submitting it for evaluation.

APPENDIX E: SEMI-STRUCTURED INTERVIEW AND FOCUS GROUP SCHEDULE

INTERVIEW SCHEDULE: PERCEPTIONS OF EXPERTS AND GUARDIANS REGARDING THE EARLY ONSET OF MISBEHAVIOUR IN MALE, AT-RISK CHILDREN IN CHILD AND YOUTH CARE CENTRES

Section: A: Background information

Date of interview:

Participant number:

Name:

Profession:

Place of work:

Years of experience:

Section: B: Interview schedule: Perceptions of guardians regarding the early onset of misbehaviour

1. What kind of “misbehaviour” do you typically deal with in male, at-risk six- to ten-year-old children in child and youth care facilities?

2. Do you think that the classification of a boy as being “at-risk” has an influence on subsequent misbehaviour? If yes, in what way?

3. What factors tend to increase the prevalence and severity of misbehaviour in male, at-risk children in child and youth care centres?

4. What factors seem to reduce the occurrence of misbehaviour in male, at-risk children in child and youth care centres?

5. Do children who start misbehaving between the ages of six and ten differ from children who start misbehaving from age eleven onwards? If so, explain.

6. Is there anything specific about the onset of misbehaviour in male, at-risk children in child and youth care centres between the ages of six and ten that you would like to comment on?

**FOCUS GROUP SCHEDULE: PERCEPTIONS OF EXPERTS REGARDING THE
EARLY ONSET OF MISBEHAVIOUR IN MALE, AT-RISK CHILDREN IN CHILD
AND YOUTH CARE CENTRES**

1. What kind of “misbehaviour” do you typically deal with in male, at-risk six- to ten-year-old children in child and youth care facilities?
2. Do you think that the classification of a boy as being “at-risk” has an influence on subsequent misbehaviour? If yes, in what way?
3. What factors tend to worsen misbehaviour in male, at-risk children in child and youth care centres?
4. What factors seem to lessen misbehaviour in male, at-risk children in child and youth care centres?
5. Do children who start misbehaving between the ages of six and ten years differ from children who start misbehaving from age eleven onwards? If so, explain.
6. Is there anything specific about the onset of misbehaviour in male, at-risk children in child and youth care centres between the ages of six- and ten-years-old that you would like to comment on?

APPENDIX F: CONDITIONAL ETHICAL CLEARANCE



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

30 September 2016

Dear Prof Lombard

Project: Perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres
Researcher: JM du Bruyn
Supervisor: Prof C Bezuidenhout
Department: Social Work and Criminology
Reference number: 2606518 (20160916HS)

Thank you for the **well written** application that was submitted for ethical consideration.

The application was **conditionally approved** by the **Research Ethics Committee** on 29 September 2016 due to the following:

- The interview schedule is outstanding

Please note that data collection may commence. Once the outstanding documentation is submitted, full ethical clearance will be granted. To facilitate the administrative process, please respond directly to tracey.andrew@up.ac.za or Room 7-27 Humanities Building, at your earliest possible convenience.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

A handwritten signature in black ink, appearing to read 'KH'.

Prof Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Dr R Fassell; Ms KT Govinder; Dr E Johnson; Dr C Panebianco; Dr C Puttergil; Dr D Reyburn; Prof GM Spies; Prof E Taljard; Ms B Tsebe; Dr E van der Klashorst; Mr V Sithole

APPENDIX G: FINAL ETHICAL CLEARANCE



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

27 March 2018

Dear Ms du Bruyn

Project: Perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres
Researcher: JM du Bruyn
Supervisor: Prof C Bezuidenhout
Department: Social Work and Criminology
Reference number: 2606518 (GW20160916HS)

Thank you for your response to the Committee's letter of 30 September 2016.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 27 March 2018. Data collection may therefore commence.

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

We wish you success with the project.

Sincerely

A handwritten signature in black ink, appearing to be 'MS', followed by a long horizontal flourish.

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

cc: Prof C Bezuidenhout (Supervisor)
Prof A Lombard (HoD)

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Dr K Booyens; Dr A-M de Beer; Ms A dos Santos; Dr R Fasselt; Ms KT Govinder; Dr E Johnson; Dr W Kelleher; Mr A Mohamed; Dr C Puttergill; Dr D Reyburn; Dr M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa