

Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre

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Dissertation submitted in fulfilment of the requirements for the degree *Master of Social Work* in *Social Work* at the North-West University

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- To my Heavenly Father, without whom I can do nothing. He the greatest example of what it means to love unconditionally. May we have the grace to follow His example.

DECLARATION OF RESEARCHER

I, Lelani Glover, hereby declare that the dissertation with the title *Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre* is my own original work. All the sources that were used and quoted from have been acknowledged by means of references. I also declare that this dissertation has not previously been submitted to any university to obtain a degree.

A handwritten signature in black ink, appearing to read 'Lelani Glover', followed by a small dot.

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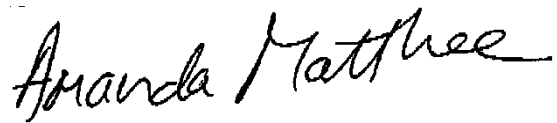
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DECLARATION OF LANGUAGE EDITOR

Language editing

I hereby confirm that I have edited the dissertation and article titled *Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre* by Lelani Glover.

Harvard referencing and the guidelines and editing standards of *Southern African Journal of Social Work and Social Development* have been applied.



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LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisor and co-supervisor. The co-authors declare that the input and effort of Lelani Glover in writing this article reflects the research done by her. The first author contributed to theme development, undertook most of the literature review, performed the data analysis and took the lead in the description of the data. She drafted the manuscript and incorporated all the suggestions from the co-authors into the manuscript.

We hereby grant permission to the first author to submit this article for examination purposes in fulfilment of the requirements for the degree *Master of Social Work*.



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Dr Mariette van der Merwe
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PREFACE

This dissertation is presented in article format as indicated in the North-West University Potchefstroom Campus Yearbook. The article is intended for submission to the *Southern African Journal of Social Work and Social Development*.

The format of the dissertation is as follows:

Section A: Background to the study

Part 1: Background and orientation to the research (Harvard referencing method)

Part 2: Integrated literature study (Harvard referencing method)

Section B: The article (*Southern African Journal of Social Work and Social Development*,
Harvard referencing method according to author guidelines of the journal)

Section C: Summary, evaluation, recommendations and conclusions (Harvard referencing
method)

Section D: Complete references

Section E: Addenda

“Children that need the most love, ask for it in the most unloving of ways.” – Anonymous

“Let us put our minds together and see what kind of life we can make for our children.” – Sitting Bull

“Every child deserves a champion; An adult who will never give up on them, who understands the power of connection and insists that they become the best that they can possibly be.” – Rita F. Pierson

“You do not have to make your children into wonderful people. You just have to remind them that they are wonderful people. If you do this consistently from the day they are born they will believe it easily.” – William Martin

“A better society will and must be measured by the happiness and welfare of the children, at once the most vulnerable citizens in any society and the greatest of our treasures.”

– Nelson Mandela

“Every child needs at least one adult who is irrationally crazy about him or her.” – Urie Bronfenbrenner

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ABSTRACT

A qualitative descriptive design was used to explore early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre (CYCC). Twelve adolescent participants between the ages of 10-14 years old, were purposively selected from a CYCC in the Cape Flats area. Data were collected via individual collages which took place in a group format and participants made collages of their understanding of appropriate and inappropriate behaviour. Each participant participated in an individual interview during which there was a discussion and they also completed the Tree of Life activity, which was used as a narrative technique. The strength-based approach was the theoretical framework which guided the study, as well as Bronfenbrenner's Bio-ecological model.

Findings indicate that participants' experiences of their family histories together with living at the CYCC are significant factors contributing to challenging behaviour. Participants' relational functioning, particularly their sense of attachment to family and CYCC staff is noteworthy. They however also experience a poor sense of belonging at the CYCC and a lack of trust. The role of past experiences, present environment and difficulty associated with their emotional functioning during adolescence are important factors in the exhibiting of challenging behaviour.

The impact of trauma as well as the CYCC environment has an impact on the participants' behaviour. The CYCC is perceived to be a harsh environment with a lack of empathy between the children. It is evident that participants long to be with their families and as a result to do not experience a sense of belonging at the CYCC.

SUMMARY

The focus of this study was to explore early adolescents' experience of the challenging behaviour displayed while living in a Child and Youth Care Centre (CYCC). The research therefore aimed to identify and understand the challenging behaviour of early adolescents between the ages of 10 – 14 years old, who resided in a CYCC from their perspective. Challenging behaviour is typically associated with the life stage of adolescence. However, when early adolescents residing in a CYCC are showing challenging behaviour that exceeds what is considered to be part of healthy development, they potentially place themselves as well as others at risk. Since behaviour is always displayed within a specific context, it was crucial to take into account the role of the environment. Hence, Bronfenbrenner's bio-ecological theory formed part of the theoretical paradigm for this study.

Many of the early adolescents living in a CYCC come from communities with a high prevalence of substance abuse, domestic violence, child abuse and neglect, poverty and gangsterism (DSD, 2012:25; Khan, 2013:10; Western Cape Youth Development Strategy, 2013:20). Over and above an ecological approach towards early adolescents' exposure to the dangers of high-risk communities, a transformative approach was also followed. For this reason, the strengths perspective guided the study. Although the research question focused on challenging behaviour, it was crucial to embrace early adolescents' strengths as well. In addition to this, Erikson's psychosocial theory of life stage tasks based on the epigenetic principle was considered, with particular emphasis on adolescence. Keyes' model of mental health was also applied.

This qualitative study followed a descriptive design to explore and describe early adolescents' experiences of their challenging behaviour in a CYCC in the Western Cape. Twelve participants between the ages of 10 and 14 years were selected at a CYCC in the Cape Flats area, based on selection criteria that included the display of challenging behaviour during the past six months. Data collection consisted firstly of two group activities, one for males and one for females. The purpose of the group activity was to allow the participants to make collages showing their understanding of inappropriate and appropriate behaviour. Next, each participant took part in one semi-structured interview. During the interviews, the participants were encouraged to reflect on their collages. Questions focused on the participants' experiences of living in a CYCC, the behaviour of their peers and their own challenging behaviour. Lastly, the participants completed the Tree of Life activity, which was used as a narrative tool. The textual data was transcribed and thematically analysed.

Five themes were identified based on the findings. The **first theme** related to the participants' family history prior to being placed at the CYCC. These past experiences involved traumatic events such as loss (death of loved ones), abandonment and being placed in foster care. All twelve participants have been exposed to parental substance abuse and domestic violence.

The **second theme** covered the early adolescents' experiences of living at the CYCC. Negative aspects of these experiences included adjustment to structure and routine as well as experiencing the CYCC as a harsh environment. For example, the children living at the CYCC showed little empathy for one another, and this lack of healthy caring manifested in behaviour such as swearing at one another. Positive aspects of the early adolescents' experiences of living at the CYCC included socialisation, interacting with peers and being grateful that their physical and safety needs had been met.

The **third theme**, relational functioning, referred to the participants' relationships with others. According to the participants, they had positive relationships with family members, friends and the Child and Youth Care workers. A poor sense of belonging (at the CYCC) was also identified, with participants expressing the desire to live with their families. In other words, because of their longing to live with their families, they did not feel as though they belonged at the CYCC. Another sub-theme identified was a lack of trust. This is critical, as relationships cannot flourish without trust. Participants were wary of being honest with the Child and Youth Care workers and even with their friends. Some participants stated that they were not comfortable speaking openly with anyone because they did not trust anyone.

The **fourth theme** focused on coping. This referred to coping with ordinary developmental tasks typical of adolescence, for example coping with mood changes; coping with environmental influences such as the CYCC environment and the experience of negative emotions as a result of hurtful comments about traumatic events, such as the death of a family member; and coping with negative emotions such as anger, sadness, anxiety and detachment. Self-regulatory strategies, for example to cope with intense emotions, were also revealed.

The **fifth theme** related to behaviour comprising their understanding of appropriate and inappropriate behaviour, awareness of personal behaviour, and the understanding of consequences and taking responsibility for their behaviour.

Recommendations for future research included studies on the challenging behaviour of children living in CYCCs in the South African context.

Key words/terms

Alternative care; Challenging behaviour; Child and Youth Care Centre; Early adolescence; Experiences; Family; Residential care; Strength perspective; Tree of Life

OPSOMMING

Die doel van hierdie studie was om vroeë adolessente se belewing van hul uitdagende gedrag in 'n Kinder- en Jeugsorgsentrum (KJSS) te ondersoek. Die navorsing was dus daarop gerig om vroeë adolessente wat in 'n KJSS woon se uitdagende gedrag te identifiseer en vanuit hul perspektief te verstaan. Uitdagende gedrag word gewoonlik met die adolessente lewensfase verbind. Wanneer vroeë adolessente wat in 'n KJSS woon egter uitdagende gedrag toon wat die grense oorskry van dit wat as gesonde ontwikkeling beskou word, kan dit 'n risiko vir hulself en ander inhou. Omdat gedrag altyd binne 'n konteks plaasvind, is dit belangrik om die rol van die omgewing in ag te neem. Bronfenbrenner se bio-ekologiese teorie is dus as die teoretiese raamwerk vir hierdie studie gebruik.

Talle van die vroeë adolessente wat in 'n KJSS woon, kom uit gemeenskappe wat deur alkohol- en dwelmmisbruik, gesinsgeweld, kindermishandeling en verwaarlosing, armoede en bendegegeweld gekenmerk word (DSD, 2012:25; Khan, 2013:10; Western Cape Youth Development Strategy, 2013:20). Buiten 'n ekologiese benadering tot vroeë adolessente se blootstelling aan die gevare wat hoë-risiko gemeenskappe weens sosio-ekonomiese faktore inhou, is 'n transformerende benadering ook gevolg. Dit is waarom die sterkte-perspektief (*strengths perspective*) as teoretiese raamwerk in die studie gebruik is. Hoewel die navorsingsvraag op uitdagende gedrag gerig is, was dit belangrik om ook die vroeë adolessente se sterkpunte te erken. Daarby is Erikson se psigo-sosiale teorie van lewensfase-take, wat op die epigenetiese beginsel gegrond is, ook in ag geneem, met spesifieke klem op adolessensie. Keyes se model van geestesgesondheid is ook toegepas.

Hierdie kwalitatiewe studie het van 'n beskrywende ontwerp gebruik gemaak om vroeë adolessente se ervaring van hul uitdagende gedrag in 'n KJSS in die Wes-Kaap te verken en te beskryf. Twaalf deelnemers tussen die ouderdomme van 10 en 14 jaar is by 'n KJSS op die Kaapse Vlakte uitgekies gegrond op seleksiekriteria wat die vertoon van uitdagende gedrag in die voorafgaande ses maande ingesluit het. Data-insameling het eerstens uit twee groepaktiwiteite bestaan – een vir seuns en een vir dogters. Die doel van die groepaktiwiteit was om 'n geleentheid vir die deelnemers te skep om 'n collage te maak wat hul begrip van aanvaarbare en onaanvaarbare gedrag uitbeeld. Elke deelnemer het ook aan een semi-gestruktureerde onderhoud deelgeneem. Die collages is tydens die onderhoude as inleiding gebruik deur die deelnemers aan te moedig is om daaroor te praat. Die vrae het die volgende gedek: die deelnemers se ervaring as vroeë adolessente in 'n KJSS, die gedrag van hul portuurgroep en hul eie uitdagende gedrag. Die onderhoude is met 'n Boom van die

Lewe-aktiwiteit (*Tree of Life activity*) afgesluit. Dié aktiwiteit is as narratiewe hulpmiddel ingespan. Die tekstuele data is getranskribeer en daarna tematies ontleed.

Vyf temas, wat op die bevindinge gegrond is, is geïdentifiseer. Die **eerste tema** hou verband met die deelnemers se familiegeskiedenis vóór plasing by 'n KJSS. Hierdie ervarings sluit in traumatiese gebeure soos verlies (die dood van geliefdes), verwerping en plasing in pleegsorg. Al twaalf deelnemers was blootgestel aan hul ouers se alkohol- en dwelmmisbruik en aan gesinsgeweld.

Die **tweede tema** hou verband met die vroeë adolessente se ervaring van woon in 'n KJSS. Die negatiewe aspekte van hierdie ervaring het ingesluit aanpassing by struktuur en roetine, en die ervaring van die KJSS as 'n ongenaakbare omgewing. Dit het byvoorbeeld geblyk dat kinders wat in 'n KJSS woon nie veel empatie vir mekaar het nie. Hierdie gebrek aan gesonde omgee het in gedrag soos vloek op mekaar gemanifesteer. Die positiewe aspekte van die vroeë adolessente se ervaring die KJSS het ingesluit sosialisering, interaksie met hul portuurgroep en dankbaarheid dat daar na hul fisieke en veiligheidsbehoefte omgesien is.

Die **derde tema** hou verband met die deelnemers se verhoudings met onder meer hul familie, vriende, en die kinder- en jeugsorgwerkers. 'n Swak sin van iewers behoort (by die KJSS) is ook geïdentifiseer, en die deelnemers het die wens uitgespreek om weer by hul gesin te woon. As gevolg van hierdie verlange om weer deel van hul gesin te wees, het hulle nie die KJSS as 'n tuiste beskou nie. Nóg 'n subtema wat geïdentifiseer is, is 'n gebrek aan vertroue. Dit is belangrik omdat verhoudings nie sonder vertroue kan floreer nie. Die deelnemers het genoem dat hulle versigtig is om te eerlik met die Kinder- en Jeugwerkers en selfs hul vriende te wees. Sommige deelnemers het genoem dat hulle ongemaklik is daarmee om openlik met enigiemand te praat omdat hulle niemand vertrou nie.

Die **vierde tema** handel oor opgewasse wees om 'n situasie te hanteer. Dit sluit in die hantering van gewone ontwikkelingstake wat tipies is van adolessensie, soos die hantering van gemoedskommeling; die hantering van omgewingsinvloede soos dié van die KJSS en die ervaring van negatiewe emosies as gevolg van krenkende aanmerkings oor traumatiese gebeure soos die dood van 'n familielid; en die hantering van negatiewe emosies soos woede, hartseer, angs en afsydigheid. Die deelnemers het ook gepraat oor die self-regulerende strategieë wat hulle inspan om byvoorbeeld intense emosies te hanteer.

Die **vyfde tema** hou verband met die deelnemers se begrip van aanvaarbare en onaanvaarbare gedrag, hul bewustheid van persoonlike gedrag, en hul begrip van die gevolge van hul gedrag en verantwoordelikheid neem vir hul gedrag.

Aanbevelings ten opsigte van toekomstige navorsing sluit in studies oor die uitdagende gedrag van kinders wat in Kinder- en Jeugsorgsentrum in die Suid-Afrikaanse konteks woon.

Sleutelwoorde: Alternatiewe sorg; Ervaringe; Familie; Kinder- en Jeugsorgsentrum; Sterkteperspektief; Residensiële sorg; Tree of Life; Uitdagende gedrag; Vroeë adolessensie

ABBREVIATIONS AND ACRONYMS

CYCC	Child and Youth Care Centre
DSD	Department of Social Development
FASD	Fetal Alcohol Spectrum Disorders
HREC	Health Research Ethics Committee
IDP	Individual Developmental Plan
WHO	World Health Organization

SECTION A

PART I: BACKGROUND AND ORIENTATION TO THE RESEARCH

1. INTRODUCTION

The following research question guided this study: What are early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre? According to Banks *et al.* (2007:1-79) challenging behaviour is when people's actions threaten their safety and/or that of others. Challenging behaviour – such as disruption, aggression, violence, defiance or being nasty, deliberate, out of control, impulsive, oppositional and attention seeking (Kaiser & Rasminsky, 2007:9-13) – is easily noticed and ensures that adolescents with such behaviour get attention. Risk-taking behaviour that jeopardises the child's own safety and that of others is one of the perils associated with challenging behaviour.

Challenging behaviour is furthermore defined as defiance, lack of self-control, anger outbursts, risky behaviour and lack of compassion towards others. According to this definition, behaviour is typically expressed externally and internally. Welcome differentiated between externalising and internalising behaviour. Externalising behaviour is projecting one's behaviour towards the outer environment and includes acts of physical aggression, being defiant, stealing, substance abuse, shouting, swearing and truancy. Internalising behaviour is the tendency to internalise emotions, for example anxiety, depression, crying, lack of energy, sadness and self-harming (Kulis *et al.*, 2010:294; Renner & Boel-Studt, 2017:474; Welcome, n.d.:2). The Children's Act (38 of 2005) defines a child and youth care centre as "a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility" (Anon 2005). The Children's Act is the legislation that is used by social workers and children's courts', finding children in need of care and protection and one of the placement options are CYCC's. In addition to this, the Children's Act provides guidelines as to the requirements of CYCC's in the form of minimum standards which is an essential document to be used by managers, social workers and child and youth care workers working at CYCC's.

In this section residential care and challenging behaviour will be discussed within international, national and provincial frameworks so as to gain an understanding of the broader context of residential care. In addition to this, socio-economic factors within South Africa and the Western Cape will be examined in order to recognise the impact of environmental factors.

2. RATIONALE AND PROBLEM STATEMENT

Firstly, when the challenging behaviour of early adolescents living in a Child and Youth Care Centre is studied from a strengths-based approach, information will be gained to fix what is broken as well as “to nurture what is best within ourselves” (Seligman, 2002:13-79). In other words, information is needed to encourage positive health in adolescents by addressing risks, such as challenging behaviour, and building, for example, their pro-social behaviour. It is the researcher’s experience that early adolescence is more challenging for children who are in CYCC’s than those living with their families especially when one considers Bronfenbrenner’s ecological theory and the impact of the environment and related experiences which led to the placement at the CYCC in the first place (Rosa & Tudge, 2013:248-253). Gaining this information will benefit not only early adolescents but also the staff at Child and Youth Care Centres as well as other children living at these CYCCs. This is of particular interest to South Africa as a developing country, since a large proportion (35% to 50%) of the total population is represented by its youth, which implies that they constitute significant potential for human and social development (Van Schalkwyk & Wissing, 2010:53-60).

In addition to the above, early adolescents’ challenging behaviour can be understood as survival strategies (Johnston, 2015:35). This understanding can enable social workers and other CYCC staff to empower early adolescents with positive coping strategies. This information is particularly valuable as the researcher was unable to find sufficient research conducted within South Africa on children in residential care displaying challenging behaviour. Hence, the planned study will address this gap identified in existing research.

Matthews, Kilgour, Christian, Mori and Hill (2015:1-25) suggested working *with* children in order to understand well-being from *their* perspective. It is imperative to give children a voice not only to empower them, but to see their world as they see it. According to Prilleltensky (2005:53-60), personal well-being is derived from opportunities to exercise “voice and choice”. Also, Maria Montessori, the Italian pioneer known for promoting enabling environments for children, emphasised how important it is to “look to the child”, meaning to consider children (Anglin, 2015:6). Therefore, children need to be active participants in efforts to understand their behaviour so that they can be empowered with insight that will ultimately lead to increased self-awareness.

Various South African studies have shown that when the risk of behavioural problems – such as arrests, skipping school, drinking alcohol, smoking cigarettes or smoking marijuana – increases, mental health decreases (Cronje-Malan & Van Schalkwyk, 2015:1-10; Flisher *et al.*, 2007). These risks hold serious consequences for adolescents' well-being because these adolescents represent the future. Therefore, early adolescents who have not been given the necessary support are at great risk to develop full-blown health disorders and chronic disease as adults. It is crucial that they receive optimal support to deal with the challenges typical of their developmental stage and to develop the highest possible levels of well-being. Furthermore, Keyes (2007:106) pointed out that much more research is needed to comprehend the developmental unfolding of mental health over the lifespan, “acting as protective (i.e. flourishing) and risk (i.e. languishing and moderate mental health) factors within specific racial and ethnic subpopulations”.

The occurrence of behavioural difficulties is not limited to developing countries. Research in First World countries, such as the Netherlands, indicates that approximately 30 000 children are placed in residential care every year due to behavioural difficulties (The Hague, 2009). According to a report released by UNICEF (UNICEF, 2013), between 10% and 15% of Dutch children were placed in residential care as a result of behavioural problems, with 5% displaying behaviour considered serious enough for long-term and intensive care. As a result, the need for care is constantly increasing in the Netherlands where the reasons for residential care placements are neglect, parents who do not have sufficient parenting skills, and the individual problems of the child, such as challenging behaviour (Harder *et al.*, 2013:206). Such challenging behaviour includes externalising behaviour such as physical fighting, violent behaviour and rebelliousness. Another 2011 study undertaken in a First World country, namely Germany, shows that approximately 26% of children were placed in residential care due to problems such as deviant behaviour, developmental delays or learning difficulties, 34% due to unstable family life and 40% due to a lack of support and care (Fendrich, Pothmann & Tabel, 2012:6-8). Also, from 2010 to 2012, a higher percentage of children were placed in residential care than foster care in Italy and Germany (Del Valle & Bravo, 2013:251-257). A possible reason for this is that these programmes include young offenders which would increase the statistics. According to Del Valle and Bravo (2013:251-257), residential care deals largely with children displaying serious behavioural problems or mental health disorders, serious rebellious behaviour against their parents, including violent and aggressive behaviour, children needing support as they transition to adulthood and, lastly, refugees.

From these international statistics mentioned above, it is evident that despite being First World countries with more resources, more infrastructure and arguably fewer social problems than developing countries, they still have a need for residential care. Moreover, it is important to take into account the increasing need for residential care, as indicated by international statistics, as the challenging behaviour of children is one of the reasons for residential care.

Statistics about Child and Youth Care Centres (CYCCs) in South Africa indicate that there are 345 registered CYCCs, caring for 21 000 children. Since this study will be conducted in the Western Cape, it is appropriate to provide some information about CYCCs in this province. In total, the Western Cape has 54 funded Child and Youth Care Centres (the researcher had a list of CYCC's which indicated 54 at that time). While the majority of these facilities offer generic residential care services, there has recently been a shift to specialised services. For example, one CYCC has changed its residential care programme and now specialises in behaviour management, running a programme for children displaying acutely challenging behaviour. As the researcher worked in the CYCC field for six years, she is familiar with these trends and information.

The following three examples illustrate the prevalence of children displaying challenging behaviour:

- One CYCC in the Western Cape accommodates 60 children and, according to the social worker, all the children display some kind of challenging behaviour (Amroodt, 2016).
- Another CYCC has 45 boys, of which six display challenging behaviour (Uys, 2016).
- A third CYCC has 44 children of which 21 display challenging behaviour (Cyster, 2016).

Considering the socio-cultural embeddedness of early adolescents' developmental years it is clear that their behaviour cannot be considered without taking into account contextual factors (Bronfenbrenner, 1979:513-531; Prilleltensky, 2012:1-21). The Western Cape is faced with social problems such as unemployment, poverty, teenage pregnancies and violence against women and children (Western Cape Youth Development Strategy, 2013:20, 25). Gangsterism is another social ill that has a profound impact on the social problems

experienced in these communities (DSD, 2012:25; Van Der Merwe & Swanepoel, 2017:38). Children growing up in high-risk communities are continuously exposed to gangsterism and related activities such as theft, violence, shootings and murder (Cronje-Malan & Van Schalkwyk, 2015:1-10). In some communities in the Cape Flats, such as Manenberg and Hanover Park, innocent people are killed on a daily basis and as a result, children living in these areas can perceive these events as a normal part of life (Schoeman, 2016:4-5). This means that children who grow up in these communities are “environmentally contaminated” as they are born in a “hostile environment” (Schoeman, 2016:5). In other words, these children grow up with experiences associated with a “contaminated environment”, for example hearing gun shots, seeing a “body” lying in the road, and being escorted to school by the Police as part of their ordinary experiences. As a result they could become desensitised. Furthermore, young children are targets for gangsters and drug dealers as they use them as “runners” for tasks such as selling drugs (Isaacs, 2016; Van Der Merwe & Swanepoel, 2017:45). Of concern is the opinion of Kennedy and Ceballo (2016:778-789) who stated that children who are continually exposed to community violence become desensitised, which can lead to “emotional numbing”.

Another challenge in the Western Cape is substance abuse. In the Western Cape, more children start drinking alcohol before the age of 13 years than in any other province. Alcohol is also associated with social problems such as unprotected sex, violence within the family, failing at school and not attending school as it influences and changes behaviour (Khan, 2013:10; DSD, 2012:12). Also, methamphetamine (tik) is the most widespread drug used within the Western Cape (SACENDU Council Medical Research, 2014; Weybright *et al*, 2016:1125). Methamphetamine is easily accessible in Western Cape communities and schools; it is highly addictive, making the prognosis for recovery poor. According to a social worker at Ramot Treatment Centre for Substance Dependency, the prevalence of methamphetamine dependency is greatest between the ages of 18 and 34 for both men and women. In 2015, 35% of Ramot admissions were methamphetamine-related (Van Zyl, 2016). According to Khan (2013:10), there is a correlation between adolescents using alcohol and violent behaviour and, similarly, between adolescents using cannabis on a regular basis and the risk of aggressive behaviour.

As a result of the social ills and prevailing problems mentioned above, children and youth are confronted with various additional challenges, such as dysfunctional or incompetent families who are uninvolved, demotivated and not equipped for parenting, and the dangers associated with gangsterism, such as a crime and violence (Van Der Merwe & Swanepoel, 2017:41; Western Cape Youth Development Strategy, 2013:16; White Paper on Families in

South Africa, 2013:27). These persistent social challenges have a negative effect on interpersonal relationships and the functioning of families (White Paper on Families in South Africa, 2013:27). Despite educational and support programmes offered by various organisations, the problems are increasing. In this regard, Kagee (2014:350-363) stated that after more than 20 years of democracy there has not been a significant improvement in circumstances within the communities of South Africa. Ramphela (2013) emphasised that despite significant input from various fields of expertise, social and community problems are still present and in some instances even increasing. This information is important, since children in residential care mostly come from communities where they have been exposed to poverty, substance abuse, domestic violence, neglect, child abuse, gangsterism and criminal activities. In other words, these children have not been exposed to a stable or healthy home environment and positive role models. The White Paper on Families in South Africa (2013:3) defines a healthy family in terms of positive relationships between family members and a sense of well-being, while children in residential care typically come from dysfunctional families characterised by tension, inconsistency and discord. Also, many children in residential care have been part of single-parent families. In most cases, this means that these children have been living with their mother while their fathers were absent.

According to the White Paper on Families in South Africa (2013:18), more than 40% of all households in South Africa are single-parent families. When considering the statistics of CYCCs worldwide as well as nationwide, it is evident that the need for CYCC placements is increasing. Within South Africa and also the Western Cape province, families and communities are in crisis as a result of persistent social problems (Western Cape Youth Development Strategy, 2013:1-65). Evidently, the impact of the external environment cannot be disregarded in the development of positive behaviour in adolescents.

Adolescents in residential care are at risk as they are facing the “ordinary” crises related to adolescence, as well as dealing with traumatic life events which led to their placement in the first place. Harden, Quinn and Tucker-Drob (2012:150-163) indicated that a history of maltreatment and neglect, lack of familial functioning and stability, substance abuse by parents, and poverty are risk factors for adolescents’ healthy development and increase their probability of engaging in problem behaviour.

Finally, this study aimed to contribute to social work by understanding the behaviour of early adolescents who are part of CYCCs. Although the disabling impact of previous (outer) environments cannot be disregarded, information will be gathered to eventually protect and promote the well-being of early adolescents living in CYCCs. Because a strengths-based

approach will be used instead of mainly remedial approaches, the study will emphasise those strengths and competencies that will help early adolescents to build their “inner environments”. The application of theory will contribute to the need within the strengths-based approach of social work to fortify early adolescents’ strengths and to address the risks hindering their well-being and positive behaviour.

The next section focuses on the research aims and objectives.

3. RESEARCH AIMS AND OBJECTIVES

The aim of this research was to use a qualitative descriptive design to explore and describe early adolescents’ experiences of their challenging behaviour in a CYCC in the Western Cape. According to Creswell (2014:124), the research aim should offer information about the central phenomenon explored in the study, the participants in the study, an emerging design, words drawn from the language of qualitative inquiry and the research site.

The objectives of this qualitative study were to explore and describe the participants’ understanding of:

- Adolescence
- Their challenging behaviour
- Their challenging behaviour within the context of a Child and Youth Care Centre

4. CENTRAL THEORETICAL STATEMENT

While displaying some form of challenging behaviour is appropriate during adolescence, for many children, their behaviour exceeds what is considered to be typical. This kind of extreme challenging behaviour has become common in CYCCs and seems to be increasing. If challenging behaviour is explored from the perspective of the adolescents themselves, as they are the experts of their own lives, valuable information can be obtained to allow for a better understanding of this phenomenon.

5. EARLY ADOLESCENCE

The motivation for using early adolescents in this study was firstly because of their increased cognitive ability and insight. During early adolescence, children’s cognitive functioning enables them to differentiate more comprehensively between right and wrong, and to do

abstract thinking. According to Piaget (Repko, 2012), children start to develop concrete operational thought during middle childhood. In other words, during adolescence, children have the ability to plan, think ahead, speculate, consider cause and effect, and solve problems (Repko, 2012). Secondly, early adolescents living in a CYCC are vulnerable as a result of their history of abuse and neglect. Therefore, dealing with these traumatic life events, together with the challenges related to normal adolescent development, place them at risk which could negatively impact their well-being. It is therefore crucial that they receive the necessary support and intervention during this life stage (Cronje-Malan & Van Schalkwyk, 2015:1-10; Flisher *et al.*, 2007:505-516).

6. RESEARCH METHODOLOGY

6.1 Literature review

The purpose of the literature review was to present a thorough understanding of the research phenomenon and provide a basis for the empirical study (Fouché & Delport, 2011:133). The researcher made use of various resources including journal articles, text books and academic search engines. The NWU online library was also utilised, with support from the library's subject expert, Mr. Nestus Venter.

6.2 Research design

A qualitative descriptive design was used to explore the experiences of early adolescents of their challenging behaviour in a CYCC. A qualitative approach attempts to understand how the world is experienced from an individual's perspective (Braun & Clarke, 2013:20) and attaches meaning to the individual's "story". According to Fouché and Schurink (2011:307), qualitative research examines social phenomena by exploring how people understand their world. The descriptive nature (Webb & Auriacombe, 2006:597) of this research approach enabled a clearer understanding of early adolescents' behaviour within the context of a CYCC setting. The researcher aimed to gain a comprehensive overview of early adolescents' experiences including risk and protective factors regarding behaviour. The qualitative descriptive design entailed the presentation of the "facts" in everyday language. In summary, a qualitative descriptive study was used to explore (i.e. the research design as the "how of the study") the early adolescents' (the "who") understanding and experiences of the challenging behaviour (the "what") in a CYCC.

6.3 Participants

Early adolescents (girls and boys) between the ages of 10 and 14 years were selected for the study. A purposive sampling method was utilised. Participants were recruited and

selected by the social worker at the CYCC once the Director of the chosen CYCC (i.e. the person providing access to the CYCC) had given permission for them to participate in the study. Once the early adolescents had agreed to participate in the study, assent forms were signed. The Department of Social Development also granted permission for the study (refer to Section E, Addendum D for the permission letter and Addendum B for approval given by the Department of Social Development). Next, 12 to 15 adolescents between the ages of 10 and 14 years were selected from a CYCC situated in the Cape Flats area of Cape Town. This specific CYCC was chosen because it accommodates both boys and girls between the ages of 5 and 18 years, which includes early adolescents.

The participants were selected based on the following specific criteria:

- Male and female participants;
- English or Afrikaans speaking children (the majority of children placed in CYCCs in the Western Cape are English or Afrikaans speaking);
- Between the ages of 10 and 14 years;
- Participants living in a CYCC for at least six months so that a pattern of challenging behaviour has been established;
- Participants with challenging behaviour; these behaviours must have been recorded by the CYCC either in case files or an incident book. Examples of challenging behaviour include the following: Truancy, absconding, stealing, defiance, verbal and physical aggression, lying, damage to property, behaviour which puts others/self at risk, experimenting with substances and arson (Korkie, 2016:31-72).

6.4 Data collection

Data collection techniques included the making of individual collages (in group format) and the Tree of Life narrative tool (used during individual semi-structured interviews with each participant). An interview schedule was used to guide the individual interviews and discussions (refer to Section E, Addendum E for the interview schedule). The collages were used to obtain data on the participants' understanding of their behaviour, both positive and negative. The purpose of the collage activity was to prompt the participants to start thinking about their behaviour. The collages were discussed individually with the participants during the semi-structured individual interviews.

The Tree of Life was used as a narrative tool during the individual interviews. Participants were asked to draw a tree, with each part of the tree depicting a part of their life experiences.

The Tree of Life

The Tree of Life is a narrative approach that provides children with an opportunity to tell their story in a non-threatening manner.

According to Ncuba (2006:6) and Pells and Treisman (2012:402), children are asked to draw a tree, with the ensuing conversation focusing on:

- **The roots:** ancestry, significant people in their life histories, family life
- **The ground:** everyday activities and present situation
- **The trunk:** significant, life-shaping events; good or bad (This will be particularly relevant for this study with its focus on the life story represented metaphorically by the trunk.)
- **Leaves:** significant people in the child's life, including important people who had passed away
- **Branches:** future direction, goals, wishes and dreams
- **Fruits:** things to be proud of, achievements, strengths and talents
- **Bugs, pests and plagues:** problems and challenges (Ngwenya, 2016).
- **The tree's environment:** The storms and dangers faced by the tree can also be discussed.

Used as a research tool, this technique serves as a useful data collection method giving the participants some form of relief (Ngwenya, 2016:2). (Refer to Section E, Addendum G for examples of visual data.) Using the Tree of Life provided significant information regarding the participants' experiences some of them being very traumatic. These experiences were important to take into consideration when exploring behaviour, as it allowed the researcher to view the participants behaviour in the context of their life events.

Therefore, three data collection methods were utilized: Semi-structured interviews, collages and the Tree of Life. An interview schedule was not used for the Tree of Life, the activity guidelines were followed.

6.5 Data analysis

The qualitative data was derived from the verbatim transcripts of the semi-structured interviews as well as from the visual data collected via the participants' collages and Tree of Life stories. The visual data was analysed based on the specific images that had been created and their relevance to the research question. No interpretations were made from the collages and Tree of Life narratives. Data captured during the discussions of these visual

data methods was transcribed and thematically analysed. The transcripts of the interviews were also thematically analysed (Vaismoradi *et al.*, 2013:399).

The following six steps were used for the data analysis (Braun & Clarke, 2013:202-203):

- **Familiarisation with data:** The researcher listened to the recordings and transcribed the interviews. The transcripts were then read through several times. The researcher also read through the field notes made during the interviews and reflected on these.
- **Coding:** The data from all the transcripts was coded and collated in a systematic manner. The researcher first drew a map on a large sheet of paper, numbering the different codes. Once this was done, the codes were sorted into categories and typed into an MS Word document.
- **Searching for themes:** The codes were categorised and recurring codes were identified and sorted into themes. For a general understanding of the phenomenon it was important to organise the raw data into significant categories of thematic patterns in order to provide a coherent understanding of how they fit together (Braun & Clarke, 2013:202-203). These categories or thematic patterns referred to descriptions or words used by the participants, or to constructs used in existing theories. However, specific instances or variations of categories were also needed to emphasise the importance of individual accounts. These variations were also described systematically and comprehensively.
- **Reviewing themes:** Once identified, themes were reviewed individually as well as in relation to one another. Sub-themes were also identified.
- **Defining and naming themes:** The researcher defined each of the themes and named them accordingly. (Refer to Section E, Addendum H for the data analysis process.)
- **Writing up:** The data analysis was compiled and written up together with supporting literature.

6.6 Ethical aspects

As the participants of this study consisted of children, important ethical aspects had to be taken into account (Strydom, 2011:113). The study was submitted to the participating university's Health Research Ethics Committee (HREC) for ethical clearance, which was a requirement before the study could commence. Once ethical clearance had been obtained, the Department of Social Development gave legal permission for children in a specific CYCC to participate in the study. To obtain permission from those in authority a letter was

presented with details about the purpose of the planned study, the duration of the research and possible outcomes of the research.

Once the Director at the CYCC granted permission for the study and consent for the children to participate, a mediator was appointed to select the participants. The mediator was the social worker at the CYCC. Participants were selected according to specific criteria. Participation was completely voluntary, and this was explained to the participants.

6.6.1 Avoidance of harm

The participants were considered to be vulnerable as they were children who have been placed in a CYCC. As a vulnerable group, every precaution was taken to ensure that they were protected and not exploited in any manner. For this reason, the Department of Social Development had to give permission for them to participate in the study. The permission of the Minister of Social Development was delegated to HREC. The Director of the CYCC gave consent as well.

During the interviews, the participants were given the assurance that they would be protected from physical and (intentional) emotional harm. Protection from emotional harm was critical (Padgett, 2008:69) since the participants had already experienced trauma in their lives. The researcher guarded against manipulating the participants or treating them as objects or numbers rather than individual human beings.

Risks of this study included possible emotional discomfort, such as participants feeling sad as a result of thinking about their life experiences. When one participant became noticeably subdued while completing the Tree of Life activity, the researcher reported this to the social worker at the CYCC.

Additional steps were taken to minimise coercion and undue influence on this vulnerable population. These steps included:

- Obtaining the permission of a representative, namely the gatekeeper and mediator;
- Obtaining informed consent from the Director of the CYCC;
- Obtaining informed assent from all participants under the age of 18 years;
- Giving special attention to the recruitment process.

The participants were aware that they would participate in research and that the research would be carried out only with their approval. Particular attention was given to the content, language and procedures used to obtain informed assent/consent from the participants.

Debriefing support by the social workers of the particular CYCC was arranged in case of need. This was explained to the participants to reassure them. Debriefing was required for one participant who became sad and withdrawn during the interview. Care was therefore taken to ensure that the risks were reasonable in relation to the anticipated benefit and the importance of the knowledge to be gained.

6.6.2 Informed assent/consent

The aim of the study was clearly explained to the participants. The researcher also explained what was expected from the participants (Welman *et al.*, 2005:201). Aspects such as anonymity and confidentiality were discussed. The guardian of the participants (Director of the relevant Child and Youth Care Centre) signed an informed consent form (Padgett, 2008:65) and permission letter. Participants aged 10 to 12 years gave verbal assent while participants aged 12 to 14 years gave written assent (Welman *et al.*, 2005:201). It was important for the researcher to obtain permission from the participants and to make it clear that the participants were not coerced into taking part in the study. Child-friendly language was used on the forms, enabling the participants to understand what the study entailed. (Refer to Section E, Addendum C for consent/assent forms.)

6.6.3 Voluntary participation

During participant selection it was made clear that participation was voluntary and that no one would be forced into taking part against their wishes. Voluntary participation was also addressed in the informed consent forms. Part of the mediator's role was to explain to the participants that they had a choice as to whether they would like to participate in the study. The researcher also explained this to the participants. None of the participants withdrew at any point. Instead, they seemed eager to be part of the study.

6.6.4 Debriefing

As a result of the nature of qualitative research, participants may feel emotional discomfort or become aware of their emotions as they reflect on certain experiences which may include traumatic memories (Patton, 2015:405). Debriefing support was therefore made available at the CYCC by the participants' social worker.

6.6.5 Confidentiality, privacy and anonymity

Care was taken to ensure the anonymity of the participants. In order to maintain confidentiality, only the researcher had access to the data which included the recordings, transcripts and visual data. The researcher assured the participants that their privacy would be respected and that their identity would not be made known in the research report (Welman *et al.*, 2005:201). To ensure confidentiality, privacy and anonymity, participants were each given a code (number). The participants' names were not used in the transcripts or in any other documents pertaining to the study.

6.6.6 Ethical implications for participants

The participants all live at the CYCC. In order to ensure confidentiality and avoid stigmatisation and labelling, the other children and staff members at the CYCC were not informed as to why the participants were selected for this study.

6.6.7 Maintaining honesty and openness

The researcher was honest and open with the participants at all times in order to ensure that they understood the research process and what was expected of them.

6.6.8 Actions and competence of researcher

The researcher treated the participants with respect and warmth, and ensured that the data was collected in an ethical manner.

The researcher made field notes during and after each individual interview based on observations made. These observations included the body language of the participants. It was also an opportunity for the researcher to reflect on the research process and to be aware of her own attitude and emotions. This was important to enhance the quality of the research (Whittaker, 2009:9).

6.6.9 Trustworthiness

In their seminal work on trustworthiness, Lincoln and Guba (1985:294-301) suggested specific quality criteria for trustworthiness, namely credibility, dependability, confirmability and transferability. Fourie and Van der Merwe (2014:214-240) indicated that trustworthiness can be ensured when well-established methods in qualitative investigation – such as data collection, data analysis and the intervention process – are applied. The criteria supporting trustworthiness will be discussed briefly to illustrate how they were applied in this study.

Credibility refers to the process through which the researcher ensures that the participants' discussions are accurately described and credible (Schurink, Fouché & De Vos, 2011:420). It ensures that the results of qualitative research are true as obtained from the participants' perspective (Farrelly, 2013:149-151). To ensure credibility the researcher recorded all individual interviews and listened to the recordings, after which the interviews were transcribed. Triangulation was ensured by obtaining information (data) from different sources (Kelly, 2006:287). Collages, discussions during interviews and the Tree of Life narrative tool added to triangulation, as described by Merriam and Tisdell (2016:245) and Bless, Higson-Smith and Sithole (2013:238).

Transferability is ensured when the findings of qualitative research can be transferred to or applied to another context or setting (Farrelly, 2013:149-151). The researcher ensured transferability by describing the context, participants, settings and circumstances of the study in detail (Braun & Clarke, 2013:282). The researcher took note of the different opinions of qualitative researchers regarding the concept of transferability (Merriam & Tisdell, 2016:255), especially in terms of generalisation. In qualitative research, generalisation is not really the aim as it is generally accepted that readers should transfer the information to their own contexts and adapt it to fit their client groups. In this regard, the concept *extrapolation* shows promise (Patton, 2015:713) as it is seen as modest speculation on possible applications of the findings.

Dependability refers to the description of the research methods used to make it possible for the study to be repeated (Schurink *et al.*, 2011:420). In this regard, Bless *et al.* (2013:239) indicated that verbatim quotes from participants can add to the overall trustworthiness of a study. The researcher made sure the research process was coherent, well developed and reviewed.

Confirmability is based on the assumption that the results can be confirmed by others (Farrelly, 2013:149-151) should they follow the same research process in a similar context (Bless *et al.*, 2013:237). The researcher saved the evidence of the data analysis in order to ensure confirmability (Schurink *et al.*, 2011: 421).

6.7 Publication of findings and feedback to participants

The research report in the format of a research article will be published in a professional journal such as the *Southern African Journal of Social Work and Social Development*. A

copy of the final report will be given to the selected CYCC as well as to the Department of Social Development.

The researcher will give individual letters to each participant wherein the findings of the study will be explained and a simplified outline of the themes will be given. This will be done in a child-friendly manner in each participant's home language. Before giving the letters to the participants, the researcher will have a conversation with the participants to explain the content of the letters.

The following section comprises of a comprehensive literature study.

SECTION A

PART II: INTEGRATED LITERATURE STUDY

This study explored the challenging behaviour of early adolescents in a Child and Youth Care Centre (CYCC) in the Cape Flats area. The purpose of the study was therefore to understand the factors contributing to the CYCC-based early adolescents' challenging behaviour.

Various factors need to be taken into account when exploring challenging behaviour. The environment and context from which the early adolescents come play a significant role. Many of the early adolescents come from communities where substance abuse, family violence, community violence, poverty and abuse are highly prevalent (DSD, 2012:25; Rosa & Tudge, 2013:243-258; Western Cape Youth Development Strategy, 2013:20). It is crucial to take into account the trauma or, in many cases, multiple traumas that they have experienced, such as child abuse and neglect, loss of parents or significant others, exposure to domestic violence and abandonment. The impact of these traumatic events on their attachments and ability to form attachments also needs to be considered (Collin-Vézina *et al.*, 2011:584; Kira *et al.*, 2014:389; Pittman *et al.*, 2011:32). In addition to this, the experience of being separated from their families, living in a Child and Youth Care Centre and coping with their trauma are salient factors to consider.

In this next section the above-mentioned factors will be discussed to gain a thorough understanding from literature of early adolescents living in a child and youth care centre, and the intricate dynamics underlying their challenging behaviour.

2. THEORETICAL PARADIGM

A theoretical framework provides direction for the understanding of a problem or situation in the context of a specific perspective (Babbie, 2011:33; Merriam & Tisdell, 2016:85). Various theories were used as the theoretical paradigm for the present study. This included Bronfenbrenner's bio-ecological theory (third phase).

The study focused on early adolescents living in a CYCC. It was therefore important to consider the context of the environment and the impact of this on the participants. The strengths perspective also guided the study. Although challenging behaviour was a focal point linked to the research question, it was crucial to consider the early adolescents'

strengths as well. Keyes' model of mental health was applied in order to take the well-being of the adolescents into account.

Finally, Erikson's stages of psychosocial development and the life stage of middle childhood and adolescence were taken into account. Erikson's developmental stages are important in terms of tasks that need to be completed during both middle childhood and adolescence. Yet, not much literature is available on early adolescents who are unable to successfully complete these tasks, i.e. on industry and identity formation. In other words, research is lacking on what the trajectory of an early adolescent would look like if these crucial life stage are not mastered.

Next, the various theoretical paradigms will be discussed.

Bronfenbrenner's bio-ecological theory: Since 1973, Bronfenbrenner's theory evolved in three phases from an ecological to a bio-ecological approach (Bronfenbrenner, 1979:3; Rosa & Tudge, 2013:243-258). This theory illustrates how a person is influenced by the environment through layers of systems (micro, macro, meso, exo and chrono) where there is reciprocal interaction and interconnectedness. The third phase of Bronfenbrenner's theory emphasises the role of proximal processes (Rosa & Tudge, 2013:251), which is a culmination of individual factors and contextual factors. Proximal processes are the driving forces of human development and can result in competence and good functioning but also in problematic behaviour, or what Bronfenbrenner called dysfunction (Rosa & Tudge, 2013:252). Importantly, Rotabi (2007:124) pointed out the influence of the interconnectedness of systems on social work practice (Rotabi, 2007:124). It is not possible to discuss challenging behaviour in the context of CCYCs without taking the context of such adolescents into account. This implies the family, school and broader community as well as macro systems where policy decisions are made about children with challenging behaviour. In this regard, Tracy and Brown (2011:450) referred to the 1986 work of Barth who viewed the social interaction nested in the different systems as both the cause of problems and the place to find solutions. Saleebey (2011:477) indicated that positive change from a strengths perspective is often linked to social, personal and spiritual resources.

Table 1: The five layers of the ecological system according to Bronfenbrenner (1979)

Ontogenic system	The ecology of the individual, including factors in the person which influence development (Weems & Overstreet, 2009:37)
Micro system	A child's most immediate environment where daily interactions and

	contact take place, such as the home environment or school
Meso system	Interactions between different micro systems that the individual is part of, for example the community and extended family
Exosystem	This layer influences a child indirectly. It refers to, among others, a parent's work place.
Macro system	This is the "most distal ecology" according to Weems and Overstreet (2009:28). It includes the cultural context of the child and also organisational structures such as policies, legislation, the political sphere, and national and international trends.
Chronosystem	Transitions over time

Over time, various expected changes happen on micro level, for example transitioning through developmental stages. Meso-level changes include going to a new school or moving to another place of residence. Unforeseen and at times disruptive (micro-level) changes also happen, such as parents separating or developing problems such as alcohol abuse. Whatever the nature of these changes, they impact the relationship between individuals and their environment (Rosa & Tudge, 2013:249-250). Early adolescents who have been removed from their parents and placed in a CYCC have been exposed to many unexpected changes, instability and traumatic events. The bio-ecological approach allows the consideration of the impact of these disruptions.

The bio-ecological approach accentuates the nature of interactions between the various systems of children during their developmental phases. For example, early adolescents who have been removed from their families are exposed to changes at various levels, as well as the interaction of various systems. This can be explained in the following way: At micro level, Bronfenbrenner acknowledged the important function of the family unit (Rosa & Tudge, 2013: 243) as it contributes to the child's development. However, when the family unit is dysfunctional, it affects the interactions of all the other systems, such as family and school. When considering the behaviour of early adolescents, it is imperative that adolescents' "doing" should be examined while taking into account the multiple levels (Bronfenbrenner, 1979) of their existence (Van Schalkwyk & Wissing, 2013:581-606). Then again, Ungar (2015:6) stated that individual change is unlikely without social change in contexts with significant social, economic and political challenges. For this reason, the potential of early

adolescents' inner environment should also be looked at. The strengths perspective offers this, also for youth at risk (cf. Smith, 2006).

The strengths perspective was used as a theoretical framework for this research while acknowledging the post-modern philosophical paradigm. The post-modern perspective is important for this research, claiming that knowledge must be understood in context of the contemporary world, with multiple viewpoints in terms of gender, socio-economic status and culture. This perspective focuses on the potential strengths, interests, abilities, knowledge and capacities of individuals rather than their limitations (Helmer, Pulla & Carter, 2014:296; Smith, 2006:13-79). Within the strengths perspective the ameliorative and transformative methods are proposed (Prilleltensky, 2008:116-136). In this sense, it is evident that researchers working from a strengths-based approach are compelled to conduct research and to seek interventions aimed at clinical as well as non-clinical populations. Also, the strengths-based approach (Saleebey, 2013) will be combined with Peterson and Seligman's (2004) focus on the intentional identification of strengths amidst challenging behaviour, and Fredrickson's broaden-and-build theory (2009), which entails how positive emotions can counteract negative emotions. According to the broaden-and-build theory even minor positive emotions can enhance well-being via ordinary daily practices, such as early adolescents helping one another with school work or home work. Kondrat (2014:40-58) explained the importance of being aware of what "strength" means and said that for individuals this could relate to ambitions, talents and areas of mastery. Furthermore, Saleebey (cited by Kondrat, 2014: 41) referred to the "CPR" of strengths, which stands for "competence, capacities and courage; promise, possibility, positive expectations and potential; resilience, reserves, resources and resourcefulness". In other words, when identifying strengths, one must not only look for an individual's apparent strengths, but intentionally explore their potential and resources. In terms of identifying strengths, Park and Petersen (2006:891-909) maintained that "character strengths" are fundamental in order to encourage individuals to reach their potential. They have identified six clusters of character strengths, namely "wisdom and knowledge, courage, humanity, justice, temperance and transcendence". While most people might be naturally inclined to demonstrate some of these strengths, the ideal is to develop character strengths in all these categories. To illustrate, all early adolescents living in South African CYCCs do have signature strengths related to these categories of character strengths, and within the context of an enabling environment the individual's strengths of, say, kindness/empathy (category of humanity) will be nurtured toward optimal levels of social functioning.

The strengths perspective acknowledges the potential strengths of people, which can lead to positive growth (Saleebey, 2013). Clark (2009:21-26) stressed the mistaken tactic of the helping professions to emphasise deficits and disorders from the so-called medical model (Saleebey, 2011:479) without paying equivalent attention to health and happiness. It is argued that the balance of the strengths perspective, and the coping and resilience studies emerging from different disciplines, represents a new science of "getting up". The strengths perspective implies shifting the focus from problems to strengths; and from adult-constructed solutions to youth-involved solutions when working with youth (Clark, 2009:25). While the strengths perspective does not ignore pain, suffering and problems, social workers who have adopted this approach try to find "evidence of seeds of resilience and rebound" in the midst of adversity (Saleebey, 2011:481).

Keyes model of complete mental health

This study used Keyes' model of well-being (also called the model of complete mental health) as all people's behaviour is indicative of their levels of well-being and functionality. Also, Keyes' model incorporates the important contributions of experts such as Ryff (2014:10-28) who stated that well-being is more than and dissimilar to the mere absence of ill-being as represented in the medical model.

Keyes' model (2007:95-108) comprises various dimensions of well-being, namely languishing, moderately mentally healthy, and flourishing. Flourishing is a state of mental health in which people are free of mental illness and function with high levels of emotional, psychological and social well-being. In terms of psychosocial functioning, completely mentally healthy adolescents show low levels of perceived helplessness (e.g. high perceived control in life), high levels of functional goals (e.g. knowing what they want from life), high levels of self-reported resilience (e.g. learning from adversities), and high levels of intimacy (e.g. feeling very close with family and friends) (Keyes, 2007:95-108). Other factors of flourishing include accepting oneself, being independent, having a sense of purpose, meaningful relationships, interpersonal development, experiencing positive emotions, and a sense of fulfilment (Wissing *et al.*, 2014:199).

In contrast to flourishing, languishing (lower levels of well-being) refers to not coping well with life, which this could potentially lead to mental illness (Keyes *et al.*, 2010:2369). It is important to take into account that early adolescents who have been exposed to negative contextual elements such as abuse, neglect or violence, are at risk for languishing (Van Schalkwyk & Wissing, 2010:59).

Keyes' model of mental health is important for the current study because his well-being models include facets indicating psychological well-being as well as emotional and social well-being. Psychological well-being refers to thriving in personal life and is characterised by the six facets of Ryff's model of psychological well-being (1989), namely personal growth, purpose in life, autonomy, self-acceptance, positive relationships with others and environmental mastery. Emotional well-being consists of a person's subjective considerations regarding the quality of life and presence of positive affect. To thrive socially, social contribution, social coherence, social actualisation, social integration and social acceptance are required (Keyes, 2002:207-222).

Erikson's stages of psychosocial development

Erikson's stages of psychosocial development (Erikson, 1959:1-171) is a comprehensive psychoanalytic theory that identifies a series of eight stages that a healthy developing individual should go through from infancy to late adulthood. Erikson (1959; 1968) built his psychosocial theory on Freud's psychosexual theory but he emphasised that the ego has an important function, i.e. it contributes to developments which give the child the possibility to acquire attitudes and skills to develop into an active and contributing member of society. Erikson proposed stage-based development (similar to Freud), called psychosocial stages. Erikson also emphasised people's drive towards identity, which demands cognitive skills and support. Accordingly to Erikson's theory, each stage has fixed tasks. He made it clear that the child has to gain the right balance between the extreme positive and the extreme negative ends of the stage task. For example, young children have to learn to mostly trust, but they also have to learn and understand mistrust in order to avoid becoming over-trustful and immature.

The following example is given to explain that according to Erikson suggested each stage and its associated task has its optimal time to be learned. When children have managed a stage well, they gain and carry further a value or a psychological strength (also called a tool) that helps them to manage the tasks of the next stages. On the other hand, when children do not manage a stage well, they may develop *maladaptation* and *malignancies* as a result. Maladaptation – a trait that is more harmful than helpful – happens when a child has gained too much of the positive aspect of the stage. For example, when children have gained too much of the positive aspect of trust and too little of the negative (mis-trust) they might become people who trust others too much. The malignancy result is more serious and worse as the child got too much of the negative aspect of the development stage and

too little of the positive. In this example, the children have gained too much mistrust. Hence, they cannot trust others at all.

According to the World Health Organization (WHO), children between the ages of 10 and 19 years are classified as adolescents, with the adolescence stage marked by significant growth and development (WHO, 2016). According to Erikson (Dunkel & Sefcek, 2009:13), life stage tasks during this stage include the formation of identity and the development of one's own beliefs, feelings and attitudes. During middle childhood, life tasks include industry vs inferiority which refers to the development of competence pertaining to age appropriate tasks and skills (Erikson, 1959:1-171). The literature on these life stages is still relevant and it includes a recent study conducted by Capps on Erikson's human strengths for each life stage task (Capps, 2012:270). Many authors still refer to the seminal work of Erikson as the life stages of individuals are still relevant today and significant in terms of human development (Petersen & Seligman, 2004; Wissing *et al.*, 2014:162, 216).

The above mentioned theories link well with the qualitative approach for example the Tree of Life activity focuses on the strengths and positive aspects of one's life, which relates to the strengths perspective. In addition to this, the participants' experience of adolescence was explored during the individual interviews, taking into consideration Erikson's life stages.

3. ADOLESCENCE

This section focuses on aspects relevant to the positive development of adolescents. Firstly, information is offered about development during this life stage.

3.1 Life stage developmental tasks

The life stage tasks of middle childhood include industry versus inferiority. This requires the successful completion of specific tasks and developing competence in these tasks. When children are not able to achieve competence in these tasks, it can affect their confidence and self-esteem (Dunkel & Sefcek, 2009:14).

The life stage of adolescence is marked by substantial growth and development (World Health Organization, 2016). This development is characterised by significant physical, social, emotional and cognitive changes as well as striving to be independent and, through this process, discovering a sense of self (Frydenberg, 2008:1). According to Erikson (Dunkel & Sefcek, 2009:14), developmental tasks during this life stage include forming one's identity, exploring values, constructing emotions and attitudes, and achieving autonomy and independence from parents (Korkie, 2016:31). This often involves conflict and rebellion as

adolescents try to negotiate more freedom. It could therefore be considered normal for adolescents to test limits, push boundaries, rebel against rules and expectations, and engage in risk-taking behaviour (such as experimenting with alcohol) in an attempt to gain age-appropriate autonomy.

In order for adolescents to develop their identity, they need to explore their values, beliefs and sense of self, and push boundaries. According to Erikson (1959:1-171), the question that adolescents need to ask themselves is: "Who am I?" (Louw, Van Ede & Louw, 2005:392). This life stage task includes accepting physical changes in the body, developing cognitive skills, developing socially responsible behaviour, choosing a career, forming more complex emotional connections with others, and developing morals, values and a life philosophy (Louw *et al.*, 2005:392). Therefore, the acquisition of these skills, values and knowledge forms an integral part of the formation of an adolescent's identity.

During this life stage, peers play a significant role in influencing gender identity (Kornienko *et al.*, 2016:1588). Existing research suggests that early adolescents tend to gravitate towards developing friendships with peers of the same gender. Furthermore, early adolescents influence one another in terms of negative or positive feelings towards the opposite sex (Kornienko *et al.*, 2016). For example, they change their feelings, whether negative or positive, to match that of their peers. The study of Kornieko and colleagues suggests that early adolescents experience pressure to conform to their peers, and that they influence one another in terms of socialisation and endorsing various norms.

According to Erikson, being unsure of one's identity is typical during this developmental stage (Becht *et al.*, 2016:2011) and it forms part of the process of developing and forming one's sense of self and identity. Furthermore, a large number of adolescents seem to be unsure of their identity throughout adolescence while a considerable number become more certain as time goes by. Studies suggest that adolescents who remain unsure of their identity are more inclined to struggle with transitions and experience more problems with managing emotions such as anger and anxiety than adolescents who are sure of their identity (Becht *et al.*, 2016:2019). This underlines the crucial role of support during this stage of identity formation.

Dunkel and Sefcek (2009:13-18) promoted the integration of two theories, namely the life span theory of Erikson and the life history theory. These two theories share similar components as both have definite developmental stages that take place in a specific order, with the end result of one stage impacting the following stage or task. During the life stage of

identity formation, role confusion can be associated with the life history developmental trajectory of “type 1”, which relates to an environment characterised by high risk, poor connections with family, poor parental involvement, rapid growth, sexual behaviour at a young age and a lack of intimacy in relationships. Similarly, there is a correlation between identity formation and a “type 2” trajectory which includes a stable environment, meaningful relationships with family, positive involvement of parents, steady growth and development, sexual behaviour at an older age and stable intimate relationships (Dunkel & Sefcek, 2009:18). These life history trajectories, particularly type 1, highlight the risk of role confusion for early adolescents living in a CYCC, as they have been exposed to factors such as living in a high-risk environment, poor parental involvement and poor attachments to family.

As a result, there is a real possibility of adolescents not successfully mastering their life stage tasks. For example, when considering the life history theory, the type 1 trajectory indicates poor connections with family and the limited ability to form meaningful attachments (Dunkel & Sefcek, 2009). Therefore, adolescents who remain uncertain about their identity and experience confusion about their sense of self are vulnerable to experiencing problems in relating to others and to engaging in risk-taking behaviour such as engaging in sexual behaviour at a young age (Dunkel & Sefcek, 2009:16). It is therefore imperative that every effort is made to give adolescents (particularly those in CYCCs) sufficient support and guidance to promote their sense of well-being, self-esteem and self-acceptance.

Theories about attachment are fundamental to positive youth development since it predicts human beings’ psychological, emotional and social well-being (Barrett, 2017:128).

3.2 Attachment

Since the mid-20th century, psychodynamic theorists such as Bowlby, Freud and Winnicott emphasised the importance of a child’s first relationships after birth (Mashegoane & Ramoloto, 2016:267; Page, 2011:30). This is supported by Mota and Matos (2015:209) who emphasised the significance of meaningful relationships in the development of people’s resilience and well-being. Bowlby’s Attachment Theory (1907-1991) and associated concepts are still relevant today in understanding human behaviour in terms of relationships. It has already been pointed out that a basic premise of the bio-ecological approach is that a person’s functioning is influenced by the interplay of interactions and social connectedness between the person and the environment, especially the social context.

Attachment theory is guided by the belief that a caring relationship with a nurturing and attentive caregiver or attachment figure is critical for the healthy emotional development of a child, providing a child with warmth, safety and reassurance. Chinnery (2016:80-82) referred to the work of Bowlby who identified four patterns of attachment, namely secure, insecure-avoidant, insecure-ambivalent and disorganised (Chinnery, 2016:80-82). These patterns of attachment are important for health professionals such as social workers who need to understand that when children have been placed in residential care at a young age, they are at risk of developing attachment problems and impediments in terms of their social, emotional and cognitive functioning (Goran, 2013:6). A significant risk factor for children living in residential care is very limited time and opportunity for individual attention and spending quality time with a caregiver. Studies revealed that 73% of adolescents in residential care display problems with attachment (Mota & Matos, 2015:210). Page (2013:33) made an important observation based on the work of Bowlby, namely that memory systems play a role in attachment. Internal working models related to attachment are developed, based on early experiences of the reliability of the caregiving environment. If such an environment has been harsh and unresponsive to the needs of the child, an internal working model of distrust and problematic attachment can influence relationship-building in the CCYC context. If we consider Erikson's life stage theory and the completion of tasks, then it is significant to take into account the trust versus mistrust stage and if this was not successfully completed, it has negative implications for the next life stage tasks.

Research has indicated a direct correlation between attachment problems and challenging behaviour, especially for children in foster or residential care (McLean *et al.*, 2013:244) who have reported higher rates of challenging behaviour than their peers not in care. Findings pertaining to adolescents in residential care suggest that while children's behaviour may give the impression that they do not seem to yearn for attachments as much as others who are not living in residential care, and that while they are seemingly pushing others away from them, this might not be the case. According to Bowlby's Attachment Theory, individuals respond to their environment by making use of various survival strategies (Wilcox & Baim, 2016:288). Hence, when adolescents do not experience a sense of belonging, they make use of self-preservation strategies in order to protect themselves against further rejection (Mota *et al.*, 2015:210). Jordan (2008:3) maintained that when these self-preservation strategies are present, children are inclined to experience a lack of energy, feelings of inadequacy, confusion and disconnect from relationships. Therefore, when taking into account a child or early adolescent's need for attachment, it is critical to not make assumptions based on behaviour alone. Also, attachment may be regarded as a relationship in which trust, care and devotion are demonstrated reciprocally. Then again, according to

McLean *et al.* (2013:245-249), this does not imply that when children act inappropriately towards Child and Youth Care workers in a CYCC context, these actions are indicative of poor attachment. From the literature it is evident that children's behaviour (within the context of a CYCC/residential care), particularly challenging behaviour, has been used as a tool by those working with children, to measure whether or not a child has a need for attachment or the ability to form attachments. However, McLean *et al.* (2013:250) warned against this as it could potentially lead to misinterpretation of behaviour and as a result impact important decisions on further interventions. In other words, it could influence professionals' decision that there is no merit in intentionally trying to build relationships with these children, further perpetuating their struggle for acceptance, belonging and relationship.

The following is an example of one adolescent boy's struggle with attachment after multiple failed placements, as discussed by Brendtro, Brokenleg and Van Bockern (2002:10-11). This child was placed in 13 different institutions and committed suicide at the age of 17 years:

"I had four hours before I would leave my family and friends behind. I went into the bedroom and dug out my old harmonica. I went down to the barn-yard and sat on the fence. I began to play real slow and sad-like for the occasion, but halfway through the song my lower lip began to quiver and I knew I was going to cry. And I was glad so I didn't even try to stop myself. I guess that my foster mother heard me and must have come down to comfort me. When she put her arm around me, I pulled away and ran up the roadway. I didn't want no one to love any more. I had been hurt too many times. So I began to learn the art of blocking out all emotions and shut out the rest of the world. The door would open to no one. I'm skipping the rest of the years because it continues to be the same. I want to say to people involved in my life, don't take this personally. I just can't take it anymore. Love can be gentle as a lamb or ferocious as a lion. It is something to be welcomed, it is something to be afraid of. It is good and bad, yet people live, fight, die for this. Somehow people can cope with it. I don't know. I think I would not be happy with it, yet I am depressed and sad without it. Love is very strange."

These kinds of tragedies need to be prevented. It is the researcher's experience – in agreement with Pittman *et al.* (2011:32-46) – that many children in residential care do not have strong and healthy attachments. Instead, they come into care distrusting adults in particular, because of the abuse and rejection they have experienced which is then ingrained in an internal working model, which possibly became resistant to change and revision resulting in defensive processes (Page, 2011:33). According to Pittman *et al.* (2011:32),

Bowlby's Attachment Theory provided a basis for the formation and development of identity, providing a parallel between Bowlby and Erikson's paradigms. Therefore, when children such as early adolescents do not have strong attachments, they are particularly at risk when they seek to discover their identity and their place in the world.

In the next section various aspects of adolescents' development with specific reference to moral, cognitive, physical, brain and emotional development are discussed.

3.3 Moral development

Moral development refers to the ability to distinguish between right and wrong and make judgements or decisions based on the values of honesty and integrity (Kollerová *et al.*, 2014:19). It is interesting that a correlation is established between the emotional well-being of adolescents, the development of morals, decision making and behaviour (Krettenauer *et al.*, 2014:583). Another study by Malti, Ongley, Dys and Colasante (2012:27) confirms this finding, i.e. that emotional functioning is central to moral development during adolescence, and that there is a link between morals and behaviour. They also found that emotions such as shame play a pivotal role when it comes to the development of moral reasoning during adolescence. Malti *et al.* (2012:38) indicated that adolescents who display increased compassion towards others demonstrate shame to a larger extent when they have committed an offence, compared to adolescents with low levels of compassion. In contrast to this, adolescents with limited compassion seem to be motivated by self-gratifying and self-indulgent drives. Therefore, when considering the development of morality, it is important to consider that emotions and "cognitions" interrelate and merge into the character of an individual by early adolescence (Malti *et al.*, 2012:38).

According to Van Der Graaf, Branje, De Wied, Hawk and Van Lier (2014:881), the development of empathy is essential in promoting pro-social behaviour. Therefore, the development and implementation of values/virtues is related to morality and the implementation thereof is critical for adolescents' identity formation (Daniel *et al.*, 2014:1202; Van Schalkwyk & Wissing, 2013:602). It is clear that input and guidance from parents and/or caregivers is pivotal during this stage. It is important to note that for early adolescents who are living in a CYCC, this role is the responsibility of the Child and Youth Care workers who fulfil the parental role.

Kohlberg's stages of moral development help to understand moral development during adolescence (Craig, 1996:387; Kaplan & Tivnan, 2014:182; Walker, 1982:1330). Kohlberg

stated that individuals progress or grow through stages of moral development. Stages one and two (pre-conventional) are based on rewards and punishment; stages three and four (conventional) are related to social conformity; and stages five and six are based on moral principles. In other words, individuals, including early adolescents, might initially make certain decisions based on external factors such as reward and punishment, and then progress to make decisions based on what they perceive is expected of them (according to accepted norms). Lastly, they are able to use internal factors such as their own value system.

Another aspect to consider in the development of moral reasoning during adolescence is the concept of “moral disengagement” which refers to justifying one’s wrong doing. Studies suggest that boys are more likely than girls to rationalise their behaviour (Caroli & Sagone, 2014:312-314). Hence, boys are inclined not to take responsibility for their actions. Caravita, Sijtsema, Rambaran and Gini (2014:194) maintained that during early adolescence the role of peers needs to be taken into account when considering the moral decisions made by early adolescents. Findings support the influence of peers in terms of justifying behaviour and conforming to peer values in order to be accepted (Caravita *et al.*, 2014:204). Therefore, the importance of positive role models is paramount to counteract the negative influence of peers. However, peers do not only have a negative influence on adolescents. They play a fundamental role in influencing one another positively as well.

3.4 Cognitive development

During early adolescence, children’s cognitive development enables them to differentiate between pro-social and negative behaviour and to increasingly think in an abstract way (Chatterjee & Brown, 2011:107; Jambon & Smetana, 2014:23). Once children reach adolescence, they start to develop formal operational thought which includes the ability to think abstractly. In other words, they are able to plan, think ahead, speculate, consider cause and effect, and solve problems. They are also able to reflect on their values, feelings and experiences (Ernest & Hardin, 2010:192).

Considering that incidence rates of Fetal Alcohol Spectrum Disorders (FASD) in South Africa are among the highest in the world (Van Schalkwyk & Marais, 2017:2), the impact of this disorder on the functioning of adolescents living in CYCCs needs to be taken into account. When children are exposed to alcohol while in utero, their physical, cognitive and ultimately behavioural functioning is seriously impacted (Khoury *et al.*, 2015:149). The occurrence of developmental delays is not uncommon, and research suggests that children (including

adolescents) who have been subjected to alcohol use in utero encounter many problems related to their “executive functioning” and social interacting. This impacts their memory, impulse control (also called inhibitory control) and the ability to switch from one task to another (Khoury, Milligan & Girard, 2015:162). In addition to this, children with FASD struggle more to recognise emotions displayed by others (Kerns *et al.*, 2016:255), which include the capacity to identify or understand non-verbal communication (Kerns *et al.*, 2016:268) such as facial expressions. Therefore, early adolescents with FASD are particularly vulnerable as their thought processes are seriously challenged and they struggle to consider cause and effect, which impacts their decision making negatively. For example, it is highly probable that an early adolescent with FASD will act impulsively in response to his emotions and when angry with a peer he would pick up a brick and break the nearest window, without any hesitation. According to Van Schalkwyk and Marais (2017:2), children with FASD are inclined to display behaviour that is unsettling and unruly at school with serious consequences for their academic performance. This information is relevant in terms of early adolescents living in CYCCs as many of them have aspects of FASD, since they were exposed to substances (both alcohol and drugs) in utero (Irner *et al.*, 2014:322). The impact of exposure to substances such as cocaine, cannabis, mandrax and crystal methamphetamine in utero cannot be ignored. Adolescents who have had exposure to various substances could therefore have learning difficulties as a result of their impaired cognitive functioning and limited concentration abilities. Ultimately, the problems associated with substance use in utero can impact the behaviour and overall functioning of early adolescents in CYCCs.

3.5 Physical development

Adolescence is characterised by rapid physical changes, for example changes in height, muscle growth, body weight and reproductive organs. It includes the development of primary sexual characteristics, for example, the uterus and ovaries in girls and testes in boys. Secondary sexual organs refer to change in voice for boys and the development of breasts in girls. Both boys and girls experience the growth of pubic and underarm hair, as well as the growth of sweat glands. Girls experience the onset of menstruation while boys encounter their first ejaculation (Louw *et al.*, 2005: 396). Adolescents are very aware of their bodily changes and can become self-conscious. It is important that they accept the changes in their bodies as part of building self-esteem. However, for some this is difficult. For example, girls are inclined to put on weight during this time, which can lead to feelings of embarrassment. Another factor to consider is that not all adolescents go through physical changes at the same time. Some develop earlier or later than others, which can lead to feelings of

uncertainty or anxiety (Louw *et al.*, 2005:397). In other words, the various changes in the body during this time need to be normalised and handled sensitively in order to promote acceptance as opposed to creating extreme levels of self-consciousness. The physical development of adolescence is one of the developmental tasks that need to be mastered during this life stage.

The onset of menstruation is an important part of female adolescent development. Girls can have mixed feelings about this significant milestone. If they have been adequately prepared, this period of their lives can increase their femininity. However, for some this is a time of discomfort and self-consciousness (Davies, 2011:378-380; Louw *et al.*, 2005:400). For boys, the development of their sexual organs is normally experienced positively. Erections can occur spontaneously or when aroused as a result of sexual stimuli such as smells, pictures or sounds. However, when they are not able to control their erections, it can lead to feelings of embarrassment (Louw *et al.*, 2005: 401). It is therefore important to provide adolescents with guidance and support on how to adjust to these changes in their bodies. Circumcision during adolescence is a cultural practice among some ethnic groups in South Africa, serving as an initiation into adulthood. Within these cultures, circumcision is critical for acceptance as an adult male (Louw *et al.*, 2005: 404).

In addition, adolescents also need to understand masturbation. Masturbation is considered to be a normal and healthy part of adolescent development, helping adolescents to discover their sexuality (Louw *et al.*, 2005:407). It is only perceived as problematic when it interferes with their social development and interaction, for example when an adolescent is masturbating in the presence of others (Louw *et al.*, 2005:407; Rubenstein, 2017:526). Again, guidance is imperative in order to create appropriate boundaries and to encourage appropriate behaviour. This is important for early adolescents living in CYCCs for two reasons:

- Many children or early adolescents living in CYCCs grew up in poor families who shared a bedroom and who were therefore exposed to sexual activities;
- Early adolescents living in CYCCs are influenced by their peers. For example, early adolescents who are perhaps sexually aware as a result of early exposure to sexual behaviour can display inappropriate sexual behaviour, which can potentially influence the other children.

Linked to adolescents' sexual development is their engagement in sexual behaviour such as sexual intercourse. Adolescents are reaching puberty at a younger age, which means they are inclined to be sexually active at a younger age as well (Louw *et al.*, 2005:408; Rubenstein, 2017:112). When this is the case there is the risk of teenage pregnancies as

well as sexually transmitted diseases (Gelfond *et al.*, 2016:97; McGregor *et al.*, 2017:17). Therefore, parental involvement is crucial in teaching adolescents healthy boundaries and values.

3.6 Psychosocial development

According to research common themes in adolescents' psychosocial development include the development of character and identity; increased understanding of peer relationships, the development of empathy towards others and an increase in internalising problems such as anxiety (Meeus, 2016:1974). For example, the impact of violence, including domestic violence, on the psychosocial functioning of adolescents needs to be taken into account as many children living in CYCCs have been exposed to violence in the community as well as in their families (DSD, 2012:12). Research indicates a correlation between children, including early adolescents, who have been exposed to violence and children who struggle to manage their emotions, which has an impact on their relationships with others, including peers (Callaghan *et al.*, 2017:334). In addition to this, initial experiences within the context of the family set the stage for other interactions and psychosocial functioning as early adolescents. For example, a 12-year-old boy in a CYCC becomes anxious when a fight breaks out in front of him, or he becomes aggressive towards his peers because that is how he has constructed these emotions regarding conflict in the past. Maciejewski, Van Lier, Branje, Meeus and Koot (2017:36) stated that as a result of the many transitions experienced during adolescence, children are more likely to experience mood changes and negative emotions such as anxiety. Studies suggest that early adolescents experience an increase in anger and sadness during this stage (Maciejewski *et al.*, 2017:46) as well as positive emotions (Yeager, 2017:73). In other words, adolescents are prone to experience intense or powerful emotions, positive and negative, given the many changes during this life stage. Hence, the physiological origin and context of these emotions should be taken into account. Barrett (2017:39) stated that emotion can refer to a single instance, such as feeling happy, or it could mean a whole category of, for example, happiness. Barrett (2017:39) referred to emotions in terms of the construction of emotion versus the "happening thereof". The construction of an emotional experience refers to an *instance of emotion*. In the mind-set of constructing emotions, it is proper to refer to *perceiving* an instance of a person's emotion versus the classical view that we "detect" or "recognise" emotion in others.

This viewpoint about perception is important, seeing that perception is "a complex mental process that does not imply a neural fingerprint behind the emotion, but "... merely an instance of emotion [that] occurred somehow" (Barrett, 2017:40). This means to talk about

the “triggering” of emotion and “emotional reaction” and “emotions happening to you” should be avoided, since these phrases imply that emotions are objective entities. Also, the “accurate” perception of someone’s emotion has no scientific meaning (Barrett, 2017:40) because two human beings can merely come to an agreement on their perceptions of emotion.

It is also important to note that emotions do not come from a specific part of the brain. They are not “built-in” (versus the Darwinian perspective). Instead, human beings like early adolescents construct their own emotional experiences, and their perceptions of others’ emotions, there and then, as needed, through a complex interplay of systems (Barrett, 2017:40). The implication of these neuro-scientific findings is that human beings are *not* at the mercy of “mythical emotion circuits buried deep within animalistic parts of our highly evolved brain” (Barrett, 2017:40). In contrast, humans are architects of their own experiences; emotions do not emerge unexpected to disrupt daily experiences and thinking.

Recent research about human beings’ emotional functioning rely on modern equipment to examine human behaviour and the functioning of the brain in order to make sense of physiological processes and to make predictions based on past experience versus the Darwinian perspective. Hence, the many physiological or biological changes of early adolescents must be taken into account when we consider their emotional wellbeing and functioning.

3.7 Brain development

It is a critical consideration for this study to look at brain development during adolescence, since the brain of the adolescent child is still developing in terms of structure and function (Steinberg, 2011:42). This means that an important part of developmental growth during adolescence is the growth of the brain or changes taking place in this life-giving organ. Steinberg (2011:42) stated that apart from the first three years of a child’s life, most of the development of the brain takes place during the life stage of adolescence. It is significant for the current study that more than ten years ago Perry (2005:1) already indicated that traumatic experiences during childhood impact the developing brain.

When considering the impact of trauma on the brain it is important to take into account how the brain responds during trauma. According to Brendtro (2015:42), the survival brain is activated as a fight/flight/freeze response when danger or the threat of danger has been perceived. Also, when children, including adolescents, have been through traumatic life

events such as loss, abuse and neglect, and struggle to deal with the emotions related to these events, they are prone to go into fight/flight/freeze mode (Brendtro, 2015:42). According to this theory, when adolescents have experienced chronic or repeated stress, their “allostatic load” increases. Courtois and Ford (2013:97) explained that allostasis is a physiological condition resulting from exposure to repeated stress. Bloom and Farragher (2013:9) mentioned four forms of stress that lead to allostatic load, namely positive stress/eustress, tolerable stress, toxic stress and traumatic stress. Robinson and Brown (2016:8) used this theory to explain that when parents are consistently unpredictable and unemotional this leads to “toxic childhood stress” which heightens the allostatic load. In other words, when children, including adolescents, have had repeated exposure to stress and trauma, this has a negative impact on their brain development and functioning in a physical sense as well as an influence on the mind (i.e. thoughts).

The experience of past toxic stress is explained by some researchers as “limbic kindling” (Gratrix, 2014). Traditionally, it is assumed that the limbic system is responsible for controlling the nervous and endocrine systems, including emotions and memory. “Limbic kindling” relates to a condition in the brain caused by one of two factors: either repeated exposure to i) non-threatening stimuli; or ii) temporary exposure to threatening (for example, trauma) stimuli. Exposure to both these stimuli can cause constant vulnerability or sensitivity resulting in the fight/flight/freeze response. Furthermore, individuals, including adolescents, with repeated “hyperarousal” of the central nervous system (also known as limbic kindling) are inclined to present with physical problems related to the central nervous system. Interventions aimed at treating both the mind and body were found to be the most effective in this regard, for example adopting a healthy lifestyle, exercising and cognitive behaviour therapy. In terms of fight/flight/freeze activation, allostatic load and limbic kindling (Gratrix, 2014), the trauma that adolescents in residential care has been exposed to must be taken into account, especially with regard to fight/flight/freeze or avoidance behaviours. As a result of traumatic experiences, the sensory processing of children, including adolescents, will be affected. For example, when adolescents have increased “sensory awareness” they are vulnerable to associating various environmental factors with their trauma memories (Robinson & Brown, 2016:7). For some adolescents these memories might be very specific, referred to as “explicit” memories or fragmented and difficult to make sense of, referred to as “implicit” memories. Environmental factors can be related to the senses, such as a specific smell or sound, and these can set off strong emotional reactions (Robinson & Brown, 2016:8). For example, an adolescent who has been verbally abused whenever her mother became intoxicated, would react negatively when she smells alcohol. Similarly, adolescents

in CYCCs might respond negatively to certain sensory stimuli as a result of their traumatic experiences.

It is also important to consider that trauma is not a once-off event and that many adolescents living in CYCCs have been exposed to multiple traumas such as loss, abuse, neglect and gang violence. Valjee and Collings (2015) examined the Developmental Trauma Inventory which identifies traumatic events such as exposure to domestic violence (not necessarily being the victim), physical or emotional abuse, sexual abuse and exposure to community violence (Valjee & Collings, 2015:875). In addition to these more obvious traumas, they also identified poverty as trauma (Valjee & Collings, 2015:876). Kira, Lewandowski, Chiodo and Ibrahim (2014:392) stated that ongoing poverty can hamper the ability of children, including adolescents, to thrive. According to South African statistics, 75 to 80% of children in schools come from homes where poverty is rife (De Lannoy *et al.*, 2015:37). This illustrates the vulnerability of children in South Africa as a result of ongoing exposure to trauma.

Self-regulation

Emotional regulation can be defined as making an effort to manage one's emotions and the manner in which such emotions are expressed (Gross, 2015:5), as well as the intentional process of influencing emotions (Gross & Jazaieri, 2014:388). Self-regulation is central to positive development, particularly in early adolescents, because being able to manage one's emotions is an integral part of self-awareness and positive emotional functioning.

In the following section, adolescents' ability to make decisions and self-regulate is discussed briefly.

Self-regulation and early adolescents' rational capacity or ability to make responsible decisions

A study conducted by Casey and Caudle (2013:82) shows that adolescents are vulnerable to deaths that could have been prevented (such as suicide) "because of diminished self-control – the ability to suppress inappropriate emotions, desires, and actions". These researchers examined two frequent beliefs about adolescence, which their research did not confirm. Firstly, their findings contrast the viewpoint that adolescents are not able to make "rational decisions". It is indicated that it is not simply a case of "all gasoline, no brakes, and no steering wheel" but that in situations where emotions are not running high, adolescents are able to make responsible decisions. Good decision-making is only a challenge when faced with situations where they struggle to process their emotions (Casey & Caudle, 2013:83). The second belief is that adolescence is a period of "storm and stress". It is argued that the

actions of an individual, including an adolescent, are based on environmental and inherent factors which have an impact on how the brain adjusts to various stressors and how this affects behaviour and self-regulation (Casey & Caudle, 2013:85)85). Referring to instant gratification, the studies indicated that the ability to delay gratification and exercise self-control or regulation is dependent on individual qualities irrespective of age as well as environmental factors such as motivation for reward. However, individuals, including adolescents, with poor self-regulation are particularly susceptible to a range of environmental factors during this life stage (Casey & Caudle, 2013:86). In other words, this study found that the ability to exercise self-control/regulation (or poor self-control) is not simply determined by the life stage of adolescence, but is influenced by individual and environmental factors as well. According to the research of Casey and Caudle (2013), self-regulation is viewed as mainly a “top-down” approach where early adolescents’ thinking and decisions are determining factors in terms of their acting.

Self-regulation and sensory processes

While it is important to consider the relationship between the environment and individual factors, it should be emphasised that these individual factors also include early adolescents’ nervous systems when it comes to self-regulation. In other words, a more cognitive, upper brain level approach to self-regulation cannot ignore the lower, unconscious part of how the brain works and how it influences behaviour and performance (Shanker, 2010:105). A discussion on self-regulation will not be complete if the contribution of sensory processing to our understanding of human experience, for example self-regulation, is omitted. Martini, Cramm, Egan and Sikora (2016:1-15) defined self-regulation as a multi-faceted skill set that includes aspects such as self-awareness, emotional intelligence, efficient sensory processing, effective coping, interpersonal skills and sustaining attention. Based on this description, self-regulation entails the motive to turn chaos into order and to achieve homeostasis in all areas of life (Dunn, 2001:608). This means that self-regulation is dependent on two parts: taking in information from the environment and internal stimuli (making it a perceptual, emotional and cognitive process) and, secondly, producing an adaptive response. According to Dunn (2001:608), these adaptive responses involve the flexibility to shift responses in challenging or unwanted situations. It would appear that adolescents who live in CYCCs and who display challenging behaviour have not yet mastered the skill of adaptive responses but instead react negatively to environmental factors.

These viewpoints are compatible with definitions which describe self-regulation mainly in terms of cognitive aspects in relation to behaviour. However, the sensory-integration

framework on how humans' sensory profiles determine the way we react to our internal and external worlds is key to any discussion about early adolescents and self-regulation. In other words, being aware of how early adolescents' brains are wired – their automatic sensory preferences and aversions – helps us to become aware of “triggers” and maladaptive responses. The term self-regulation also refers to physiological components, i.e. the ability to shift between the sympathetic nervous system and parasympathetic nervous system. When the role of an early adolescent's nervous system, with specific reference to the parasympathetic nervous system, is excluded in terms of self-regulation, then descriptions used by Casey and Caudle (2013) might be considered, such as “all gasoline, no brakes, and no steering wheel”. In other words, when considering the behaviour of early adolescents living in a CYCC, it is critical to take into account their sensory integration as this is key to their ability to self-regulate.

Barrett's research

In contrast to traditional views, Barrett (2017:58) stated that the stimulus-response view is misguided. She stated that the human brain's 86 billion neurons are connected into massive networks which do not lie dormant awaiting a kick-start or impetus. The neurons are always stimulating each other (sometimes millions at a time) and these huge forces of stimulation, i.e. intrinsic brain activity, which continue from birth to death, is nothing like a reaction triggered by the outside world (Barrett, 2017:59). In other words, this intrinsic brain activity produces every sensation of our human experience, including the interoceptive sensations, which are the origin of our most basic pleasant/calm or unpleasant/jittery feelings.

The early adolescent's brain has learned, since birth, to distinguish the sensory causes of, for example, the sounds of female voices in different contexts. Guided by past experiences, the brain makes predictions (best guesses) of what is going on in the world and how to deal with it to stay alive and well. For example, early adolescents may display challenging behaviour due to the traumatic events they have experienced as a means of survival. Intrinsic brain activity involves millions and millions of non-stop predictions (Barrett, 2017:59). Through prediction, for example, the early adolescent's brain constructs the world he or she experiences by combining bits and pieces of the past and estimating how likely each bit applies in the current situation. This means that through prediction and correction the early adolescent's brain continually creates and revises his or her mental model of the world. This can be related to the chronosystem and the various changes that take place, which influence the predictions made in the brain. This ongoing stimulation constructs everything that people perceive and it determines how they act. However, these predictions are not always correct. When prediction errors occur, the brain can resolve it in two ways.

Firstly, the brain can be flexible and change the prediction. For example, early adolescents with previous negative experiences linked to peers can try again and give their friends another chance. Secondly, early adolescents can be stubborn and stick to the original prediction. This means that the brain is not a simple machine reacting to stimuli in the outside world.

To summarise, the brain development of early adolescents is a multi-faceted and complex process. In addition to the normal development associated with adolescence, the impact of stress and trauma and the brain's response to this need to be considered. In terms of self-regulation, it is important to consider the role of environmental and individual factors as well as the role of the nervous system and sensory processing. Finally, Barrett's views challenged the traditional views of brain responses. For example, the brain does not simply react to external factors (triggers) but is able to construct and make predictions based on past experiences. These predictions determine how an individual acts, and are therefore important to consider in terms of the behaviour of adolescents.

The next section focuses on the emotional functioning of adolescents, including the experience of emotions and emotional responses.

3.8 Emotional functioning

As mentioned previously, the developmental transitions during the life stage of adolescence include physical, emotional, social and cognitive development. These changes include emotional development and the increased ability to express and manage emotions (Conover & Daiute, 2017:59), which requires more than knowledge about the functioning of one's emotions. Capps (2011:270) regarded these changes as part of the normal development of all adolescents. Early adolescents obtain important social-emotional skills during this stage related to thought processes (concepts constructed in the past and present), behaviour and self-regulation (McKown, 2017:157). When early adolescents are able to master the developmental tasks typical of this life stage, they will, for example, be confident as a competent "self", and be able to make positive choices, express empathy towards others and maintain healthy relationships with appropriate boundaries.

Early adolescents' emotional functioning cannot be understood without taking into account the fact that the body and mind are deeply interconnected. For example, sensory processes, such as interoception, refer to the ongoing process inside the person recognised as simple pleasant and unpleasant feelings (Barrett, 2017:67). Interoception is the brain's

representation of all the sensations from the person's internal organs and tissues, hormones in his/her blood, and immune system. This interoceptive activity produces the spectrum of basic feelings from pleasant to unpleasant, from calm to fidgety. While interoception is one of the core ingredients of emotion, the feelings that come from interoception are simpler than full-blown emotional experiences, such as joy or anger. This is important information, since recent research shows that humans, including early adolescents, are not at the mercy of their emotions. Instead, they can be the architects of these experiences because the science behind interoception is grounded in the wiring of the brain and it helps us to see emotional functioning in a new light (Barrett, 2017:57). In other words, when early adolescents have been exposed to a healthy, stable environment with positive role models and normal childhood experiences (i.e. no abuse or neglect) they do not simply react to their emotions but rather intentionally construct their emotions. However, when early adolescents have endured traumatic experiences, their emotional functioning is affected (Furtado *et al.*, 2016:108; Nabors & Dai, 2016:77).

Barrett (2017:82) concluded that the human brain is anatomically structured in such a way that no decision or action can be free of interoception and affect. The implications of Barrett's research for a study about early adolescents is far-reaching, since it means that every thought, memory, perception or emotion that these adolescents construct includes something about the state of their body, i.e. a piece of interoception. And, affect is the brain's best guess about the state of the body budget. While interoception and affect are key ingredients of emotion, it must be made meaningful to the brain in order to execute a specific action. Therefore, any study about challenging behaviour cannot disregard these drivers of behaviour.

In addition, when early adolescents do not have concepts that represent their past experiences, for example about domestic violence, all their sensory input will just be noise. However, it is possible for the human brain to use concepts to make meaning of sensation, and that meaning is an emotion. According to Barrett (2017:39), emotions are not inborn and universal. Instead, emotions are socially constructed. Just as the difference between "muffins" and "cupcakes" are cultural and learned, emotions are social reality. Although words are important tools in the construction of emotions and social reality, the words and concepts of a particular culture help to shape the brain's wiring and the body's physical changes during emotion. All human experiences have the special link to the physical and the mental. This means that each time when early adolescents enjoy eating their favourite food, they perform a physical act for their body budget while they are also doing something mental with concepts. Then again, every mental activity has a physical activity as well. This human

connection can be used to master emotions in order to become a better friend or to enhance “ordinary” functioning. In other words, intentional efforts towards this mastering can lead to greater well-being and success (Barrett, 2017:175).

Early adolescents can experience emotional functioning as challenging. Shourie and Kaur (2017:217) maintained that adolescents are inclined to experience an increase in negative emotions (Shourie & Kaur, 2017:219). In addition to this, the impact of trauma and negative or even destructive emotions needs to be taken into account when considering the emotional functioning of early adolescents who have been exposed to traumatic events prior to being placed in residential care. The constructing of emotions, early adolescents’ past experiences (chronosystem) and social reality (from micro to macro systems) are interlinked. Similarly, early adolescents’ coping capacity and coping strategies are fundamental to their behaviour, seeing that they are not passive receivers of sensory input but active constructors of their emotions. Since all human beings, including early adolescents, construct meaning from sensory input and past experience, their emotional functioning involves coping toward prescribed action.

3.9 Coping

In the South African context, children from high-risk communities have often been exposed to ongoing, complex trauma such as domestic violence, substance abuse, poverty, child abuse and neglect (DSD, 2012:25; Western Cape Youth Development Strategy, 2013:20; Van Der Merwe & Swanepoel, 2017:38). For example, children might have been exposed to their parents’ alcohol abuse and domestic violence on a regular basis. Robinson and Brown (2016:8) indicated that when children have not grown up in a stable home environment they are prone to having emotional regulation problems as they have not been taught healthy coping mechanisms. Childhood traumas are referred to as “adverse childhood experiences” which include physical abuse, sexual abuse, emotional abuse, neglect, family violence, substance abuse of caregivers, mental illness in the home, and the separation or divorce of parents (Center for the Application of Prevention Technologies, 2017). When children, including adolescents, have experienced these events, they are vulnerable to social, emotional and cognitive delays as well as a range of social and health problems. Trauma is multi-faceted and it affects children, including adolescents, in different ways. Interventions are therefore required that assist such children to understand how trauma affects them and the people in their lives and how they can deal with this impact (Nabors & Dai, 2016:77). In other words, learning to cope after experiencing various traumas is crucial for children, including early adolescents.

Coping can be defined as the manner in which an individual manages a situation that is characterised by apparent stress (Furtado *et al.*, 2016:108). Literature (Carver *et al.*, 1989:267-283) suggests two kinds of coping, namely problem-focused (active) coping, which entails addressing the problem and attempting to find a solution, and emotion-focused (passive) coping, which relates to dealing with the emotions related to the stressor (Carver *et al.*, 1989). In addition to these coping strategies, there are also risky coping strategies, for example using substances or absconding. Ideally, individuals, including adolescents, need to use a combination of both problem-focused and emotion-focused strategies based on what is required to cope with a situation (Carver *et al.*, 1989). Findings suggest that when adolescents use active (problem-focused) coping strategies they are less inclined to experience emotional problems whereas risky strategies can lead to an increase in emotional problems (Carver *et al.*, 1989).

The most common coping strategies among adolescents in residential care are spending time alone and doing an activity, and accepting the problem and learning to live with it (Carver *et al.*, 1989). A useful strategy identified by some children, including adolescents, is drawing. This seems to be a safe way of expressing their emotions related to a specific and traumatic event such as domestic violence, but without giving all the details. Writing poems and listening to music are other coping strategies that offer adolescents creative opportunities to express themselves and bring a sense of comfort. Gross (2015:7) stated that there are various forms of emotional regulation, such as relaxation or breathing techniques, doing a physical activity such as using a punching bag, going for a walk, sleeping or drinking alcohol. There are similarities between coping and emotional regulation but what differentiates them is that emotional regulation relates to managing and expressing one's emotions whereas coping refers to how an individual deals with stress or stressors, or particular problems. In other words, the manner in which early adolescents regulate their emotions plays an integral part in the coping strategies they use. For example, a child who has lost his mother may find comfort in drawing pictures of things that the mother liked, putting these pictures in a memory box and coming back to them when he is missing his mother.

Zimmerman and Iwanski (2014:191) stated that emotional regulation includes organising and containing emotions. Their research suggests that when adolescents feel sad, they are inclined to use strategies such as asking for help (support) or avoiding dealing with the sadness (Zimmermann & Iwanski, 2014:191). When fearful, they tend to focus on the cause of anxiety or suppressing their facial expressions, and when angry, they are inclined to

become fixated on the source of their anger or lack self-control (Zimmermann & Iwanski, 2014:191). When confronted with a situation and the experience of emotions such as anger, sadness or anxiety, individuals can choose which emotional regulation strategy to utilise (Sheppes & Levin, 2013:1-2). The choice of strategy would be applicable to the situation. Different strategies can also be used, depending on and adapting to the situation or environment. The intensity of the emotion as well as the cognitive ability to choose a strategy are salient factors to consider.

Kashdan, Barrett and McKnight (2015:12) described “emotion differentiation” as a skill which involves differentiating or identifying emotions. There is a correlation between emotion differentiation and the ability to regulate one’s emotions (Kashdan, Barrett & McKnight, 2015:14). One method of improving emotion differentiation is to practice using different emotion words, for example happy, joyful, jolly, cheerful and delighted. Kashdan *et al.* (2015:14) believed that individuals who are not able to differentiate their emotions or experiences are more likely to struggle with emotional regulation. It is therefore important to encourage adolescents to use a variety of words for similar emotions as this supports healthy emotional regulation.

Lahad developed the BASIC PH model of coping which serves to embody how human beings survive despite adversity (Lahad, 2017:28-29).

B	A	S	I	C	Ph
Beliefs	Affect	Social	Imagination	Cognition	Physiology
Values; attitudes; meaning attributed to circumstances	Emotions; expression, regulation of emotions	Roles and structures in society; social support	Creativity; humour; play; symbols	Knowledge; information; problem solving skills	Exercise; relaxation; eating; work

Lahad maintained that all individuals use a combination of these coping styles. Sometimes one is used more predominantly than the other. Although individuals, including adolescents, lean towards a specific manner of coping, most people use a number of different coping styles (Lahad, 2017:29). In other words, the coping styles of adolescents are possibly a combination Lahad’s model.

As a result of traditional stereotypes, challenging behaviour is commonly associated with boys while girls are viewed as soft and sensitive. Behaviour and gender differences will therefore be discussed in the following section.

3.10 Gender and behaviour

Kulis, Marsiglia and Nagoshi (2010) described gender roles as “the stereotypical emotions, cognitions, and behaviours associated with being male and female” (Kulis *et al.*, 2010:285). Historically, girls and boys have been socialised to behave differently. It has typically been more acceptable for boys to be defiant, irresponsible, engage in risky behaviour and present as being hard and insensitive, while girls are expected to be compliant, caring, reliable and sensitive (T’ng *et al.*, 2015:538). As a result of these traditional stereotypes, challenging behaviour has been commonly associated with boys. However, recent studies suggest that this has changed and that there has been an escalation of girls displaying challenging behaviour (T’ng *et al.*, 2015:538). However, it does seem that the statistics of challenging behaviour is higher for boys than for girls. For example, boys are more inclined to express anger than girls and are generally less compliant than girls in terms of adhering to rules (T’ng *et al.*, 2015:547-548). This is consistent with other findings which suggest that boys display more externalising behaviour than girls (Kulis *et al.*, 2010:286; Mack *et al.*, 2015:750). Jordan’s research has indicated that males are more likely to react with the “fight/flight” response when in a stressful situation whereas females are more inclined to respond by “tending and befriending” (Jordan, 2008:2-4).

According to Panjwani, Chaplin, Sinha and Mayes (2016:117), gender roles suggest that girls generally express contentment, unhappiness, fear and shame more than boys do. They suggest that externalising emotions, for example anger, are more frequently expressed by boys. This has been confirmed by other studies (Kulis *et al.*, 2010:286; Mack *et al.*, 2015:750). Seemingly, there are marked differences with regard to how girls and boys express themselves and how they have been socialised.

4. THE ROLE OF CULTURE

Culture has been defined as “the set of attitudes, values, beliefs, and behaviours shared by a group of people, but different for each individual, communicated from one generation to the next” (Matsumoto, cited in Wissing *et al.*, 2014:363-364). Within each culture is a set of accepted norms to live by as well as customs and routines unique to that specific culture. Therefore, an individual’s culture will determine how he or she interprets an experience,

while people from different cultures will encounter the same experience differently because their frames of reference are diverse (Wissing *et al.*, 2014:364).

Different cultures view adolescence differently, and associate different rituals and customs with adolescence. For example, in the Jewish culture, when a boy turns 13 and a girl turns 12, they have a Bar Mitzvah rights of passage celebration which means that they are now responsible to follow Jewish law and participate in Jewish customs (Educational Website of the NSW Jewish Board of Deputies, 2017). In the isiXhosa culture, circumcision is mandatory for all males as part of the initiation of entering adulthood (Louw *et al.*, 2005:404).

Khumalo (cited in Wissing *et al.*, 2014:365) examined the concepts of universalism and relativism. In this context, universalism relates to the idea of communal and collective structures that influence well-being across all cultures without taking into account cultural differences. Relativism on the other hand refers to the belief that culture-specific factors contribute to well-being (Wissing *et al.*, 2014:365).

South Africa can be viewed as a multicultural society as it is comprises many different cultures and ethnic groups which represent different languages, beliefs, spiritual orientations and practices. As the above-mentioned definition of culture suggests, culture also refers to values and behaviour. Within South African communities and specifically the Western Cape communities, certain cultures of behaviour are evident, such as violence, substance abuse and gangsterism (DSD, 2012:25; Van Der Merwe & Swanepoel, 2017:38; Western Cape Youth Development Strategy, 2013:20). The following statement relates to violence in communities:

“I had my first fight when I was 7. I was being beaten up at school, so I escaped to my parents to tell them what happened. They reacted angrily to my crying. What they did then was handing a knife to me and sending me back to the boys to fight them. So I did” [former perpetrator and drug addict, now a student at the Realistic Life & Skill Training Centre] (Hinsberger *et al.*, 2016:1).

A culture of violence is evident from this statement. According to Hinsberger *et al.* (2016:2), socio-economic metropolitan communities in South Africa are characterised by gang warfare, crime and violence, which results in high risk for individuals and families. Another former gang member interviewed by Hinsberger *et al.* stated how it easy it was to become a

gang member and how it was virtually impossible to escape from this lifestyle without one's life being in danger (Hinsberger *et al.*, 2016:1).

Hinsberger *et al.* (2016:2) discussed the concept of “appetite aggression” and the correlation between this and not only experiencing violence but witnessing it. Related to this, Athens' theory of violentisation is discussed. It starts out by a child progressively becoming more violent upon provocation, then using violence more frequently and in due course becoming violent as a natural reaction. The child does not show any remorse but instead enjoys it (Athens & Ulmer, cited in Hinsberger *et al.*, 2016:2; 6). In other words, when children including adolescents have been exposed to violence, they become desensitised to it and their response to violence becomes a normal response.

Violence has taken on various forms, including “political violence, sexual abuse, rape, gang violence, bullying, domestic violence and homicide” (Swartz & Scott, 2014:325). Statistics indicated that the rate at which people die as a result of violence in South Africa is nearly nine times as high as the worldwide rate. Rules pertaining to violence have been identified in communities with a high prevalence of violence. In this context, violence has become an acceptable means of protecting oneself and those you care about. Depending on an individual's position in the community (for example, a gang member), he/she has the liberty to use violence. When individuals act in a manner contravening the group or communities rules, violence is used to deal with these individuals. When an individual has apologised for being violent, no further action is required on the part of the victim. More important than violence itself is the “threat of violence”. Although violence may not necessarily be planned, it is often the end result (Swartz & Scott, 2014:332-336).

Studies suggested that individuals involved in violent activities believe violence is wrong. Yet, despite this, they behave in this manner (Swartz & Scott, 2014:338). Therefore, even though an individual's value system might indicate that violent behaviour is wrong, regular exposure to violence can lead to the normalisation of such behaviour. This is crucial to take into account when dealing with early adolescents who live in a CYCC and who have been exposed to violence on a regular basis.

The following section focuses on challenging behaviour during adolescence.

5. CHALLENGING BEHAVIOUR

Challenging behaviour is defined as defiance, lack of self-control, anger outbursts, risky behaviour and lack of compassion towards others. According to this definition, behaviour is typically expressed externally and internally. Welcome differentiated between externalising and internalising behaviour. Externalising behaviour is projecting one's behaviour towards the outer environment and includes acts of physical aggression, being defiant, stealing, substance abuse, shouting, swearing and truancy. Internalising behaviour is the tendency to internalise emotions, for example anxiety, depression, crying, lack of energy, sadness and self-harming (Kulis *et al.*, 2010:294; Renner & Boel-Studt, 2017:474; Welcome, n.d.:2). Laible, Murphy and Augustine maintained that there is a correlation between adolescents who experience negative emotions and the exhibiting of externalising behaviour such as physical aggression. Also, adolescents who have a tendency to experience negative emotions are less likely to display pro-social behaviour. Another indicator of behaviour is the presence of moral emotions such as "guilt, empathy and shame" (Laible *et al.*, 2014:282). When adolescents display these emotions, they are prone to present with pro-social behaviour instead of aggressive or anti-social behaviour. In other words, the development of moral emotions such as empathy and shame is crucial in promoting pro-social behaviour.

According to Kipping *et al.* (2014:44), it is typical for adolescents to engage in risky behaviour, for example experimenting with substances, having unprotected sex or engaging in criminal activity. In terms of the behaviour of early adolescents, the influence of friends is critical to consider (Podgurski & Lyons, 2014:81-82) as they have the capability to serve as positive or negative role models. Aydin, Agthe, Pfundmair, Frey and DeWall (2017:208) maintained that feeling accepted and experiencing a sense of belonging is a basic human need, and when this is lacking, it has an impact on the emotional, cognitive and behavioural functioning of an individual. In their book *Reclaiming Youth at Risk: Our Hope for the Future*, Brendro, Brokenleg and Van Bockern suggested that behaviour should be decoded in order to understand it (Brendro *et al.*, 2002:60). Viewed from this perspective, behaviour, including challenging behaviour, is a symptom of an unmet need, and it needs to be understood within this context in order to address the cause of the behaviour. According to Podgurski and Lyons (2014:81), when early adolescents present with behavioural problems, it affects their day-to-day functioning and relationships with family members, friends and those responsible for them. As mentioned, it is important to consider the impact of trauma on behaviour (Podgurski *et al.*, 2014:82). Anglin (2014:53-55) maintained that when children have endured abuse and neglect and have grown up in families characterised by instability, their behaviour is affected negatively. Casey (2012:1) conducted research on 16 troubled families to

investigate factors identifying dysfunctional families. The findings indicated that there was at least one child in each family who displayed challenging behaviour, and that these children were nine years and older. It is significant that the challenging behaviour manifests from the onset of adolescence.

Casey (2012:57) indicated that the reasons for youngsters' challenging behaviour is associated with poor parenting skills, constant changes in the home, family and partners as well as ongoing verbal and physical violence. When children have experienced traumatic life events it affects their behaviour. In other words, behaviour cannot be viewed in isolation. Environmental factors and the impact of these factors also need to be taken into account, as suggested by Bronfenbrenner's Ecological theory.

In the following section, residential care will be discussed.

6. RESIDENTIAL CARE

6.1 Reasons for placement

Research by Casey (2012:53) indicated that parents who were placed in residential care as children later on had children who were removed and also placed in residential care. Therefore, if families are not given the necessary interventions, the cycle of poor functioning will continue. This research is supported by statistics regarding the social problems in communities

and families in South Africa that continue despite various efforts at intervention (Casey, 2012:54; Kagee, 2014:350-363; Western Cape Youth Development Strategy, 2013:1-65).

A comparative study of children in a government residential facility in Malaysia and children living with their parents found that reasons for placement include abuse and neglect, family instability, financial difficulties, challenging behaviour, poor parental skills and criminal involvement (Rahman *et al.*, 2013:422-427).

Although the grounds for finding a child in need of care and protection according to the Children's Act 38 of 2005 as amended are often neglect and abuse, it also includes challenging behaviour. According to Anglin (2014:53-55), youth at risk experience emotional hurt. This means that children who have been traumatised, separated from their families and placed in, for example, foster care often display challenging behaviour as it is how they

make sense of their trauma. The accumulated risks to be considered for children living in residential care include their ability to form attachments, trust others and accept help. According to Delfabbro (2005:11-18), residential care is used as a last resort and for children with extremely complex and challenging behaviour when other placement options have been exhausted. When children are “removed” from their families the process usually involves firstly foster care (family related or unrelated). While foster care is considered first, more often than not foster parents are not equipped to manage a traumatised child’s behaviour, which this can lead to a breakdown in placement, particularly when children are placed in foster care during (or after) the middle childhood stage (Van Santen, 2015:191-201). This has also been the researcher’s experience in dealing with foster care placements that have broken down.

Over and above learnt behaviour aimed at survival, by this age early adolescents have developed patterns of behaviour and coping skills that are difficult to unlearn. According to Keenan (2002), if children have not developed age-appropriate strategies for regulating aggressive behaviour at pre-school age, they are at risk for developing chronic anti-social and aggressive behaviour. It is also much more difficult for them to build new attachments, particularly if it is an unrelated foster placement. When there is a serious lack of positive or healthy relationships, there is little trust and without trust children will not allow people into their world to support them (Anglin, 2015:5-7; Brendtro *et al.*, 2002:60).

To summarise, children are placed in residential care settings for various reasons, such as challenging behaviour and disorders such as Attention Deficit and Hyperactivity Disorder and Oppositional Defiant Disorder. Over and above environmental risks mostly in the micro system, in most cases, there is family instability and problems with parenting and parents abusing substances (Bastiaanssen *et al.*, 2014:227-241). Whether the reason for placement is abuse, poor family functioning or a parent’s inability to care for a child, the separation alone from their family is traumatic and has a profound effect on a child’s functioning. In addition, some children have had multiple placements before coming to residential care as a result of foster placement breakdowns, and with each movement, the children have had to re-adjust to their new environments (Seita, 2014:28). In the light of the above-mentioned, it is argued that while residential care is aimed at early adolescents’ “best interests”, the challenging behaviour of early adolescents in residential care could be detrimental to their overall well-being. When considering the statistics of residential care worldwide as well as nationwide, it is evident that the need for residential care has increased. In South Africa and also in the Western Cape province, families and communities have been in crisis as a result of persistent social problems (Western Cape Youth Development Strategy, 2013). Evidently,

a very important consideration regarding early adolescents' healthy development and positive behaviour is the impact of the adolescents' (external) environment. In the following section, the impact of institutional care on the children and specifically adolescents will be discussed.

6.2 Impact of institutional care

While residential care has a positive impact on children and adolescents who have been removed from their families due to abuse and neglect, there are also concerns about the negative effects on children (Kendrick, 2013:77).

A CYCC is considered to be an institution or facility for children in need of care and protection. Many years ago, Goffman (cited in Weinstein, 1982:268) described in an unemotional manner some of the features of institutional care as follows: "Daily activities are done together with other residents. They are treated the same and expected to do the same thing together. Also, the routine is highly structured, with one activity leading to the next. Residents are expected to participate in daily programmes." Goffman argued that although some of these features are present in other places (even in families), the difference is that in institutions, the residents are placed together and expected to participate in daily activities in the presence of one another. The features highlighted by Goffman provide a clinical depiction of residential care. While these elements *are* by definition part of what residential care is comprised of, when they exist in isolation, there is the risk of children *becoming* institutionalised. Children living in residential care for prolonged periods are at risk of becoming institutionalised. Goran (2013:6) claimed that children can become institutionalised after being in residential care for three months and longer.

Other factors that contribute to a child being institutionalised are limited contact with the outside world, inadequate ratios of the number of children per Child and Youth Care worker, and limited social interaction. These factors are important to consider as protective factors against children becoming institutionalised. In other words, considering the number of children that Child and Youth Care workers are responsible for and ensuring that children have opportunities to interact with people outside the boundaries of the CYCC are salient factors to take into account.

In addition to the risk of institutionalisation, being in residential care influences children's social, cognitive, emotional and brain development which could continue to affect them throughout their lives. Research suggests that when children have been in residential care

for prolonged periods, their neurological development changes and their amygdala levels increase, which is typically associated with poor emotional regulation and internalising behaviour such as anxiety (Tottenham *et al.*, 2010:56). For optimal development, children need steady and reliable one-on-one contact and opportunities for engaging with a caregiver. Goran (2013:7-8) therefore argued that being in residential care is not conducive to achieving the best outcomes for children as very often children including adolescents do not have sufficient opportunities to interact with caregivers on a one-on-one basis. A study conducted at a CYCC in South Africa indicated that Child and Youth Care workers spend very little individual time with children while they spend the majority of their time seeing to the physical needs (such as food, clothing and hygiene) of the children.

This view is supported by Kang'ethe and Makuyana who stated that residential care affects children's socialisation, cognitive development as well as their ability to form attachments. They maintained that these children are also prone to displaying challenging behaviour. Furthermore, residential care has been found to be detrimental to the emotional development of children as a result of limited opportunities for developing attachment. According to Kang'ethe and Makuyana, "Emotional growth is the foundation of human relationship, interaction and the basis of ubuntu (humanity) in the African context" (2014:120). Relationships are therefore central to emotional development. In other words, there are far-reaching consequences for children in residential care who have limited meaningful attachments. Literature suggests that within residential care facilities there are insufficient opportunities for relationship building and that this hinders the capacity of children, including early adolescents, to form meaningful connections with others.

The following is an example of the impact of institutional care:

John Seita (2014:28-31) grew up in a high-risk environment. He wrote about his experience in the following way: "My trust in adults was shattered at age eight when the court removed me from my mother who herself was drowning in poverty addiction, and transient relationships with abusive men. Whatever her problems, I had lost my only anchor of attachment in the world. When placed in a series of foster homes and residential facilities, I made sure nobody would get close to me. All who tried to connect were kept at arm's length to avoid more pain and rejection. I could be aggressive, aloof, and manipulative with adults, and my few bonds were with other outcast kids. In the end, I got what I wanted: to be left alone to wallow in my pain. This mutual rejection pact marked fifteen different placements between ages eight and twelve" (Seita, 2014).

Based on the quote, it seems as if multiple residential care placements as well as long-term placements can affect children's ability to trust adults and to form relationships.

In the next section, the impact of institutional care is discussed in terms of the behaviour of children and in particular adolescents.

6.3 Behaviour of children in residential care

Early adolescents who have been placed in a CYCC have often endured a significant amount of trauma. Within their new environment, they are inclined to display challenging behaviour and they are sensitive to environmental factors that serve as trauma reminders, which can lead to the perpetuation of their traumas (Robinson & Brown, 2016:9). In other words, the environment of the CYCC is very important and attention needs to be given to this in order to create a positive and therapeutic "lived experience" for children.

The following statement provides a glimpse into the world of a child living at a CYCC: "There's a big time difference between who I am here [school] and who I am at home. I have to act more tougher at home. 'Cos of where I'm from, I have to stick up, I have to be, like, fighting to live. I have to be a fighter not a quitter (Aiden)" (Emond, 2014:198; Mota & Matos, 2015:210). This quote indicates that children in residential care facilities adopt survival strategies to adjust and cope with their environment. For example, a survival strategy used by a child who was neglected and who had little parental supervision would be to run away from home. At the CYCC, he continued to use this survival strategy and would run away as soon as something happened that he did not like. It took him a long time to understand that he was in a safe environment and did not need to use this survival strategy any longer (example given by researcher).

Children who are placed in residential care are inclined to exhibit behavioural problems (McLean, 2012:478), which have an impact on their adjustment as well as their emotional well-being. They are prone to challenging behaviour as a result of the high-risk environment that they came from prior to being placed in the residential care facility (Mota *et al.*, 2016:313). Challenging behaviour can also form part of the normal development of adolescents so it is sometimes difficult to ascertain what is "normal" and what is atypical or deviant.

Also, when working in a residential care environment, one can become desensitised to the challenging behaviour and fail to recognise inappropriate behaviour that would not be

considered as normal behaviour by outsiders (McLean, 2015:349). It is therefore critical to identify the difference between normal adolescent behaviour and behaviour that needs attention.

Children coming into a residential facility often display challenging behaviour as it is extremely difficult for them to abide by the rules of residential care settings (Johnston, 2015:24). Transitioning into a CYCC can therefore be problematic because at the CYCC they are taught a different value system with a very structured routine and specific rules to follow. This kind of structured environment is often met with resistance by the children. In the researcher's own experience, and based on a personal interview with Child Care worker Ramona Isaacs, children who do not come from a stable home environment with structure and supervision struggle to adapt in a structured environment with a strict and consistent routine (Isaacs, 2016). For example, a child who has been severely neglected and who only used to eat once per day will struggle to adjust to meal routines, sitting at a table and eating three meals per day (example given by researcher).

Sometimes the traumatic events that children have endured make it more difficult for them to adjust to a new environment. In order to cope adequately with change (such as a change in environment), children need the ability to manage their emotions, experience positive emotions and thoughts, show patience in situations beyond their control and acquire the ability to persevere and accommodate others (Manso *et al.*, 2011:1981). Evidently, when children have been exposed to trauma and instability, the development of these values/skills is almost unattainable. Research suggests that children in CYCCs struggle to adjust because of negative thought patterns, low self-esteem and attempts to "escape from reality" (Manso *et al.*, 2011:1968). Self-esteem seems to be a protective factor in terms of a child's ability to cope.

Studies about the experiences of Child and Youth Care workers working with children in residential care facilities indicate that behaviour such as a lack of trust towards adults, poor detachment and poor self-regulation are encountered. Vanderwoerd (2006) conducted a study with Child Care workers in South Africa and reported that the kinds of behaviour they experience daily from the children include learning difficulties, disruptive behaviour and lack of self-control. Another participant spoke about being abused, smacked, spat on, thrown up on, bitten, punched, sworn at and threatened (Rainbowadventure, 2014). Another factor to take into consideration is "contagious behaviour" and how the children are influenced negatively by each other (McLean, 2015:347). It seems as though early adolescents' behaviour is erratic and volatile, which adds to the frustration of Child and Youth Care

workers trying to distinguish what the underlying factors are (McLean, 2015:350) in order to implement appropriate and effective behaviour management strategies.

Rahman *et al.* (2013:422-427) suggested that the more problems the child has which led to the residential care placement, the more likely the child will display externalising behaviour which requires mental health intervention. In other words, as the literature suggests, when the challenging behaviour of adolescents includes predominantly externalising behaviour such as physical and verbal aggression, these behaviours have the potential to influence the other children in the facility. This evidently leads to challenges with regard to behaviour management.

In terms of gender differences, Soenen, Volckaert, D'Oosterlinck and Broekaert (2014:267-284) conducted a four-year study at a residential care facility in Belgium where staff were trained in Life Space Crisis Intervention. Findings are consistent with other studies and indicate that girls present with more internalising behaviours than boys, while boys display more externalising behaviours than girls. Some of the problems displayed by the children who participated in the study included sadness, anxiety, anger management problems, lack of self-control, defiance, impulsivity and swearing. Children who have been abused and neglected are more prone to develop disorders such as mood disorders. For example, adolescents may experience feelings of being anxious or depressed. Another study indicated that children living in residential care are prone to learning difficulties, behavioural difficulties and developmental delays, which is consistent with findings from other studies (López & Del Valle, 2015:462).

In summary, children, including adolescents, who live in CYCCs have typically experienced traumatic events (which led to their placement at the CYCC) and, to survive, they employ various coping strategies. Many of these adolescents display challenging behaviour such as externalising behaviour and struggle with emotional regulation. In addition to this, they seem to be resistant to forming relationships. The subject of relationships within the CYCC setting will be discussed in the next section.

6.4 Residential care and relationships

McLean (2015:345) examined the role of Child and Youth Care workers in relation to children exhibiting challenging behaviour. She maintained that the workers' attitudes towards the children and the modelling of pro-social behaviour are crucial in order to achieve some measure of success. According to Anglin (cited by McLean, 2015:345), Child Care workers

should be “responsive rather than reactive, influencing rather than imposing controls” (McLean, 2015:345). Findings indicated that Child and Youth Care workers attempt to fulfil a parental role towards children while being professional, and that the discrepancy between these two roles creates tension.

The McLean study has highlighted the importance of consistency in terms of discipline. Child and Youth Care workers reported the need to build positive relationships on the one hand, and manage behaviour (discipline) on the other hand (McLean, 2015:345). Although it can be challenging to meet these needs simultaneously, they also provide an opportunity to strengthen the relationship between Child and Youth Care worker and child. One Child and Youth Care worker in the research of McLean (2015:345) reported the following: “It is about ... this behaviour is not okay. I won’t let you hit me. I won’t let you hit somebody else. I won’t let you get out of control. And we will help you. You will learn how to help yourself over time.” In other words, the relationship between the Child and Youth Care worker and adolescent is crucial. It should be used to influence and bring about positive change.

An important aspect of Child and Youth Care work is life space work. Fritz Redl developed a model which today is known as the Life Space Crisis Intervention model, referred to as “therapy on the hoof” by Redl (Morse, 2015:23). Therapy on the hoof refers to making use of everyday moments to intentionally engage with a child, build trust, have conversations around issues troubling the child and together with the child find solutions. It is therefore an opportunity for both the Child and Youth Care worker and the child to learn from one another, which in itself strengthens the relationship. Also, when the child is going through a crisis, the Life Space Crisis Intervention model creates an opportunity for growth and intimacy between the child and the caregiver. “We talk with children about hope, and we have to follow through, because a child should not be left naked in the snowstorm after we are done with the session. We have to leave children with hope” (Morse, 2015:23). Research indicates that when Child and Youth Care workers have been trained in the Life Space Crisis Intervention model, they feel more competent and motivated, which impacts their overall morale. In addition to this, the application of this model has a positive impact on the behaviour of children. Results imply a decrease of challenging behaviour, which can be attributed to the strengthening of the relationship between the Child and Youth Care workers and the children (Soenen *et al.*, 2014:279). In other words, Life Space work can make a difference to the relationship between adolescents living in CYCCs and the Child and Youth Care workers taking care of these adolescents.

Research suggests that when children experience a sense of family within the residential care setting, their relationships with the staff fulfil their need for care, nurturing and acceptance (Kendrick, 2013:82). Creating a therapeutic environment which offers early adolescents opportunities for connections through daily routines and rituals (Kendrick, 2013:81-82; Houston, 2011:127; Trieschman *et al.*, 2010:1-3) is central to meeting their emotional needs and fostering resilience. This is illustrated in the following quote: “We met a number of participants who had experienced feeling accepted, secure and a sense of belonging in residential care. In the best experiences, participants thought of their residential carers as a kind of family. What often characterised the positive relationships in residential care was the continuing sense of security and safety, which could be relied upon” (Happer *et al.*, 2006:17).

Mota and Matos (2015:210) stated the importance of relationships with the staff of residential care facilities and the role that this plays in creating positive experiences for adolescents, regardless of whether these relationships are formed with the professional, administrative or general staff. Research indicates that positive relationships with the staff of residential care facilities is a predictor for adjustment and well-being in adolescents (Mota *et al.*, 2015:217). In addition to this, the quality of these relationships is crucial to foster resilience and enhance self-esteem and a sense of belonging (Mota & Matos, 2015:219-220). According to Brendtro, studies suggest that children, including adolescents, who have been neglected and abused have limited oxytocin and have a tendency to struggle with anger. Therefore, building meaningful relationships with significant others can increase levels of oxytocin which is crucial for developing attachments (Brendtro, 2015:45). In other words, in order to promote positive integration and transitioning into the CYCC, an important focus should be the building of healthy relationships between staff and adolescents, with an emphasis on trust and acceptance. The relationship between Child and Youth Care workers and adolescents is especially important, and Life Space work can be regarded as an essential tool to facilitate and mirror positive behaviour, and to develop values, problems solving skills and the appropriate expression of emotions.

Risk factors with regard to challenging behaviour will be discussed in the following section.

7. RISK FACTORS

Risk factors can be defined as specific “events or characteristics” that threaten a positive outcome (Hagaman *et al.*, 2010:526). For example, in terms of adolescents there are certain factors that serve as risks leading to challenging behaviour. Research indicates that

challenging behaviour and family instability are leading factors which result in children being placed in alternative care (Fox & Ashmore, 2015:1968).

In the UK, the majority of children in care are between the ages of 10 and 15 while in the USA, children in care are between the ages of 12 to 15 years (Fox & Ashmore, 2015:1969). The risks associated with children in alternative care (foster care or residential care) include early school leaving, challenging behaviour, substance abuse, emotional problems and criminal activity. In other words, early adolescents in CYCCs are particularly vulnerable to adopting these behaviours. Hagaman *et al.* (2010:532) maintained that learning difficulties seem to be a risk factor for not following the rules at school. Other risks identified for children in residential care are aggression, inattention, anxiety, disruption and substance use (Hagaman *et al.*, 2010:532; Smokowski *et al.*, 2017:95). Also, adolescents in residential care are at risk for displaying challenging behaviour because of their histories of neglect, family instability and other social issues (Melkman, 2015:117). Other risk factors for challenging behaviour include “sensation seeking” experiences such as sexual activity or substance abuse and peers engaging in challenging behaviour (Melkman, 2015:118). Risk factors pertaining to internalising and externalising behaviour include being bullied, negative peer influence, peer pressure, problems at school and poverty (Smokowski *et al.*, 2017:99). In other words, adolescents in CYCCs are particularly vulnerable to these risk factors due to their history of abuse and neglect as well as their exposure to traumatic events such as violence within communities.

Jessor’s Problem Behaviour Theory explores the correlation between risk and protective factors and challenging behaviour (Aguilar-Vafaie *et al.*, 2011:1). Related to this is the development of the Ecological Model for the Evaluation of Residential Care by Palareti and Berti (2009), which refers to the interaction of the various environmental levels and which is also based on Bronfenbrenner’s Ecological Model (1992) (Aguilar-Vafaie *et al.*, 2011:2). When considering adolescents in residential care it is therefore critical to take into account the various dimensions of the environment – such as family, friends, community of origin and school (Aguilar-Vafaie *et al.*, 2011:2). Therefore, these factors can serve as predictors of challenging behaviour.

In addition to the various vulnerabilities associated with the life phase of adolescence (Van Schalkwyk & Wissing, 2010:53-60), it seems that adolescents in a CYCC setting are at risk as they are facing the “ordinary” crises related to adolescence while dealing with traumatic life events which led to their placement in the first place. This is summarised by Harden, Quinn and Tucker-Drob (Harden *et al.*, 2012:150-163) who indicated that a history of abuse

and neglect, an unstable home environment, parents abusing substances and poverty are risk factors for adolescents' healthy development as these factors increase their likelihood of engaging in problem behaviours. Furthermore, when adolescents are continuously exposed to risks in the external environment the probability increases that they will continue on a path of self-destruction, challenging and oppositional behaviour, and risky behaviour (Van Schalkwyk & Wissing, 2010:53-60). In other words, they are at risk of being exploited by others, being drawn into gangs, becoming involved in criminal activities and dropping out of school (Flisher *et al.*, 2007:505-516). Also, their risk for substance abuse, unemployment and dysfunctional relationships increases (Van Schalkwyk & Wissing, 2010:53-60). Hence, they are at risk of reducing their chances to become well-functioning and resilient youth and adults with socially acceptable values and norms.

South African studies underline that when the risk of behavioural problems – such as arrests, skipping school, drinking alcohol, smoking cigarettes or smoking marijuana – increases, then mental health decreases (Cronje-Malan & Van Schalkwyk, 2015; Flisher *et al.*, 2007). These risks present grave dangers for the well-being of adolescents who represent the future of any population. Hayden (2010:461-462) argued that because children in CYCCs tend to display challenging behaviour this might be a risk factor for criminal behaviour as children are already vulnerable due to poor attachments and related emotional problems. Hayden's findings indicated that the combination of children in CYCCs (with some having more exposure to social problems such as crime and violence), children not going to school and the general problems experienced by children at the CYCC, all serve as risk factors for criminal involvement (Hayden, 2010:471).

Evidently, when early adolescents have not received the necessary support, they are at risk to develop full-blown disorders and chronic disease as adults. On the other hand, it is crucial that they receive maximum support, not only to deal with the problems typical of their developmental stage but also to develop the highest possible levels of well-being as early adolescents and as future adults. Furthermore, Keyes pointed out that much more research is required to comprehend the developmental unfolding of mental health over time, "acting as protective (i.e. flourishing) and risk (i.e. languishing and moderate mental health) factors within specific racial and ethnic subpopulations" (Keyes, 2007:106).

In closing, given the many risk factors to which adolescents living in CYCCs are exposed, it is crucial that they are given the necessary intervention and support in order to build resilient lives and to prevent the negative spirals of challenging behaviour from continuing.

In the following section, the Circle of Courage is discussed as an example of an intervention model, used within South African CYCCs.

8. THE CIRCLE OF COURAGE

The Circle of Courage is a Native American child and youth development model. A fundamental feature underlying this model is the universal needs of children, which will be discussed in this section, namely belonging, mastery, independence and generosity (Brendtro *et al.*, 2002:60).

Belonging	Belonging is about the need for attachments and meaningful relationships, and it speaks to the need to belong, within the context of family and community. When this need has not been met, children responded by distrusting adults, isolating themselves, being overly independent or alternatively, displaying clinging behaviour, joining groups such as gangs where they feel accepted or even being promiscuous (Brendtro <i>et al.</i> , 2002:62; Brendtro, Mitchell & Jackson, 2014:10).
Mastery	Mastery relates to the need to achieve and experience success and competence which in turn builds self-esteem. This does not only refer to children and early adolescents' education, but to other areas as well – such as sport, daily developmental activities and recreation. It is crucial that early adolescents' strengths be identified, developed and nurtured so that they can experience success. When children have not experienced success or competence, they tend to be failure orientated and they fear challenges, are unmotivated and feel inadequate. Alternatively, they become performance orientated (overachievers), display workaholic tendencies or even resort to cheating and displaying delinquent behaviour (Brendtro <i>et al.</i> , 2002:63; Brendtro, Mitchell & Jackson, 2014:10).
Independence	This is about the need of children to experience power in their world, and to be included in the decisions made for and about them. It also refers to the ability to make age-appropriate choices and to be responsible. When this need has not been met, children are prone to being either defiant or overly submissive. They lack confidence, are irresponsible, bully others, tend to be reckless and defy authority in an attempt to experience power (Brendtro <i>et al.</i> , 2002:64; Brendtro, Mitchell & Jackson, 2014:11).
Generosity	Generosity is the ability to show kindness and empathy towards others;

	<p>“Children treated with kindness develop kindness” (Brendtro, Mitchell & Jackson, 2014:11). It also relates to the need to experience a sense of purpose. According to the Circle of Courage, children need opportunities to reach out to others in order to develop empathy and experience a sense of purpose in their own lives. By reaching out to others, they also experience gratitude for what they have in their own lives. When this need is not met, children become selfish, hardened and narcissistic, and they are inclined to display anti-social behaviour (Brendtro <i>et al.</i>, 2002:64; Brendtro, Mitchell & Jackson, 2014:11).</p>
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When the need for belonging, mastery, independence or generosity has not been met, the circle becomes broken and this most often manifests in problem behaviour. This model suggests that to address the behaviour, the broken circle first needs to be mended (Brendtro *et al.*, 2002:65; Brendtro, Mitchell & Jackson, 2014:11). In other words, problem behaviour should be understood from the context of a need that has not been met. For example, if an early adolescent has a poor sense of belonging and no contact with family members, this behaviour could be related to the need for attachment. It is crucial that a plan is put in place to address this need, for example by taking the child to visit his siblings on a regular basis.

Literature suggests a correlation between the Circle of Courage needs, resilience, and the development of values and character strengths. When these aspects of development are not encouraged and facilitated, it can have a negative impact on the socialisation of children (Peterson, 2013:7; Werner, 2012:18). Furthermore, the importance of positive interactions between the various levels of environmental systems – for example, micro, meso and macro levels – is emphasised (Jackson, 2014:17), which corresponds with Bronfenbrenner’s bio-ecological approach. In other words, the fulfilment of children’s need for belonging, mastery, independence and generosity is critical to strengthen their development and to foster resilience. Within the CYCC setting, children are expected to have Individual Developmental Plans (IDPs) where their need for belonging, mastery, independence and generosity are addressed. These IDPs are reviewed every six months to ensure the intentional working towards meeting these needs in order to promote early adolescents’ healthy attachments, mastery in terms of life stage tasks, a sense of responsibility, and empathy towards others.

In the following section, resilience is discussed.

9. RESILIENCE

According to Masten (2001:235; 2015), resilience is not an exceptional, unattainable quality reserved for only a few people but it is “ordinary magic of ordinary, normative human resources in the minds, brains and bodies of children, in their families and relationships”. Brendtro (2015:45) stated that the brain was developed to overcome difficulties. In other words, supportive relationships are central to the intentional promoting of early adolescents’ resilience. Collin-Vézina, Coleman, Milne, Sell and Daigneault (2011:585) stated that exposure to multiple traumas affect adolescents in residential care negatively. It is therefore crucial that, in the context of residential care, the environment is strengthened, promoting the well-being of adolescents. Mota, Costa and Matos (2016:313) maintained that supportive relationships between adolescents and the staff at the residential care facility are important in fostering resilience. According to Bowlby (cited in Mota *et al.*, 2016:314), meaningful connections with others strengthen their ability to overcome adversity, which is critical for the development of resilience. Research suggests that when adolescents have positive relationships with significant people at the residential care facility, they are less likely to engage in challenging behaviour (Mota *et al.*, 2016:321). Nourian, Shahboulaghi, Tabrizi, Rassouli and Biglarrian (2016:387) stated that living in a residential care facility compounds what has already been a challenging part of life for adolescents, therefore making them vulnerable to displaying challenging behaviour. The development of early adolescents’ resilience is therefore crucial in preventing future challenging behaviour. In other words, when adolescents experience a sense of belonging and their relationships with the staff are characterised by trust and acceptance, this relational support would serve as a protective factor against challenging behaviour. Studies indicated that children developed resilience when they had at least one person who believed in them (Werner, 2012:18). Therefore, meaningful relationships with adolescents are critical to build resilience, and ordinary daily interactions provide opportunities for this.

Being resilient involves the manner in which an individual responds to difficulties (Rutter, 2007:205-207) and the development of coping mechanisms to be able to overcome those difficulties. Ungar (2008:225) stated that “in the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways”. The development of resilience could be viewed from the context of Bronfenbrenner’s bio-ecological approach and the impact of systems interacting with one another. When children have been exposed to adversity, resilience has been developed

through both the environment and personal characteristics. However, when children have experienced traumatic events such as abuse, then the environment has a more significant impact (Ungar *et al.*, 2013:350). According to Ungar (2011:6), the development of resilience should be considered in the following order: Firstly, the environment; secondly, the interaction between the environment and child; and thirdly, the individual characteristics of the child. In other words, there should be an intentional focus on increasing the capacity and strengthening early adolescents' inner and outer environment.

Theron, Cameron, Didkowsky, Lau, Liebenberg and Ungar (2011) identified four themes relevant to culture and the development of resilience. These themes indicate that facilitating cultural practices led to the increase of resilience:

- “Relatedness”, which relates to interactions with family and friends (Theron *et al.*, 2011:807);
- “A culture of sharing”, which relates to the sharing of resources as well as knowledge;
- “Religious affiliation”, which refers to participating in religious activities and sharing common values;
- “Mother tongue”, which relates to identity (Theron *et al.*, 2011:807-810).

A South African study conducted by Theron and Theron (2014:45) referred to the concept of “meaning-making” which, when youth were positive, led to increased well-being and resilience. In other words, efforts to increase early adolescents' resilience should include their ability to make sense of experiences, to solve and reframe problems, and to work towards the realisation of their dreams/goals (Theron & Theron, 2014:48). Therefore, the ability to reflect on experiences, set goals and consider solutions to problems forms an integral part of building resilience. Trieschman, Whittaker and Brendtro (2010:5) stated that while it is crucial that adults working with children and adolescents focus on counteracting the impact of traumatic experiences, there should be a stronger focus on “challenging children with the adventure of life, in promoting improved capacity to deal with the struggles of human existence, and in anticipating the opportunities of the future” (Trieschman *et al.*, 2010:5). In other words, resilience should foster hope in children and adolescents that, despite the trauma of their past, they have the capacity to overcome present and future obstacles.

10. SUMMARY

From the literature review it is evident that various factors should be considered when early adolescents' experiences of their challenging behaviour in a CYCC are studied.

The first section (Section A) of this research report discussed the orientation, problem statement, aims and objectives, paradigmatic assumptions, theoretical framework, research methodology and ethics involved in this research. It also provided a literature review. The second section (Section B) is presented in the form of a research article entitled:

Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre.

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SECTION B: ARTICLE

Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre

ABSTRACT (words 145)

In this research a qualitative descriptive design was used to explore early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre (CYCC). Twelve adolescent participants were purposively selected from a CYCC in the Cape Flats area. Data was collected via individual collages compiled in a group and semi-structured individual interviews supported by the Tree of Life. Findings indicated that participants' experiences of their family histories together with living at the CYCC are significant factors contributing to challenging behaviour. Participants' relational functioning, particularly their sense of attachment to family and CYCC staff is noteworthy. The role of past experiences, present environment and the difficulty associated with their emotional functioning during adolescence as well as poor self-regulation are important factors in exhibiting challenging behaviour. Recommendations for future research point toward positive interventions aimed at addressing early adolescents' challenging behaviour from a strengths-based approach.

Key words: Child and Youth Care Centre, challenging behaviour, early adolescents, experiences, family, residential care, strengths-based approach, Tree of Life

INTRODUCTION

Children are placed in CYCC settings for various reasons. In most cases, in addition to environmental risks, the challenges include poor family functioning, problems with parenting, parental psychiatric problems and parental substance abuse (Bastiaanssen et al., 2014). Also, some children have had multiple placements before coming to residential care due to foster placement breakdowns. With each movement, the children have to re-adjust to their new environment. Therefore, whether the reason for placement is abuse, poor family functioning or a parent's inability to care for a child, the separation alone from the family is traumatic and has a profound effect on a child's functioning.

Adolescents in a CYCC environment are at risk as they are facing the "ordinary" crises related to adolescence (Erikson, 1959; Marcia and Josselson, 2013) while also dealing with the distressing life events that led to their placement. The focus of this research was to explore early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre (CYCC). Challenging behaviour is defined in terms of severity and impact on other systems such as family, school and peers (Korkie, 2016).

STRENGTHS-BASED APPROACH

In this study a strengths-based approach (Saleebey, 2013) was combined with Peterson and Seligman's focus on the intentional identification of individuals' strengths (Peterson and Seligman, 2004). In support of this view, Kondrat (2014) stated that acknowledging a person's strengths does not imply that the problems or challenges are ignored. Furthermore, the strengths-based approach recognises the resilience of individuals by emphasising their potential strengths, interests, abilities, knowledge and capabilities rather than their limitations or disabling matters (Smith, 2006). Still, resilience processes are not culturally neutral (Theron, Liebenberg and Ungar, 2015) and therefore early adolescents' challenging behaviour cannot be viewed without taking into consideration the social ecology, socio-cultural embeddedness and contextual factors (Teater, 2014). An example of how the strengths-based approach was applied in the study, was by means of the Tree of Life activity which emphasizes positive aspects and strengths in spite of negative aspects or problems.

CONTEXTUAL FACTORS

Bronfenbrenner's bio-ecological theory (Rosa and Tudge, 2013) illustrates how individuals are influenced by their environment. This theory allows for the critical influence of early adolescents' families, wider communities and the impact of various socio-economic factors. The Western Cape province in South Africa is faced with social problems such as unemployment, poverty and substance abuse (DSD, 2012; Van Schalkwyk and Marais, 2017), teenage pregnancies and violence against women and children (Western Cape Government, 2013) as well as high levels of crime and gangsterism (DSD 2012; Van Der Merwe and Swanepoel, 2017). The disabling impact of these factors on the functioning of families (White Paper on Families in South Africa, 2013) is significant when taking into account that the children in CYCCs mostly come from communities where they have been exposed to these social ills. Clearly, a bio-ecological approach is needed when early adolescents' psychosocial functioning and behaviour are looked at.

The following research question was formulated to direct the qualitative research: What are early adolescents' experiences of their challenging behaviour in a CYCC?

METHODOLOGY

A qualitative descriptive design (Braun and Clarke, 2013) was used to guide the research. A purposive sampling method was used and participants were selected by the social worker at the CYCC according to specific criteria. These criteria included the display of challenging behaviour, being between the ages of 10 and 14, and having lived at the CYCC for at least

six months. After a group activity, all participants took part in individual semi-structured interviews guided by an interview schedule. The Tree of Life narrative tool was also used during the interviews. Data collection took place at the selected CYCC.

Participants

Twelve early adolescents (seven girls and five boys) were selected from a CYCC in the Cape Flats area. Participants were both English and Afrikaans-speaking, and interviews were conducted in the language they preferred. They were all from one CYCC and they were identified with challenging behaviour, for example fighting, swearing and defiance. However, the participants were not placed at the CYCC as a result of their challenging behaviour; they were placed there as a result of being abused and/or neglected. All participants have been living at the CYCC for at least six months at the time of data collection. Table 1 provides socio-demographic details of participants.

Table 1: Socio-demographic details of participants

Participants	Gender	Age	Length of time at CYCC	Siblings at the same CYCC	Exposure to trauma such as loss, violence and substance abuse prior to placement at CYCC
P1	Male	12	1 year 7 months	Yes	Exposure to domestic violence, substance abuse
P2	Male	13	2 years 8 months	No	Exposure to domestic violence, substance abuse, loss
P3	Female	12	1 year 9 months	No	Exposure to domestic violence, substance abuse
P4	Male	12	1 year 8 months	Yes	Exposure to domestic violence, substance abuse
P5	Male	10	2 years 3 months	Yes	Exposure to domestic violence, substance abuse
P6	Male	10	2 years	No	Exposure to domestic violence, substance abuse
P7	Female	12	2 years	Yes	Exposure to domestic violence,

					substance abuse, loss
P8	Female	12	2 years 7 months	Yes	Exposure to domestic violence, substance abuse
P9	Female	10	2 years 7 months	Yes	Exposure to domestic violence, substance abuse, loss
P10	Female	13	1 year 8 months	No	Exposure to domestic violence, substance abuse
P11	Female	12	11 months	Yes	Exposure to substance abuse
P12	Female	13	1 year 9 month	No	Exposure to domestic violence, substance abuse, loss

Data collection

Two data collection methods were used, namely individual collages done in group format and semi-structured individual interviews. Participants were divided into two groups (male and female) and participated in a once-off group activity where they made collages to depict the concept of behaviour. Distinction was made between inappropriate and appropriate behaviour, and participants selected pictures to illustrate their understanding of the concept of behaviour. To avoid stigmatisation the collages were not discussed in the groups but during the individual interviews. The individual interviews consisted of: i) a discussion of the participant's collage as an introduction; ii) semi-structured questions as compiled in an interview schedule, and a narrative tool, called the Tree of Life (Comi et al., 2014; Ncube, 2006; Ngwenya, 2016).

The Tree of Life is used as a metaphor indicative of a person's life story. During the individual interviews participants were asked to draw a tree, with each part of the tree symbolising an aspect of the participant's life and experiences.

Procedure and ethical approval

Ethical clearance was given by the Ethics Committee (HREC) of the participating university (NWU-00350-16-S1), and legal permission to conduct the study was obtained from the Department of Social Development (Western Cape). Written consent was obtained from the participants' legal guardian, the Director of the CYCC. The participants themselves gave written assent and agreed to participate on a voluntary basis.

Data analysis

The qualitative data was derived from narrative material with verbatim transcripts of the semi-structured interviews as well as from the visual data collected via the participants' collages and Tree of Life activity. The visual data was analysed based on transcripts of the discussion of the visual data. Thematic analysis was done according to Braun and Clarke's exposition (2013): raw data was organised into specific categories (descriptions or words used by the participants) and thematic patterns were identified.

FINDINGS AND DISCUSSION

The findings of this qualitative study are presented as five main themes and sub-themes, and in this section the findings are authenticated by presenting these as consistent with the research aim. This is done via a brief discussion of the themes expanding on i) congruent findings, ii) contradictory findings and iii) "silences" between the current study and existing literature. Table 2 offers a summary of the identified main themes and sub-themes.

Table 2: Table of themes

Theme 1: 1. Family history prior to living at a CYCC	Sub-themes: 1.1 Sense of loss, abandonment and foster care 1.2 Exposure to risks: violence and substance abuse
Theme 2: 2. Early adolescents' experiences of living at a CYCC	2.1 Negative aspects: <ul style="list-style-type: none">• Harsh environment• Structure and adjustment• Need for privacy 2.2 Positive aspects: <ul style="list-style-type: none">• Socialisation• Physical and safety needs being met
Theme 3: 3. Relational functioning	3.1 Relationships with others 3.2 Poor sense of belonging 3.3 Lack of trust
Theme 4: 4. Coping	4.1 Coping with developmental tasks and demands 4.2 Coping with environmental influences

	<ul style="list-style-type: none"> • Reason for placement • Emotions • Experience of others' behaviour at CYCC <p>4.3 Coping with negative emotions</p> <ul style="list-style-type: none"> • Anger • Sadness • Anxiety • Detachment • Overwhelmed by negative emotions <p>4.4 Coping strategies</p> <ul style="list-style-type: none"> • Coping with emotions • Self-regulatory strategies
Theme 5: 5. Behaviour	<p>5.1 Understanding the concepts of appropriate and inappropriate behaviour</p> <p>5.2 Awareness of personal behaviour</p> <p>5.3 Understanding consequences and taking responsibility</p>

Theme 1: Family history prior to living at CYCC

The first main theme indicates the impact of early adolescents' family histories and experiences prior to living at the CYCC. The long-term effects of these past events cannot be underestimated, seeing that emotional functioning in the present entails sensory input and past experience which prescribes action in the present (Barrett, 2017). One participant expressed an experience prior to living at the CYCC as follows:

"My dad was standing at the gate. He didn't see the gangsters come past. Then they called my dad and then they murdered him." [P5: male; 10 years old]

The bio-ecological approach explains the interaction of environmental factors and early adolescents' former experiences (in the chronosystem) embedded in the microsystem of family and community (Bronfenbrenner, 1979; Rosa and Tudge, 2013). The impact of this interaction is widely accepted. Ungar (2015) suggests that children with complex needs – such as early adolescents who have been exposed to enduring poverty, violence and several social ills – can be helped faster when their environments are changed first. This

means that within a “new” environment, such as a CYCC, early adolescents need sustainable support as they are still dealing with their “old” mind-sets, which entail feeling, thinking, decision-making, as well as behaviour. In addition, Leaf (2009:181) states that thoughts are “active” and they influence human beings’ decisions, words, actions and physical reactions. This means that the individual is not a passive receiver of sensory input (Barrett, 2017). Instead, individuals such as early adolescents act as a “dynamic system” in a particular environment (Masten, 2015:196). Therefore, individuals’ past experiences compile their internal environment. For example, early adolescents’ positive/healthy and toxic thoughts (thinking), positive and toxic emotions (feeling), and healthy and toxic choices (choosing and behaviour) are vital for the present interacting with or within the “outer” environment (Leaf, 2017).

Sub-theme 1.1: Loss, abandonment and foster care

Many participants have experienced trauma such as loss and abandonment. These experiences, which have taken place prior to the CYCC placement, continue to have an impact on the children’s feeling, thinking and functioning once they have been placed (Soenen et al., 2014).

The following statements made by participants illustrate their loss:

“But my mommy and my daddy is ... they died.” [P2: male; 13 years old]

“He [father] left me when I was 3 years old.” [P7: female; 12 years old]

“My brother’s now 5 ... when he ... father ... left he was 2 ... We get every time messages of him ... He say hi and he’s gonna come but he can’t come.” [P11: female; 13 years old]

Lopez Levers (2012) explains how trauma can lead to feelings of anxiety, helplessness and loneliness. The bio-ecological model supports the key role of the context of trauma within the life of the individual, taking into account significant relationships and the impact of losses suffered. Two of the participants who had been in foster care prior to the CYCC placement stated the following about their experiences:

“I was in foster care; my mom was in hospital for six months and I didn’t have a place to live.” [P7: female; 12 years old]

“We didn’t want to be there, we got abused that lady would’ve taken us again for two years and then we would still have been there in that abusive house.” [P11: female; 13 years old]

While attachment and a sense of belonging with significant persons are fundamental to positive development (Rutter, 2007; Ungar, 2011; Ungar, 2013), experiences of loss and abandonment are known to hinder the growth of those core components associated with positive youth development, with particular reference to the fostering of trust, support and acceptance. Therefore, when healthy interactions are lacking, children's overall growth and progress is seriously challenged. This has implications for the completion of life stage tasks (Erikson, 1979).

Sub-theme 1.2: Exposure to risks: Violence and substance abuse

Children placed in a CYCC have often been exposed to risk factors such as domestic violence and substance abuse.

One participant expressed her experiences of witnessing domestic violence as follows:

"One night when he did hit my mommy ... he threw my mother with a beer bottle in her head, so my mommy have friends gangsters but they like her 'cause they're friends ... and they didn't like it how my father did beat her and so then one night so he hit my mommy and so the gangsters came and so they hit him in front of us ... and so they came with guns." [P11: female; 13 years old]

The negative impact of being exposed to violence is significant, whether it is experienced directly or indirectly, and it is viewed as risks for both children and adults' complete mental health and functioning (Chan and Yeung, 2009; Keyes, 2007). Research suggests that exposure to violence can lead to emotional as well as behavioural problems (Chan and Yeung, 2009) and that continued exposure to violence can potentially be a predictor for illnesses such as Posttraumatic Stress Disorder (Hinsberger et al., 2016). Evidently, early adolescents' previous exposure to violence should be taken into account when considering their present challenging behaviour.

Theme 2: Early adolescents' experience of living at a CYCC

Living at the CYCC is a factor impacting early adolescents' behaviour. The following statements were made by participants illustrating their negative experience of living at the CYCC:

"To live in a child and youth care centre ... it's very difficult ... so the behaviour will always be bad or good but mostly bad also ... because it's not lekker [nice] to be away from your family." [P11: female; 13 years old]

"It's very bad ... because we bully each other." [P7: female; 12 years old]

Since no behaviour takes place within a vacuum, it is important at this point to consider the influence of the environment on the individual's functioning and behaviour (Rosa and Tudge, 2013).

Sub-theme 2.1: Negative aspects of living at a CYCC

Some participants voiced negative experiences associated with living at the CYCC. The negative experiences were voiced in the following way:

"It's not nice to live here because they like to fight with one another, break one another down." [P5: male; 10 years old]

"You must live in a routine, it's not bad to live in a routine, but you will get fed up to live in a routine every day." [P11: female; 13 years old].

Apparently the CYCC was perceived to be a harsh environment with a lack of empathy among the children. Prilleltensky (2012:5) has identified various indicators of well-being which include feeling "valued" and "respected" by others. Based on the narratives, the context of the CYCC is often not associated with a space promoting respectful interactions. Participants mentioned the impact of the other children's behaviour living in the CYCC. For example, they experienced deep sadness and hurt when children living at the CYCC referred to their deceased parent(s) in a disrespectful way. Additionally, some children found it difficult to adjust to CYCC structure, and they offered resistance to following rules and complying with the routine.

Sub-theme 2.2: Positive aspects of living at a CYCC

Participants also reported positive aspects of living at the CYCC:

"We have fun, to have friends, to make friends." [P9: female; 10 years old]

"You get a warm bed ... you get a plate of food ... a roof over your head." [P6: male; 10 years old]

"They take you away from the wrong stuff and they put you here to be safe." [P10: female; 13 years old]

These positive experiences associated with the fulfilment of basic needs and safety are integral to human flourishing. The identified need for socialisation is appropriate given the life stage of early adolescents (Erikson, 1959). These friendships within the CYCC serve as a support system for the participants. For children who have been exposed to trauma such as neglect and abuse, the need for safety and the fulfilment of basic physical needs has often been compromised. Ungar (2015) identifies safety and support as important needs for all

children. Max-Neef supports the importance of these fundamental needs as well as “satisfiers” required to meet daily desires and necessities (Jolibert et al., 2011:262).

Theme 3: Relational functioning

Relational functioning refers to participants’ relationships with others, i.e. the types of relations, the quality of these connections and the mechanisms thereof. During the Tree of Life activity, a theme of attachment came out very strongly as participants identified the important people in their lives. Next, these relationships are discussed briefly.

Sub-theme 3.1: Relationships with others

Participants expressed that they miss their families and long to be with them, indicating an attachment in spite of probable neglect and abuse. The following statements illustrate participants’ relationships with their families:

“I just wanna be with my family.” [P12: female; 13 years old]

“I don’t want to live here in the home ... it is sad to be far away from your family.” [P6: male; 10 years old]

“You miss your family.” [P4: male; 12 years old]

Positive relationships with Child Care workers are indicated in the statement below:

“The Misses [how the participants refer to female Child and Youth Care workers] treat us like our own mothers and they care for us and they do most of the stuff for us.” [P10: female; 13 years old]

Participants expressed their connections with their friends:

“It’s also nice to play with my friends.” [P5: male; 10 years old]

“Then I just go play with my friends then I feel happy.” [P9: female; 10 years old]

Ungar (2013) refers to the relational interactions between children and their environment, and the key role of meaningful relationships for healthy functioning and resilience. In a similar vein, Tracy and Brown (2011) refer to the value of social networks and interaction as a solution to problems. Of equal importance is the development of positive, trusting

relationships with the staff at the CYCC (Brendtro, Brokenleg and Van Bockern, 2002). These “corrective relationships” can influence early adolescents to change their behaviour (Anglin, 2015). While role modelling of the appropriate expression of emotions and values is important, it will only be effective in the context of quality ties (Korkie, 2016). The Life Space Crisis Intervention model developed by Redl (2015) offers Child and Youth Care workers opportunities (i.e. not in structured therapeutic sessions) to work with children not only to address problems, but to build relationships and trust experiences for the child (Morse, 2015). It is significant that Gericke (2016) found that mutual fulfilment, reciprocity, an orientation to a greater good and a sense of contribution are distinctive for flourishing people (with high levels of psychosocial well-being), while personal need-fulfilment, a more self-centred orientation and turning to external sources for support characterise the relational quality of languishing people (with low levels of psychosocial well-being).

Sub-theme 3.2: Poor sense of belonging

A sense of belonging is central to healthy relationships (Lambert et al., 2013). It is characterised by feelings of closeness and acceptance of others. The findings suggest that participants experience a poor sense of belonging at the CYCC and that they do not view the CYCC as their “home”. One participant stated the following expressing her lack of a sense of belonging:

“I can feel this is not my house.” [P11: female; 13 years old]

According to the Circle of Courage youth development model, belonging is one of four universal needs of all children (Brendtro, Brokenleg and Van Bockern, 1990). In agreement with this, Ungar (2015) identifies a sense of belonging as one of nine needs for all children to experience fulfilling lives and positive functioning. In support of this, Max-Neef (Jolibert et al., 2011) maintains that a sense of belonging is required for the fundamental need of identity. However, when children experience a poor sense of belonging, there is a higher probability that they will engage in attention-seeking or risky behaviour, or resist the development of close relationships (Anglin, 2014). Literature supports this finding that a poor sense of belonging entails a lack of trust which is fundamental to healthy relating and attachment (Lambert et al., 2013).

Sub-theme 3.3: Lack of trust

Despite participants’ valued connections with friends and CYCC staff, it was evident that some of the participants struggled with the experience of trust as illustrated in the statements below:

"I'm scared because why maybe she go tell it to everybody else then they know my secret." [P12: female; 13 years old]

"I don't talk to no one." [P9: female; 10 years old]

"We never talk to our Misses, instead of like talking to them and telling them what's going on we rather keep it to ourselves because for us we don't trust them we don't believe in them and it's just that what we going to tell them what if they go tell that to someone else." [P7: female; 12 years old]

According to Erikson's developmental tasks (1959), the achievement of trust versus mistrust is essential for future positive development (Capps, 2012). Pittman, Keiley, Kerpelman and Vaughn (2011) emphasise how Bowlby's Attachment Theory provides a basis for the formulation and development of identity, providing a parallel between Bowlby and Erikson's paradigms (Pittman et al., 2011). Consequently, when children, including early adolescents, do not experience trusting relations, strong attachments and a healthy sense of belonging, they are particularly at risk as they seek to discover their identity and place in the world.

Theme 4: Coping

During adolescence, children have an increasing ability to construct and regulate their emotions. This includes positive emotions such as excitement and negative emotions such as anger (Barrett, 2017). For example, if children grow up in the context of domestic violence, anger and/or hate, they cannot be blamed for having constructed the associated concepts predicting present behaviour, but, as adolescents and eventually adults, they have the capacity to learn additional concepts toward constructive coping (Barrett, 2017). However, as a result of past traumatic experiences, coping will strongly depend on therapeutic support, positive attachments and quality ties. Literature suggests that supportive relationships serve as a protective factor in developing resilience and preventing anti-social behaviour (Tracy and Brown, 2011; Mota et al., 2016). In the following section, coping with developmental tasks, negative emotions and coping strategies are discussed.

Sub-theme 4.1: Coping with developmental tasks and change of moods

Adolescents spoke about their mood changes, which range from being happy and content to feeling angry, frustrated or upset. The following statements were made by participants, indicating their awareness of their changes in mood:

"Sometimes I'm moody, sometimes I'm very rude and sometimes I'm in between." [P7: female; 12 years old]

“One day I’m like today I’m very nice tomorrow I will be very ... everyone must be out of my way ... every day my moods change.” [P11: female; 13 years old]

While the frequent change of moods is viewed as part of adolescents’ typical development, it needs to be emphasised that children living in a CYCC are also dealing with the accumulation of traumatic life events prior to being placed at the CYCC (Shourie and Kaur, 2017). It is therefore critical that early adolescents are given the necessary emotional support to ensure that they are competent in terms of normal developmental tasks (Erikson, 1959; Svetina, 2014) and to intentionally promote their psychological, emotional, social and relational well-being.

Neuroscience research increasingly shows that whole-brain functioning is of paramount importance in our understanding of emotion, the mind and behaviour (Barrett, 2017). Therefore, brain development and changes during the adolescent stage need to be taken into account, together with past trauma, exposure to present suffering and daily stressors, when considering the behaviour of children who live in a CYCC (Herringa, Birn, Ruttle, Burghy, Stodola, Davidson and Essex, 2011). This has important implications for early adolescents’ well-being and behaviour, which includes their capacity to self-regulate.

Sub-theme 4.2: Coping with environmental influences

Participants expressed how words spoken in hurtful ways and referring to traumatic events in their lives, such as the death of a family member, evoked forceful negative emotions. Early adolescents’ vulnerability in the context of the CYCC was indicated in the following statements:

“Someone swore my Grandmother out who passed away. Then I started to fight.” [P6: male; 10 years old]

“[They] say my dad is dead, shout those things.” [P5: male; 10 years old]

A bio-ecological perspective of positive youth development implies that although changing the environment (removing children from their family homes and communities) could jumpstart individual processes of growth, change is unsustainable without access to an environment that supports their process of growth. According to Ungar (2015), social workers must work ecologically, which means they must change systems while supporting the early adolescents’ adaptation under stress. Ungar (2015) further argues that there is a growing case to be made for the ecological conceptualisation of why young people, who

include early adolescents, misbehave and how to intervene. This means identifying the repeat patterns within the individual, family, school and community. For example, early adolescents' exposure to poor parenting practices, such as how children are supervised and disciplined, can obstruct their positive development and emotional well-being (Barrett, 2017). In other words, contextual factors influence the distribution of opportunities for self-realisation, including achieving daily goals, life experiences and outcomes (Khumalo, Temane and Wissing, 2012).

Sub-theme 4.3: Coping with negative emotions

Negative emotions such as anger, sadness and anxiety were expressed by participants:

"I stay angry." [P3: female; 13 years old]

"I feel uncomfortable ... because I'm angry." [P10: female; 13 years old]

"I did feel sad 'cause I was crying." [P12: female; 13 years old]

"I feel upset after I fight." [P6: male; 10 years old]

"When I'm done with fighting then I feel so nervous." [P9: female; 10 years old]

"I felt like really scared 'cause I thought my Sir's going to take me to the office." [P12: female; 13 years old]

"I didn't feel nothing." [P12: female; 13 years old]

"It's almost like I don't feel an emotion ... because I see it every day, around my school, here." [P7: female; 12 years old]

Linked to the participants' experiences of trauma and a poor sense of belonging, the findings indicate the experience of negative emotions, discomfort and feelings of detachment. Anglin (2015) explains the importance of understanding what a child is communicating and observing what the child is not saying, including non-verbal communication. The prominent role of participants' emotional functioning was evident and it is closely linked to their attachments and daily social interactions. Responses related to anger were common as well as the sense of being overwhelmed by their emotions. Then again, Adams and Berzonsky (cited in Shourie and Kaur, 2017) maintain that adolescents are inclined to experience high

levels of negative emotions. From the narratives it is apparent that the participants experience a build-up of negative emotions. In other words, the negative emotions such as anger that are expressed are related to the participants' coping with regards to their circumstances. Participants expressed their feelings as follows:

"When they tell me to do my chores then I really get angry ... because I'm already upset about something and they putting more stuff on my head." [P7: female; 12 years old]

"Then the words just came out of my mouth ... I said 'Sir keep your mouth please before I am going ... 'cause you working on my brains ... just shut up', that's my words to him." [P12: female; 13 years old]

When negative emotions are perpetuated, it can lead to downward spirals which in turn involve patterns of negative behaviour that are difficult to interrupt (such as the challenging behaviour displayed by the participants). Similarly, the perpetuation of positive emotions creates positive experiences which foster upward spirals and ultimately promote well-being (Garland et al., 2010). When children experience instances of negative emotions, such as fear or anger, they construct their own emotional experiences and their perceptions of others' emotions on the spot, as needed, through a complex interplay of systems (Barrett, 2017). This means that human beings are *not* at the mercy of "mythical emotion circuits buried deep within animalistic parts of our highly evolved brain" (Barrett, 2017:40). The construction of emotion is a key facet of early adolescents' learning to manage or cope with those experiences of their personal and interpersonal environment and the interconnections thereof. This is discussed in the following sub-theme.

Sub-theme 4.4: Coping strategies

Weiss-Ogden (2014:25) uses Lazarus and Folkman's classic definition of coping, referring to "the efforts, both action-oriented and intra-psychic, used to manage environmental and internal demands and conflicts that tax or exceed a person's resources". Participants spoke about their ways of coping, for example intentionally choosing positive emotions and removing themselves from situations, as illustrated in the statements below:

"Or I sit alone and play ... and I know that I'm not going to be angry anymore and I'm going to be happy." [P10: female; 13 years old]

"When I cry for a very long time then I feel relieved." [P11: female; 13 years old]

Findings indicate that although participants have information about healthy coping mechanisms, they struggle with emotional regulation and coping when they are overwhelmed by negative emotions. Shourie and Kaur (2017) confirm that early adolescents have a tendency to act inappropriately when they are dealing with particularly negative emotions. Existing research shows that such behaviour is indicative of poor self-regulatory mechanisms (Conover and Daiute, 2017). Current research also indicates that *impulse control* (also called inhibitory control) is an important aspect of the learning process of self-regulation. Bode (2015:18) explains this as follows: “*Impulse control* is the children’s and adult’s ability to hold back an emotional response.” This means that although participants were able to give examples of healthy coping mechanisms for both action-orientated and intra-psychic efforts aimed at impulse control, it would appear that they have not been able to apply this information efficiently to manage environmental and internal demands (Lazarus and Folkman cited in Weiss-Ogden 2015).

Research has shown that challenges regarding emotional regulation are related to a child’s overall wellbeing (Barrett, 2017) and that the intentional nurturing of character strengths and virtues such as compassion, self-regulation and perseverance increases psychological wellbeing and positive functioning (Shourie and Kaur, 2017; Van Schalkwyk and Wissing, 2013). Self-regulation can be described as a form of agency that enables people to play a part in their own self-development, and “those capacities of a person to engage successfully in purposive and self-serving behaviour” (Botha, 2013:502). This means that functional or good self-regulation could refer to the self-monitoring of one’s own behaviour toward goal implementation, versus poor self-regulation which comprises impulsiveness, impatience and distractibility (Botha, 2013).

Participants gave the following examples of how they self-regulate by managing their emotions in practical ways:

“Because I miss my family too much ... then I go to my bedroom and I look at pictures of them.” [P6: male; 10 years old]

“Just play in the park or walk around or play soccer with the boys ... skipping rope ... I colour in my Frozen book [colouring-in book] and do the word search.” [P9: female; 10 years old]

These coping strategies indicate participants' capacity to use appropriate self-regulatory strategies to act in a manner that is consistent with accepted social norms when experiencing negative emotions. This is in contrast with poor emotional regulation which entails a lack of awareness or acknowledgement of emotions and the inability to control impulsive behaviours (Gratz and Roemer cited in Shourie and Kaur, 2017). Neuro-scientist Lisa Barrett warns against a mainly "top down" or mostly cognitive perspective of self-regulation as she accentuates the role of complex neuro-circuitry and interceptive activity to emotional regulation.

Theme 5: Behaviour

This final theme covers early adolescents' understanding of appropriate and inappropriate behaviour, their awareness of personal behaviour, their understanding of the consequences of their challenging behaviour, and their ability to take responsibility for their behaviour.

Sub-theme 5.1: "Understanding" the concepts of appropriate and inappropriate behaviour

Participants showed an awareness of appropriate and inappropriate behaviour:

"When I play games on my phone it makes me happy ... then my behaviour is good."
[P6: male; 10 years old]

"To always apologise to say sorry." [in other words when behaving in an inappropriate manner one should apologise] [P11: female; 13 years old]

"Sad face. He's not in a happy mood. If they lol with you [mess with you] you just want to fight." [P2: male; 13 years old]

The above mentioned quotes indicate insight with regards to the link between feelings and behaviour (first and third quote) and how their feelings affect their behaviour, both positively and negatively. The realization of the inter relationship between emotions and behaviour is significant, indicating self-awareness to some extent, which can be a starting point in helping participants with self-regulation. Gross and Jazaieri (2014:388) state that self-regulation is crucial for self-awareness and positive emotional functioning.

Sub-theme 5.2: Awareness of own behaviour

This refers to the participants' understanding of their own challenging behaviour, as illustrated in the following statements:

"I kick them and hit them in the face." [P5: male; 10 years old]

"I smacked her ... then she smacked me ... then I hit her then she hit me back and then my nose bled ..." [P7: female; 12 years old]

Participants are aware of their own challenging behaviour. A few of the participants showed insight in terms of their behaviour and how this relates to their negative emotional experiences. These actions could be described as externalising behaviour, namely the acting out of their internal environment in ways such as physical aggression, disobeying rules, threatening others, swearing and impulsive behaviour (Harder et al., 2013). However, the awareness of their challenging behaviour could be the starting point toward an understanding of their significant strengths (Peterson and Seligman, 2004). This perspective, i.e. the strengths-based approach, holds that instead of merely concentrating on a child's challenging behaviour and mistakes, positive behaviour should be intentionally recognised and acknowledged.

Sub-theme 5.3: Understanding the consequences of their challenging behaviour and taking responsibility

The CYCC environment has structures and systems in place to deal with and manage behaviour. Participants expressed their understanding of consequences in the following manner:

"Just sit on your bed and wait until the Sir says you can come out." [P5: male; 10 years old]

"Shout at me (Misses) and give me consequences." [P8: female; 12 years old]

Some of the participants expressed remorse regarding their behaviour and a willingness to make amends, as indicated below:

"Sad ... I was crying and I just went to go say, 'Sorry, Miss'." [P12: female; 13 years old]

"I feel bad ... because that wasn't right that I was doing." [P10: female; 13 years old]

"Then I feel sad because I swore and it's not right to swear." [P6: male; 10 years old]

From the findings it is apparent that the participants' present experiences, such as being exposed to the social rules and norms of the CYCC, can lead to unwanted behaviour and consequences. Then again, the absence of healthy social agents in their past added to the learning of destructive coping mechanisms. To encourage resilient coping and non-challenging behaviour directed by pro-social conduct, it is important to create new and positive experiences for children.

In summary: Findings indicate that early adolescents' experiences prior to living at the CYCC as well as their experience of living at the CYCC are contributing factors in terms of their current challenging behaviour. Also, their relational functioning offers opportunities to obtain skills related to competent emotional functioning and positive behaviour. Ultimately, early adolescents' coping and self-regulation are central to behaviour within the context of their present circumstances.

RECOMMENDATIONS

There is a need for more research on this subject as very little research has been conducted in South Africa pertaining to children with challenging behaviour in a CYCC. The findings indicate a "silence" to examining the behaviour of early adolescents from their perspective. However, more research is required in order to provide adequate support for these children. From the findings it is evident that early adolescents in a CYCC would benefit from a strengths-based intervention aimed at the promotion of self-regulation.

CONCLUSION

This study revealed several factors that contribute to the complexity of early adolescents' challenging behaviour in a Child and Youth Care Centre. An important aspect of this study entailed gaining information of participants' themselves as to their challenging behaviour. While the typical developmental tasks of adolescence are complex and energy-consuming, early adolescents in the CYCC environment face additional challenges. They have to deal with complicated life histories, and also challenges in the CYCC. Although the CYCC offers satisfiers for fundamental human needs such as sustenance, some of these satisfiers create ambivalence, for example, early adolescents' relationships with peers and staff. Their challenging behaviour can be linked to adolescence, but also serve as a way of expressing their discomfort with their current environment while offering an outlet for emotions.

When participants display challenging behaviour within the environment of a CYCC, it emphasises the impact of socio-emotional factors. This is intensified by a combination of facets linked to the external and internal milieu. Even though extensive therapeutic support to deal with their trauma is acknowledged, it is vital that the strengths of early adolescents are identified and nurtured intentionally to enhance pro-social behaviour which is essential for positive human health.

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SECTION C

SUMMARY, EVALUATION, RECOMMENDATIONS AND CONCLUSIONS

3.1 INTRODUCTION

This section of the report provides a summary of the research problem as well as the methodology that was used to investigate the research problem. A summary of the research findings will be given, followed by a short version of the researcher's experience as well as an evaluation of the research process. The section will be concluded with the strengths and limitations of the study, followed by recommendations and conclusions.

3.2 SUMMARY OF THE RESEARCH PROBLEM AND LITERATURE REVIEW

3.2.1 Research topic

The research study explored the experiences of early adolescents' challenging behaviour within a Child and Youth Care Centre (CYCC). A qualitative descriptive design was used. Understanding the early adolescents' experiences of their challenging behaviour can contribute to increased support for children in a CYCC. The information gained will also be beneficial for staff working at CYCCs.

3.2.2 Research problem

The research problem was challenging behaviour displayed by early adolescents living in a CYCC. Their challenging behaviour was considered more disruptive than the typical behaviour associated with the life stage of adolescence. Linked to the early adolescents' behaviour was the impact of their environment. Hence, Bronfenbrenner's bio-ecological theory was utilised as part of the theoretical paradigm of this study. The strengths perspective was introduced as it was important to not only focus on challenging behaviour but to identify the early adolescents' strengths as well.

3.2.3 Research question

The research question guiding the research process was: What are early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre? This was composed as a concise question based on the research problem about early adolescents who display challenging behaviour in a CYCC. Using a qualitative descriptive design, the research question was answered by firstly gathering data through a once-off group activity

where the participants were asked to make collages about appropriate and inappropriate behaviour. Secondly, semi-structured individual interviews were conducted with participants. An interview schedule was used to gain insights into the participants' experiences. During the interviews, the collages were discussed and the Tree of Life narrative activity was completed.

3.2.4 Research aim

The aim of this study was to explore and describe early adolescents' experiences of their challenging behaviour in a CYCC using a qualitative descriptive design.

The objectives of this qualitative study entailed exploring and describing the participants' understanding of:

- i) adolescence
- ii) their challenging behaviour
- iii) their challenging behaviour within the context of a Child and Youth Care Centre.

It was important to gain this information from the early adolescents themselves as they are the experts of their own lives. Learning from their real-life experiences, insight can be gained which can ultimately be used to promote their well-being. From the findings it is evident that the aim of the study has been met and that the research question – *What are early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre?* – has been answered. The qualitative descriptive design of the study provided an effective way to explore and describe the phenomenon of challenging behaviour.

3.3 RESEARCH PROCEDURES

The researcher followed qualitative methods to gather data in order to address the research problem and fulfil the aim of the research. A CYCC was selected from the Cape Flats area and a mediator was appointed to select participants who are between the ages of 10 and 14 years and who comply with the inclusion criteria, for example early adolescents who display challenging behaviour. A purposive sampling method was used to ensure that participants with specific characteristics were selected (Braun & Clarke, 2013:56). Twelve participants were selected, five boys and seven girls. They all spoke English and/or Afrikaans. All the participants signed assent forms, and the legal guardian of the participants also gave consent.

Three data collection methods were utilised, namely the creation of collages in a group format, semi-structured individual interviews and the Tree of Life. Data was collected at the selected CYCC and the necessary arrangements were made with the social worker at the CYCC. The hall at the CYCC was used for the group activities, which provided adequate space and privacy. Both group activities (one for the boys and one for the girls) took place after school at 15h30 and ended at 17h00. The researcher prepared for the group activities by ensuring that she had the necessary equipment such as paper, glue, scissors and magazines. To put the participants at ease and to encourage participation, a fun ice breaker was utilised. At the end of the activity, participants were given a snack. The individual interviews were held in different venues and different times. During the week, one of the offices at the CYCC was utilised and interviews commenced at 15h30. During weekends and on public holidays, the cottages were utilised; interviews were arranged from 10h00 until the afternoon. The duration of the interviews varied between 40 and 60 minutes each. Preparation for the interviews included the provision of paper and crayons, and ensuring that the voice recorder was in working order.

The participants were divided into two groups according to gender. Participants attended one group session where they made collages pertaining to behaviour. A distinction was made between appropriate behaviour and inappropriate behaviour, and participants each made a collage choosing pictures that depicted their understanding of this (Comi *et al.*, 2014:111). To maintain confidentiality and to avoid stigmatisation the collages were not discussed during the group session. Instead, the researcher used the discussion about the collages as informal introduction during the individual interviews.

Semi-structured individual interviews were held with all participants. At the start of the interviews, the collages were discussed and the participants were encouraged to reflect on their collages and the meaning of pictures they have chosen. This was followed by a discussion which was guided by an interview schedule. Questions related to the participants' experience of being an adolescent, living in a CYCC, the behaviour of adolescents in general, and their own challenging behaviour (see Section E, addendum E). Lastly, the participants participated in a narrative activity, the Tree of Life (Ncube, 2006:3-16).

The individual interviews were audio-recorded with the consent of the participants and transcribed afterwards. After the interviews, the researcher made notes of her observations.

The collages and Tree of Life activity were used as data collection methods because early adolescents enjoy creative activities as opposed to only talking. Visual data-gathering

techniques put participants at ease and encourage participation (Comi *et al.*, 2014:125). Rich data was gained from these activities. The drawings/collages were not analysed, but the researcher had discussions with the participants about the collages and Tree of Life, and the narratives were transcribed (see extract of transcript, Section E, Addendum F) accordingly and thematically analysed (see example of data analysis, Section E, Addendum H). Using collages as a visual data collection strategy was effective as it was non-threatening, i.e. all the participants did it together in a group in a relaxed atmosphere. It was a fun activity and it was evident that the participants enjoyed doing it.

During the individual interviews when participants reflected on their collages they were able to explain the meaning behind the pictures and how this related to behaviour. Valuable information was gained from the collages. The Tree of Life activity was a valuable technique to use and provided insightful information about the participants' lives, for example significant life events which included traumatic events. This information provided a holistic view of the participants' world and an understanding of some of their experiences, which contributed to their present emotional functioning. However, some participants found certain aspects of the Tree of Life too abstract. Some participants struggled to think of significant life events and many of them struggled with the concept of the compost heap and using it as a metaphor for their problems. It was evident from the Tree of Life activity that quite a few of the participants struggled to write, indicating learning difficulties, which explained why the more abstract concepts were more difficult for them to grasp. (See examples of collages and Tree of Life activity in Section E.)

The textual data obtained from the verbatim transcriptions of the individual interviews was organised into significant categories as thematic patterns (Braun & Clarke, 2013:202-203). The researcher made use of the following steps in order to analyse the data: reading and familiarisation; coding; searching for themes; reviewing themes; and defining and naming themes (Braun & Clarke, 2013:202-203). The thematic analysis was an effective strategy to use as the process enabled confirmation of recurring themes. An independent co-coder was also utilised to guarantee the validity and trustworthiness of the findings.

The trustworthiness of the study was ensured by implementing the principles of credibility, confirmability and transferability. This was done in the following manner: To guarantee credibility, the researcher recorded all individual interviews, listened to the recordings and transcribed the recordings herself. Triangulation was applied by using data from different sources, for example the collages, interview narratives and Tree of Life drawings. To facilitate transferability, the researcher described the context, participants, settings and

circumstances of the study in detail. With regard to dependability, the researcher made sure the research process was coherent, well developed and reviewed. Finally, to ensure confirmability, the researcher stored the evidence of the data analysis.

The required ethical procedures were followed to obtain permission for the study. The Director of the CYCC granted permission for the selected early adolescents to participate in the study. The Department of Social Development also gave permission for the study. The necessary assent/consent forms were signed (refer to Section E, Addendum C). Participants participated voluntarily and were not coerced in any manner. During the group activity, the researcher gave participants an opportunity to withdraw from the study if they wished to do so, but none of them did.

The participants were treated with warmth and respect, and every precaution was taken to ensure their protection. Debriefing was made available to the participants in the event of them becoming emotional as a result of thinking/talking about their difficult life experiences. One participant, who became noticeably withdrawn and sad, was referred for debriefing. In order to ensure confidentiality, only the researcher had access to the recordings, transcripts and visual data. Privacy and anonymity were guaranteed by taking all participant names out of the report and by allocating a code (number) to each participant. Hence, the participants' names did not appear on any documentation pertaining to the study.

3.4 RESEARCH SUMMARY

The twelve participants were early adolescents who had been at the CYCC for at least six months and who displayed challenging behaviour. They were recruited by the residential social worker at the CYCC. Participation was voluntary and the necessary assent/consent forms were completed. All participants seemed eager to participate.

From the data, five main themes emerged. The first theme relates to the participants' family history prior to living at a CYCC. Sub-themes under this category refer to their sense of loss, abandonment, foster care and exposure to risks such as violence and substance abuse. The experience of loss, such as the death of parents and grandparents, was common for the participants. Two of the participants experienced abandonment by their fathers and another two participants were in foster care prior to being placed at the CYCC. All twelve participants have been exposed to domestic violence and the impact of their parents' substance abuse.

The second theme relates to the early adolescents' experience of living at a CYCC. Two sub-themes were identified, namely positive and negative aspects of their living at the CYCC. Negative aspects related to their experience of the CYCC as a harsh environment; the structure and routine at the CYCC, as well as the initial adjustment. Positive aspects of their experiences were mainly related to social interaction, having fun with friends as well as appreciation that the CYCC provided in their basic needs, i.e. meeting their physical and safety needs.

The third theme identified refers to early adolescents' relational functioning. The three sub-themes are relationships with others, a poor sense of belonging and lack of trust. Participants identified missing their families, which included parents, siblings and extended family members. Many of them have positive relationships with the CYCC staff, in particular with the Child Care workers and social worker. Friends were identified by all participants as people they care about. However, despite these attachments, a lack of trust was expressed particularly towards the CYCC staff as well as the other children.

The fourth theme relates to coping. One of the sub-themes identified is coping with developmental tasks and demands. This included mood changes, which could partly be explained by the biological/physical changes during this life phase. The second sub-theme is coping with environmental influences, which is related to the reason for placement, i.e. dealing with past trauma as well as the experience of others' behaviour at the CYCC. Another sub-theme identified is coping with negative emotions such as anger, sadness and anxiety. In contrast, some participants spoke about their experiences in an emotionally detached manner. Overall, this sub-theme suggests that participants feel overwhelmed by their negative emotions. The fourth sub-theme is coping strategies which relate to coping with emotional and self-regulatory strategies. Participants specified the self-regulatory strategies that they use, which included counting to ten and removing themselves from situations by walking away.

The last theme covers early adolescents' understanding of behaviour. Sub-themes identified are as follows: Understanding appropriate and inappropriate behaviour of self and others at the CYCC; awareness of personal behaviour; and understanding the consequences of their challenging behaviour and taking responsibility for their behaviour. Participants showed an awareness of their behaviour and were able to give examples of their own challenging behaviour. Most of the challenging behaviours can be viewed as externalising behaviour such as fighting, swearing and disobeying rules. Participants gave general examples of the challenging behaviour of their peers at the CYCC. During the collage discussion, participants

showed an understanding of the difference between inappropriate and appropriate behaviour and could give examples of these. There was a clear understanding of the consequences of challenging behaviour, which is part of the behaviour management system implemented at the CYCC. In addition to this, there was a sense of the participants taking responsibility for their behaviour and expressing remorse.

The Tree of Life was used as a narrative tool during the individual interviews. Each part of the tree was discussed according to what it symbolised. For example, the trunk was symbolic of significant life events; the branches represented their hopes and dreams; the leaves related to important people in their lives; fruit represented their strengths, talents and achievements; the ground was symbolic of their current situation; the roots related to their family of origin, heritage and culture; and lastly, the compost heap served as a metaphor for their problems. In general, most of the participants struggled to recall significant life events. Those who did, spoke about exposure to substance abuse by parents, losses they have suffered, being abandoned, foster care placements prior to being placed at the CYCC and being exposed to violence. Participants easily identified the people they care about, such as parents, siblings, extended family members, friends and CYCC staff. Many identified wanting to go home to their families as their dream; other dreams consisted of completing their school education and their future plans, i.e. what they want to become one day. It was difficult for some participants to recognise their strengths but eventually they were able to make out their personal strengths. These strengths mostly related to sport and cooking skills, and character strengths such as love of learning (school subjects, artistic talents, singing) and strengths of humanities, for example, being helpful. On the whole it seemed as though the participants enjoyed the activity. It enriched the data and provided valuable information about the participants. It also encouraged discussion, particularly for the more introverted participants.

The strengths perspective was used as part of the theoretical framework of the study. This point of departure was vital for the study as it enabled the researcher to uncover the early adolescents' strengths while dealing with past and present pain. According to Evans, Hanlin and Prilleltensky (2007:330), reactive, curative approaches exist because of "persisting and stubborn paradoxes" in health, human and community services that maintain ameliorative approaches. Therefore, a strengths-based approach was proposed to allow for an ameliorative and a transformative versus a solely ameliorative approach. During the Tree of Life activity, emphasis was placed on the fruit of the tree, which relates to the participants' strengths, talents and achievements. The Tree of Life is a metaphor for life experiences and as the participants have had many negative experiences, it is important to recognise positive

factors such as their strength and resilience in spite of the difficulties of their past and present circumstances.

The ecological understanding of early adolescents' challenging behaviour was also important since their internal world cannot be viewed without taking into account their external world, and the changing connections between them (Grimova & Van Schalkwyk, 2016:1-8). Bronfenbrenner's bio-ecological theory was used to explore the experiences of early adolescents' by recognising the various levels of contextual factors and the influence of the environment on behaviour. These contextual influences comprise the external environment, such as the high-risk communities from which the participants come and their exposure to various risks related to socio-economic factors. For example, many of the participants come from communities where gangsterism, crime and violence are prevalent. Not only have they been exposed to violence in the community, but also to violence within their families. Participants have all experienced the trauma of abuse and/or neglect, which led to their placement at the CYCC.

Given the life stage and tasks of early adolescents, it was important to take into account Erikson's psychosocial theory of identity. It is critical to point out that although the early adolescents at the CYCC experienced ordinary developmental tasks associated with their life stage, they are at increased risk as a result of the trauma that they have experienced. Also, Erikson's work is based within what he termed the "epigenetic principle", meaning that development unfolds through a predetermined set of stages, and that each stage and its included task have an optimal time to be learned. The fifth stage focusing on identity (adolescence as a dynamic between identity synthesis and identity confusion) was of specific relevance for this study, as individuals with a stronger sense of who they are and where their lives are headed would be more likely to engage in competent/healthy interpersonal relationships and to successfully assume adult roles. However, individuals who are unclear about their identity are more likely to experience distress, engage in destructive behaviour, and experience difficulties maintaining healthy relationships with others (Schwartz *et al.*, 2011:373-385).

This study was important as very little research has been conducted on children in child and youth care centres, especially in South Africa. Even less research has been conducted on their challenging behaviour. A particular contribution was that early adolescents' voices were heard within the context of the Western Cape. It was important to gain this information from the early adolescents themselves. Based on the study, important insights were gained about

the underlying factors contributing to challenging behaviour and the support that needs to be given to these children in order to promote their well-being and resilience.

3.5 GENERAL SUMMARY: RESEARCHER'S REFLECTIONS

This section focuses on the researcher's reflections of the study. Overall, it was a positive experience which developed and strengthened the researcher's professional skills, particularly in terms of research. The researcher has worked in the CYCC field for six years and is confronted with the challenging behaviour of children on a daily basis. In addition to this, the researcher bears witness to how children are able to cope in spite of significant losses and trauma. According to the researcher's experience, the strong resilience of many children living at a CYCC is evidence of their ability to overcome even the most tragic events. Furthermore, the researcher believes that when working with children, it is crucial to intentionally acknowledge and develop their strengths as this will lead to children believing they can change for the better. This, together with the belief that all children do have inherent strengths, no matter how they behave, motivated the researcher to undertake this study.

The participants were enthusiastic and enjoyed the group activity. They were excited about the next part of the research, which was the individual interviews. In hindsight, the researcher thinks that perhaps it would have been more effective to have three groups instead of two. The girls' group had nine participants. Although it was manageable, two smaller groups would have provided a more intimate setting.

With regard to the individual interviews, the researcher was very aware of her role as interviewer and how this differs from her usual role as social worker in a CYCC. At times, it was difficult not to respond as a social worker, especially when listening to the traumatic life events that the participants have experienced.

Initially, the participants seemed reluctant to talk about their behaviour. The researcher changed her approach and used different methods to try and gain this information. It was helpful to explore the feelings related to their behaviour and to use feeling cards for those participants who had difficulty expressing themselves. The researcher is aware that two contact sessions with the participants did not provide enough time to establish a trust relationship and this very possibly contributed to some resistance. Then again, she is also aware of the importance to offer these early adolescents the opportunity to be part of the research, versus using adults to talk "about them".

Practical arrangements hampering the research included children not being at the facility at the agreed upon time and having to reschedule as a result of this. Also, some of the venues (such as the lounge area of one of the cottages) were not practical as other children could walk through to go to their bedrooms.

On the whole, the researcher found the study to be a positive experience and gained meaningful information and insight from the participants. Firstly, the researcher became aware once again that every child has a story. One participant spoke about how he witnessed his father being killed; another participant gave an account of violence in her family and how this has had a significant impact on the person that she is today. One participant spoke about being abandoned. What was valuable was how the participants showed insight in terms of their behaviour and could link their behaviour to their traumatic experiences.

3.6 STRENGTHS AND LIMITATIONS

While not much literature is available on residential care within South Africa and even less research on the challenging behaviour of children within the context of a CYCC, valuable scientific knowledge was obtained. The international studies focused on the vulnerability of early adolescents as a result of their experiences of abuse and neglect as well as the impact of this on their behaviour and emotional regulation (Aguilar-Vafaie *et al.* 2011:1; Harder *et al.*, 2013:206; Melkman 2015:117; Rahman *et al.* 2013:422-427). Also, the research findings are supported by existing literature, confirming the role of attachment and the effect of living in a CYCC on children and early adolescents' relationships, particularly over an extended period of time (Goran, 2013:6; Kendrick, 2013:77; López & Del Valle, 2015:467; Soenen *et al.*, 2014:279). This qualitative study also confirmed the influence of the external environment (prior to placement at the CYCC), such as the risks of early adolescents when exposed to traumatic life events like the loss of a parent or growing up in a community characterised by violence (Van Rensburg, Theron & Rothmann, 2015:1). These findings are aligned with the findings of other South African studies.

In addition to the contribution of this study to scientific literature, the study also provided significant strengths. Rich data was gained from the individual interviews, which provided an understanding of the research question. The visual data techniques, namely the collages and Tree of Life activity, also provided important information which added to the quality of the data.

Limitations of the study were as follows:

- As the study was conducted at a specific CYCC in the Western Cape, the findings cannot be generalised and applied to other CYCCs in South Africa.
- The researcher did not focus on aspects related to culture, i.e. culture and identity processes which are relevant in South Africa given the diverse cultures of the country.
- Mostly Western literature and models were used.
- Some participants appeared to have learning difficulties (i.e. could not write properly). This probably hampered the participants' ability to think abstractly (referring to the meaning of compost heap in the Tree of Life activity).
- The researcher only had two contact sessions with participants, which did not allow sufficient time to develop a trust relationship and which could have contributed to participants' resistance to talk openly about their behaviour and significant life events.
- Practical aspects included the lack of privacy at one of the venues, resulting in several interruptions during one of the interviews in particular.

3.7 RECOMMENDATIONS

Recommendations for future research

There is a need for more research to be conducted in CYCCs on the challenging behaviour of children as very little research has been done on this topic in South Africa. While international research has been done to some extent, the South African context is very different. For example, South Africa has a diversity of cultures and cultural practices. In addition, the South African context differs in terms of resources in urban and rural areas, as well as the challenges of high-risk communities characterised by socio-economic factors such as poverty, domestic violence, substance abuse and gangsterism, resulting in the breaking down of the family unit. Therefore, it is recommended that more studies should look at the challenging behaviour of children living in South African CYCCs, taking into consideration these distinct differences and contexts. These recommendations include the need for future studies to explore the particular strengths of the families of early adolescents living in CYCCs, since it was shown that early adolescents long to be with their families.

Recommendations for policy development

For CYCC staff to effectively work with children, a more realistic ratio of Child and Youth Care workers to children is required. The norms and standards (regulations of the Children's

Act 38/2005) state that there should be one Child and Youth Care worker per eight children. In practice, however, this is rarely the case, mostly for financial reasons. The government does not fund Child and Youth Care workers, which means that CYCCs are responsible for raising their own funding. It is therefore recommended that the government allocates funding for Child and Youth Care workers to ensure that CYCCs are in the position to implement the Child and Youth Care worker to child ratio as stipulated in the regulations.

Recommendations for practice

The intentional strengthening of the resilience and well-being of children in CYCCs should be prioritised. Given the trauma these children have experienced, it is critical that they are given the necessary support. Therefore, apart from therapeutic interventions, well-being programmes are needed to enhance their character strengths, values and resilient coping. These initiatives should also focus on early adolescents' ability to access inner and outer resources that will offer them support toward higher levels of well-being (Ungar, Ghazinour & Richter, 2013:361).

From the findings it is evident that the participants have poor self-regulatory strategies. Another recommendation is therefore to develop a model, intervention or well-being programme fit for the South African context and aimed at promoting self-regulation. Given the trauma that children living in CYCCs have experienced, they need an enabling space and support to process these experiences, and also to learn how to regulate their impulses and emotions toward competency. Hence, it is recommended that well-being programmes are developed for emotion regulation during early adolescence, particularly for children with complex needs. Recommendations for staff, particularly Child and Youth Care workers, include increasing their capacity to work in the life space of traumatised children. As the Child and Youth Care workers are responsible for the day-to-day care of the children it is important that these relationships are intentionally strengthened by building meaningful relationships with the children and by role modelling positive behaviour, appropriate expression of emotions and healthy self-regulation strategies. Although these practices should be in place, the reality is that Child and Youth Care workers are not empowered and trained adequately to effectively deal with the extent of challenging behaviour. Hence, their capacity to do this needs to be strengthened. (This observation is based on the researcher's own experience of working at a CYCC.)

3.8 GENERAL CONCLUSIONS

The research exploring the experiences of early adolescents' challenging behaviour in a CYCC indicated several factors that actively add to the complexity of their behaviour. It was important to gain the early adolescents' insights and to understand how they experienced their world and interacted with it.

The participants have all experienced the trauma of being abused, neglected and separated from their families. Some of them have experienced multiple traumas which included the loss of parents and loved ones. The influence of their external environment prior to being placed at the CYCC is important to consider, as Bronfenbrenner's bio-ecological theory explains how the environment influences the individual. The crucial and excruciating impact of these factors even after the early adolescents have been placed at a CYCC cannot be denied. Clearly, apart from the safety and "satisfiers" offered by the CYCC, extensive therapeutic support to deal with their trauma as well as well-being programmes to support their strengths should be integral to their new environment.

The findings of the study indicated that the research question – formulated as "*What are early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre?*" – has been answered. The findings included the following:

- Family history prior to being placed at the CYCC continues to have an impact on early adolescents. Experiences prior to placement include the loss of loved ones, abandonment and exposure to domestic violence and substance abuse.
- The experience of living at the CYCC has negative as well as positive aspects. For example, the CYCC is perceived as a harsh environment characterised by a lack of empathy among the children. The structure and routine of the CYCC and the adjustment to this environment were experienced a negative. Positive aspects related to positive experiences included friendships with other children and being grateful that their physical and safety needs were being met.
- Relational functioning relates to participants' relationships with others, their family and CYCC staff. A poor sense of belonging at the CYCC was identified, and participants expressed the desire to live with their families. A lack of trust was also identified, i.e. some of the participants said they could not confide in any of the CYCC staff. Ambivalence was detected in participants' relations with CYCC staff. On the one hand they experienced support from staff and on the other hand they did not always trust them.

- Coping consisted of coping with negative emotions (related to their trauma), coping with environmental influences (i.e. the behaviour of children at the CYCC) and self-regulation strategies. Although participants gave examples of self-regulation strategies, when overwhelmed by their emotions they were not able to follow through with these strategies.
- Behaviour relates to an awareness of inappropriate and appropriate behaviour, awareness of their own challenging behaviour, their experience of the behaviour of others and an understanding of the consequences of their behaviour as well as taking responsibility for their behaviour.

From this research it was clear that while the typical developmental tasks of adolescence are complex and energy-consuming, early adolescents in the CYCC environment face additional challenges. They have to deal with complicated life histories (chronosystem), and also challenges in the micro system in the CYCC. In the CYCC, there are satisfiers for fundamental human needs such as sustenance, but some of these satisfiers create ambivalence such as their relationships with peers and staff. Their challenging behaviour can be linked to adolescence, but also serve as a way of expressing their discomfort with their current environment while offering an outlet for emotions.

The words of former South African president, Nelson Mandela, offer a way forward: “A better society will and must be measured by the happiness and welfare of the children, at once the most vulnerable citizens in any society and the greatest of our treasures.”

SECTION D

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SECTION E: ADDENDA

ADDENDA A: Ethical Clearance



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

Faculty of Health Sciences
Health Sciences Ethics Office for Research,
Training and Support
Health Research Ethics Committee (HREC)

Tel: 018-285 2291
Email: Wayne.Towers@nwu.ac.za

20 February 2016

Dr I van Schalkwyk
CCYFS-COMPRES

Dear Dr Van Schalkwyk

APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

Faculty of Health Sciences
Health Sciences Ethics Office for Research, Training and Support
Ethics number: NWU-00350-16-S1
Health Research Ethics Committee (HREC)

Kindly use the ethics reference number provided above in all correspondence or documents submitted to the Health Research Ethics Committee (HREC) secretariat.
Tel: 018-285 2291 Email: Wayne.Towers@nwu.ac.za
20 February 2016

Study title: Exploring early adolescents' experiences of their challenging behaviour in a child and youth care centre

Study leader/supervisor: Dr I van Schalkwyk

Student: L Glover

Application type: Single study

Risk level: Children – Category 3: Greater than minimal with no direct benefit

You are kindly informed that your application was reviewed at the meeting held on 20/10/2016 of the HREC, Faculty of Health Sciences, and was approved on 20/02/2017. The commencement date for this study is 20/02/2017 dependent on fulfilling the conditions indicated below. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation up to a maximum period of three years when extension will be facilitated during the monitoring process.

After ethical review:

Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC, Faculty of Health Sciences (if applicable).

The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form at Ethics-HRECIncident-SAE@nwu.ac.za.

A monitoring report should be submitted within one year of approval of this study (or as otherwise stipulated) and before the year has expired, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-Monitoring@nwu.ac.za. Annually a number of studies may be randomly selected for an external audit.

Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process. Please note that for any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC, Faculty of Health Sciences. Ethics approval is required BEFORE approval can be obtained from these authorities.

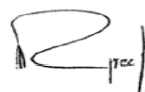
The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECApply@nwu.ac.za.

Yours sincerely



Prof Wayne Towers
HREC Chairperson



Prof Minrie Greeff
Ethics Office Head

ADDENDA B: Department of Social Development Approval



Research, Population and Knowledge Management

tel: +27 21 483 4512 fax: +27 21 483 5602

14 Queen Victoria Street, Cape Town, 8000

Reference: 12/1/2/4

Enquiries: Clinton Daniels

Tel: 021 483 8658/483 4512

Ms L. Glover

Savanna Mews 26

Golden Crescent

STRAND

7140

Dear Ms Glover

RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT

1. Your request for ethical approval to undertake research in respect of *'Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre'* at the Leliebloem Child and Youth Care Centre, refers.
2. It is a pleasure to inform you that your request has been approved by the Research Ethics Committee (REC) of the Department, subject to the following conditions:
 - That the Secretariat of the Research Ethics Committee be informed in writing of any changes made to your proposal after approval has been granted and be given the opportunity to respond to these changes.
 - That ethical standards and practices as contained in the Department's Research Ethics Policy be maintained throughout the research study.
 - Written assent must be obtained from child participants while caregiver consent should be obtained from the Head of the relevant Child and Youth Care Centre.

- The confidentiality and anonymity of participants, who agree to participate in the research, should be maintained throughout the research process and should not be named in your research report or any other publications that may emanate from your research.
- The Department should have the opportunity to respond to the findings of the research. In view of this, the final draft of your dissertation should be sent to the Secretariat of the REC for comment before further dissemination.
- That the Department be informed of any publications and presentations (at conferences and otherwise) of the research findings. This should be done in writing to the Secretariat of the REC.
- In view of the vulnerability of child participants, the utmost sensitivity must be applied at all stages of the research process to prevent stigmatisation, labelling, victimisation and retraumatisation.
- The Department should receive a copy of the final research dissertation and any subsequent publications resulting from the research.
- The Department should be acknowledged in all research reports and products that result from the data collected in the Department.
- Please note that the Department cannot guarantee that the intended sample size as described in your proposal will be realised.
- Logistical arrangements for the research must be made with the Management of Leliebloem Child and Youth Care Centre subject to its operational requirements and organisational policies.
- Failure to comply with these conditions can result in this approval being revoked.

Yours sincerely



Ms M. Johnson

Chairperson: Research Ethics Committee

Date: 21/2/17

ADDENDA C: Consent/Assent forms



HREC Stamp

CHILD INFORMED ASSENT FORM (for participants 10-12 years old)

TITLE OF THE RESEARCH PROJECT:

Exploring early Adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre

REFERENCE NUMBERS: 28262166

PRINCIPAL INVESTIGATOR:

NAME: Lelani Glover

(Masters Student: Registered with the South African Council for Social Service Professions)

ADDRESS:

26 Savanna Mews

Gulden Crescent

Strand

7140

CONTACT NUMBER:

074 885 4216

I am studying at the North-West University and would like to ask your help in collecting information for my research project. Please take some time to read the information below, which will explain my research project to you. If you have any questions about this research project please ask me. It is important that you understand what this research project is about and how you can be part of it. If you do not want to be part of this research project, it is no problem. Even if you say yes now, you can say no later. For you to be part of this research

project, both you and your guardian (the person who is responsible for you) must agree to your participation.

This research project has been approved by the **Health Research Ethics Committee of the North-West University (NWU.....)** and will be done according to ethical rules (in a right and responsible manner). It may happen that the research ethics committee members or other people of importance regarding research will check the research documents.

What is this research study all about?

- This research project will be done at ... Child and Youth Care Centre; The aim of the research is to understand early adolescents (teenagers) experiences of their behaviour. A minimum of 12 adolescents will be selected to participate in this study.

What does participation mean?

It is to be part of something, for example, to be part of this research project.

Why have you been invited to participate? (Why do I ask you to take part?)

- You have been invited to participate because you meet the following criteria:

You are:

- 10-14 years old;
- English or Afrikaans speaking
- Have lived atChild & Youth Care Centre for at least one year
- Your behaviour might be considered to be challenging

What will your responsibilities be? (What will you need to do?)

- You have one week (from receiving this letter) to decide whether you want to take part in this research. If you want to, you will have to complete and sign an assent form (at the end of this letter), and your guardian (the person responsible for you) will have to sign a parental permission form. These forms must then be handed to your Child Care Worker.

- Attend one group and one individual interview

(You will be told about the dates, times, and place for the group and interview)

Will this research help you in any way?

- How this research might help you:

- You will have a better understanding of yourself and your behaviour
- The information you give will enable us to help you as well as children at other Child and Youth Care Centres
- You will contribute to scientific knowledge (important information)

Are there risks involved in your taking part in this research?

- Participation in this research project has more benefits (something good) than risks.

What will happen in the unlikely event (something with a small chance of happening) of you feeling discomfort because of taking part in this research project?

- If you – as participant – experience any sadness during the planned groups or individual interviews - a Social Worker will do debriefing (a discussion of feelings and emotions) with either the group or you as individual
- If you need to further discuss anything regarding the group or individual discussion, you will have a chance to talk to the social worker mentioned above or the researcher.

Who will have access to the information? (Who will see the information?)

- The information that participants give in the lists of questions will only be seen by the researcher and the researcher will not show the information to anyone or tell anyone about it.
- The researcher will make a list of the adolescents (teenagers) who have participated and will put a number next to each child's name. Only the researcher will see this list and it will be kept separate from any other documentation.
- When the information is put onto a CD or USB disk only numbers (and not names) will be used, the CD or USB disk will be password protected, and only the researcher and a data analyst will see these numbers.
- The recording device will also be safeguarded by storing it in a locked cupboard which only the researcher has access to. The laptop will be locked away for security reasons when the researcher is not busy working on the research. Once the research report for the North West University are finished, all the data (electronic or hard copy) will be handed over to the archives of the NWU (Centre for Child, Youth and Family Studies - Wellington) for safe-keeping for a period of 5 years, where-after it will be destroyed.
- No participant's name will be mentioned in any report.

What will happen with the information?

- The information will only be used for research purposes (that may include publications in scientific journals and sharing of information with other Child & Youth Care Centres).

Will you be paid to take part in this study and are there any costs involved?

You will not be paid to take part in the research and you do not have to pay to participate.

Is there anything else that you should know or do?

- You can contact Lelani Glover (074 885 4216) if you have any more questions (before, during or after the research).
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089; carolien.VanZyl@nwu.ac.za if you have questions that the researcher couldn't answer.
- You will get a copy of this information and assent forms.

How will you know about the results/findings?

- The Researcher will write you a letter with regards to the findings of the study
- A copy of the report will also be given to Child and Youth Care Centre

ASSENT FORM – CHILD (group/individual interview)

Declaration by Child

By signing below, I agree to take part in a research project with the title “Exploring early adolescents’ experiences of their challenging behaviour in a Child and Youth Care Centre”.

I declare that:

- I have read this information letter and assent form and it is written in a language that I understand and am comfortable with.
- I have had a chance to ask questions to both the person obtaining assent, as well as the researcher and all my questions have been answered well.
- I understand that taking part in this study is **voluntary (my choice)** and I have not been pressurised to take part.
- I may choose to leave the study and nothing that’s bad will happen to me because of this.
- I may withdraw the information that I have provided in the group/individual interview at any time, provided that it has not been analysed yet. (Analysis means that the information given by all the learners in the focus groups/personal interviews)
- I may be asked to leave the study before it has finished, if the researcher or psychologist feels that is better for me.

Signed at (place) on (date) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining assent from child

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took enough time to answer them.
- I am satisfied that he/she understands all aspects of the research, as discussed above, well.
- I did not use an interpreter.

Signed at (place) on (date) 20....

.....
Signature of person obtaining assent

.....
Signature of witness

Declaration by researcher obtaining assent from child

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took enough time to answer them.
- I am satisfied that he/she understands all aspects of the research, as discussed above, well.
- I did not use an interpreter.

Signed at (place) on (date) 20....

.....
Signature of researcher

.....
Signature of witness

HREC Stamp

CHILD INFORMED CONSENT FORM (for participants 12-14 years old)

TITLE OF THE RESEARCH PROJECT:

Exploring early Adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre

REFERENCE NUMBERS: 28262166

PRINCIPAL INVESTIGATOR:

NAME: Lelani Glover

(Masters Student: Registered with the South African Council for Social Service Professions)

ADDRESS:

26 Savanna Mews

Gulden Crescent

Strand

7140

CONTACT NUMBER:

074 885 4216

I am studying at the North-West University and would like to ask your help in collecting information for my research project. Please take some time to read the information below, which will explain my research project to you. If you have any questions about this research project please ask me. It is important that you understand what this research project is about and how you can be part of it. If you do not want to be part of this research project, it is no problem. Even if you say yes now, you can say no later. For you to be part of this research project, both you and your guardian must agree to your participation.

This research project has been approved by the **Health Research Ethics Committee of the North-West University (NWU.....)** and will be done according to ethical rules (in a right and responsible manner). It may happen that the research ethics committee members or other people of importance regarding research will check the research documents.

What is this research study all about?

- This research project will be done atChild and Youth Care Centre; The aim of the research is to understand early adolescents experiences of their behaviour. A minimum of 12 adolescents will be selected to participate in this study.

What does participation mean?

It is to be part of something, for example, to be part of this research project.

Why have you been invited to participate? (Why do I ask you to take part?)

- You have been invited to participate because you meet the following criteria:
You are:
 - 12-14 years old;
 - English or Afrikaans speaking
 - Have lived at Child & Youth Care Centre for at least one year
 - Your behaviour might be considered to be challenging

What will your responsibilities be? (What will you need to do?)

- You have one week (from receiving this letter) to decide whether you want to take part in this research. If you want to, you will have to complete and sign a consent form (at the end of this letter), and your guardian will have to sign a parental permission form. These forms must then be handed to your Child Care Worker.
 - Attend one group and one individual interview
(You will be told about the dates, times, and place for the group and interview)

Will you indirectly benefit from taking part in this research?

- The indirect benefits for you for participation is that:
 - You will have a better understanding of yourself and your behaviour
 - The information you give will enable us to help you as well as children at other Child and Youth Care Centres

- You will contribute to scientific knowledge

Are there risks involved in your taking part in this research?

- Participation in this research project has more benefits than risks.

What will happen in the unlikely event (something with a small chance of happening) of you feeling discomfort because of taking part in this research project?

- If you – as participant – experience any emotional discomfort during the planned focus groups or individual interviews - a Social Worker will do debriefing (a discussion of feelings and emotions) with either the group or you as individual
- If you need to further discuss anything regarding the group or individual discussion, you will have a chance to talk to the social worker mentioned above or the researcher.

Who will have access to the information? (Who will see the information?)

- The information that participants give in the lists of questions will only be seen by the researcher and the researcher will not show the information to anyone or tell anyone about it.
- The researcher will make a list of the adolescents who have participated and will put a number next to each child's name. Only the researcher will see this list and it will be kept separate from any other documentation.
- When the information is put onto a CD or USB disk only numbers (and not names) will be used, the CD or USB disk will be password protected, and only the researcher and a data analyst will see these numbers.
- The recording device will also be safeguarded by storing it in a locked cupboard which only the researcher has access to. The laptop will be locked away for security reasons when the researcher is not busy working on the research. Once the research report for the North West University are finished, all the data (electronic or hard copy) will be handed over to the archives of the NWU (Centre for Child, Youth and Family Studies - Wellington) for safe-keeping for a period of 5 years, where-after it will be destroyed.
- No participant's name will be mentioned in any report.

What will happen with the information?

- The information will only be used for research purposes (that may include publications in scientific journals and sharing of information with other Child & Youth Care Centres).

Will you be paid to take part in this study and are there any costs involved?

You will not be paid to take part in the research and you do not have to pay to participate.

Is there anything else that you should know or do?

- You can contact Lelani Glover (074 885 4216) if you have any more questions (before, during or after the research).
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089; carolien.VanZyl@nwu.ac.za if you have questions that the researcher couldn't answer.
- You will get a copy of this information and assent forms.

How will you know about the results/findings?

- The Researcher will write you a letter with regards to the findings of the study
- A copy of the report will also be given to Child and Youth Care Centre

CONSENT FORM – CHILD (group/individual interview)

Declaration by Child

By signing below, I agree to take part in a research project with the title “Exploring early adolescents’ experiences of their challenging behaviour in a Child and Youth Care Centre”.

I declare that:

- I have read this information letter and consent form and it is written in a language that I understand and am comfortable with.
- I have had a chance to ask questions to both the person obtaining assent, as well as the researcher and all my questions have been answered well.
- I understand that taking part in this study is **voluntary (my choice)** and I have not been pressurised to take part.
- I may choose to leave the study and nothing that’s bad will happen to me because of this.
- I may withdraw the information that I have provided in the group/individual interview at any time, provided that it has not been analysed yet. (Analysis means that the information given by all the learners in the focus groups/personal interviews)
- I may be asked to leave the study before it has finished, if the researcher or psychologist feels that is better for me.

Signed at (place) on (date) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent from child

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took enough time to answer them.
- I am satisfied that he/she understands all aspects of the research, as discussed above, well.
- I did not use an interpreter.

Signed at (place) on (date) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher obtaining consent from child

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took enough time to answer them.
- I am satisfied that he/she understands all aspects of the research, as discussed above, well.
- I did not use an interpreter.

Signed at (place) on (date) 20....

.....
Signature of researcher

.....
Signature of witness

ADDENDA D: Permission letter



Date...27/01/2017.....

Dear Director

PARTICIPATION OF CHILD & YOUTH CARE CENTRE IN A RESEARCH STUDY

As part of my Masters degree, I am conducting a research project entitled, "Exploring early adolescents' experiences of their challenging behaviour in a child and youth care centre". Children between the ages of 10-14 years, that are displaying challenging behaviour, will be identified and selected for this study. A minimum of 12 children will be selected to participate in the study. The information for the research will be collected after school hours.

The process of the study will be as follows:

The participants (probably 12 participants) will be divided into two groups (one data collection opportunity per participant); These groups will be used as a joint data collection method during which the participants will be making collages. These collages will be used to introduce the topic of challenging behaviour which will be discussed and explored further during individual interviews.

An Individual interview will then be held with each participant. This will take place after school for approximately 90 minutes each. During the interviews, the collages will first be discussed with the participants. The Researcher hopes to gain insight into the participants' understanding of his/her behaviour by looking at specific issues pertaining to behaviour. The Tree of life (a technique using the narratives of participants) will also be used as a data collection method during the individual interviews.

For both the groups and individual interviews, the children must be willing to participate (provide written assent and consent) and permission forms would need to be signed by their guardian (Director).

The information obtained will only be used for purposes of research and all information will be treated as confidential and anonymous.

There are no costs involved for participating in this research project and participants will not be paid for their participation. However, children who are part of this study will be rewarded with a small gift and some refreshments.

The results of the research will be made available to all stakeholders involved and the participants of the research in the form of reports that are suitable and easily understandable for the particular reader.

Hereby, I am asking your permission for Child and Youth Care Centre to be part of the study. If you agree that Child & Youth Care Centre may participate in the study I would like to request you to please appoint a mediator for this study. This mediator will serve as a contact person between myself and the participants of this study and may not participate in the research project him/herself. If you provide permission for Child and Youth Care Centre to participate, I am also requesting the availability of a suitable venue for the conducting of the research (groups and individual interviews).

Why is the researcher asking for your consent?

- When a child is found in need of care and protection by the children's court, the Minister of Social Development becomes the child's legal guardian. It is therefore necessary to obtain consent from the Department of Social Development in order to conduct research with children placed in a child and youth care centre. Once consent has been received from the department of social development, it will be necessary to obtain written consent from the legal custodian of the children. The children's court places the child into the custody of a child and youth care centre and therefore the director or manager of the child and youth care centre as a legal custodian.
- Written informed consent is therefore needed by you as you are the legal custodian of the children to be part of the study.

What will your responsibilities be?

As the manager of the child and youth care centre, you are the legal custodian of the children. Within the context of this research you will act as a gatekeeper to the children who have been placed at the child and youth care centre. Your task is to protect the children placed at the child and youth care centre and thus determine if the research poses a threat to the children. You will be asked to discuss the the research with the social worker who will then act as mediator between the children and the researcher.

You are required to give written informed consent for the children to be part of the study.

Will you benefit from taking part in this research?

- The Participants will gain insight and understanding with regards to their behaviour which will lead to increased self awareness. This in turn will promote and encourage resilience and pro-social behaviour
- The information and knowledge gained from this study will be shared and therefore enable staff in Child and Youth Care Centers to render a more effective service to children.

Are there any risks?

The participants could become emotional or experience discomfort due to talking about sensitive matters; should this happen, the Researcher will alert the Child Care Worker/Social Worker so that the necessary support can be given to the child.

Who will have access to the data?

The USB stick with the data will be stored on my computer which is password protected. Only I have access to the computer. Hard copies will be stored in a locked office at the Centre for Child, Youth and Family Studies (NWU) for five years. After five years the data will be destroyed by shredding. As soon as data has been transcribed it will be deleted from the recorders. Your name or the child's name will not appear on any documentation. I will make use of pseudo names. Identifying characteristics will also not be described and therefore your identity will be kept anonymous. Interviews will be held in a venue that is located in an area where others will not be able to hear what is being said.

How will you and the child know about the findings?

The findings of the research will be presented in the following way:

- **Director of the child and youth care centre:**

The Director will receive a copy of the researcher's final thesis.

- **Children:**

The researcher will write letters for each participant at the Child and Youth care centre on the findings of the research.

This study has been approved by the Health Research Ethics Committee of the faculty of Health Sciences of the North-West University and will be conducted according to the ethical guidelines of the National Health Research Ethics Council.

If you have any further queries you are welcome to contact me.

Regards

.....

Masters student in Social Work (NWU)

Student number: 28262166

Lelani Glover

074 885 4216 / lelaniglover@gmail.com

DECLARATION BY DIRECTOR OF CYCC:

Herewith, I(name and surname of Director), provide permission for ____ (name of Child & Youth Care Centre) to be part of a research study titled "Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre".

Signature

Date

ADDENDA E: Interview guide

Interview guide / Vrae vir die semi-gestruktureerde onderhoud

(See objectives entail the exploring and describing of participants' understanding of

- i) adolescence
- ii) their challenging behaviour
- iii) their challenging behaviour within the context of a child and youth care centre)

1. Can you tell me how you understand being an early adolescent? / Vertel my wat is jou verstaan om 'n vroeë adolessent/tiener te wees?

- 1.1 What is possibly good about being an adolescent? / What is moontlik goed daarvan om 'n adolessent/tiener te wees?
- 1.2 What is possibly difficult about being an adolescent? / Wat is moontlik moeilik om 'n adolessent/tiener te wees?

2. Can you describe what you think is “challenging” or “bad” behaviour van 'n vroeë adolescent (teenager)? / Kan jy vir my beskryf wat is “uitdagende” of slegte gedrag van 'n vroeë adolescent/tiener?

- 2.1 Can you please give me an example of your “challenging behaviour”? / Kan jy asseblief vir my 'n voorbeeld gee van jou “uitdagende gedrag”?

3. Can you describe to me “challenging behaviour” in the child and youth care centre? / Beskryf vir my “uitdagende/slegte gedrag” in die kind-en-jeugsentrum.

- 3.1 Please give me an example of your “challenging behaviour” in the child and youth care centre / Gee vir my 'n voorbeeld van jou “uitdagende/slegte” gedrag in die kind-en-jeugsentrum.
- 3.2 Please tell me what does not help you (makes it more difficult) with your “challenging behaviour” in the child and youth care centre / Vertel my asseblief wat help jou nie (wat maak dit nog moeiliker vir jou) met jou “uitdagende/slegte” gedrag in die kind-en-jeugsentrum.
- 3.3 Please tell me what helps you to cope better with your “challenging behaviour” in the child and youth care centre / Vertel asseblief vir my wat help vir jou om jou “uitdagende/slegte” gedrag beter te hanteer in die kind-en-jeugsentrum.

ADDENDA F: Transcript

TRANSCRIPTIONS

INDIVIDUAL INTERVIEW: P7

Date: 22/04/2017

Time of interview: 12h30

Duration: 50 min 43

Researcher: Alright.....(name), thank you for being here. Um we're first going to talk about the collage that you made in the groups. Ok and do you remember I said that you need to look for pictures that um make you think of different kinds of behaviour, and we said you get good behaviour and bad behaviour. Um and so you've chosen some pictures and you've written some things. So tell me a little bit about your collage, tell me about the the pictures you chose.

Participant: I chose two people sharing with each other because you don't actually in the world don't get people that share with one another. And then we have ourselves that are selfish and when someone like ask you for help then you're like why should I ask you for help you when you never helped me, instead of like think ok that was the past, maybe I can help someone today.

Researcher: Hmmm

Participant: And the reason I chose 'vermoor' is because ok like now there was a 14 year old girl that passed

Researcher: Yes

Participant: And we get our like ourselves as young as we are, we get ourselves killing each other and hating each other and then we get the elder people that's supposed to be a good example which are a bad example and they are killing one another and all that

Researcher: Ok

Participant: And then smoking because nowadays we have two year olds...not two year olds, we have 12 year olds and 10 year olds kids going around the corners using tik, dagga, what else you get, buttons, and all those things. Because for them it's like the bigger ones are a good example and all those things.

Researcher: Hmmm

Participant: And I said 'only get married when old enough' is because nowadays you get girls that are being forced to marry, young girls, like our age, being forced to marry um bigger men and they are forced to work in their houses and get kids before the time and um

some kids are being raped and they feel so like ja I was raped so I should never get married and they feel bad about themselves

Researcher: Hmmm

Participant: And I chose 'get done with school and studies first' because we have kids that bunk school, drop out of school and like for example like if you don't finish your studies you can't get a job, you can't go anywhere in life and get those people that are just wondering on the street because they bunked school, they never listened the teacher and all those things. And then always be kind, always be there for others, is because we are never there for each other, we always think because you did this thing to me in the past, I will never forgive you and I will never be there for you and I will never care for you. But maybe that person forgave you and he ask God for forgiveness and maybe he came to you and he said sorry but you were like why should I forgive you for what you've done to me. And they might feel sad because they came to you and they know they did something wrong now they come to you, tell you sorry but you just never listen to them

Researcher: Ja

Participant: Be kind to others is almost like being, always share, always share with others because we are um not kind. We don't like to share, always keeps our secrets to ourselves, we never talk to our Misses, instead of like we like talking to them, and telling them what's going on we rather keep it to ourselves because for us we don't trust them we don't believe in them and it's just that what we going to tell them what if they go tell that to someone else so

Researcher: Ok. So um are you saying that that is a general thing that the children don't trust the Misses um does that include you – you don't trust the Misses?

Participant: I won't say I don't trust them, it's just that I I don't feel comfortable talking to them

Researcher: Is it, ok. So who do you feel comfortable talking to?

Participant: My Mommy

Researcher: Ok, is there anybody else?

Participant: No

Researcher: Ok. So here, whilst you're here, who do you talk to then if you have....

Participant: Miss(name)

Researcher: Miss? Ok, is she is she your Miss?

Participant: Yip

Researcher: Ok, so you, so you are comfortable enough to talk to her?

Participant: And Miss(name)

Researcher: Miss ok, alright

Participant: And my Social Worker

Researcher: And your Social Worker, ok. So there are at least a few people here that you do feel comfortable talking to,ok. Alright, um is there anything else about your collage that you want to talk about?

Participant: That's all

Researcher: Yes, ok. Alright. Thank you. Then I've got a few questions um remember in the group I said that I want to understand how it is to be an early adolescent, do you remember what an early adolescent is? What is that?

Participant: When you become a woman at an early age, you know when you become a teenager at an early age

Researcher: Ja, it's someone, it's a child between the ages of 10 and 14. Ok. Ja. Um so I'd like to know what it's like to be an early adolescent, which is what you are, ok. Um and I'd also like to know what it's like to live here and to be here, and I'd like to know a little bit about your behaviour. Ok, I'd like to understand it a little bit um because it's important to understand so that we know how we can better work with children that are living in a child and youth care centre. Ok, so first tell me what is good about being an early adolescent?

Participant: Nothing

Researcher: Nothing? Ok, ok. Is there what is bad about it or what is difficult about it?

Participant: The difficult thing is that you get these feelings for boys but then...it's weird, very weird. And the other thing is some of us, like most of the girls, when they become early adolescents, they feel for other girls and that's disgusting

Researcher: Oh, ok, ok. Is that something that happens quite a bit here? Ok, alright.

Participant: And I get stomach cramps a lot I get headaches a lot and I get very irritated. And I never ever got that.

Researcher: Ok, so why do you think that's happening?

Participant: Because I am changing

Researcher: Hmmm, ok

Participant: I'm becoming bigger and getting older

Researcher: Yes, ok so your body is changing and you've got hormones that are working and you are your emotions are up and down. Ok, ok. So is is, what is that like for you?

Participant: It's very bad

Researcher: Ok

Participant: Because sometimes I ignore my brother

Researcher: Ok is he here? Alright, so you ignore him?

Participant: Yip

Researcher: Ok. Why do you think you ignore him?

Participant: Because sometimes I feel angry. And then I feel irritated. And whoever talk to me then I just ignore you

Researcher: Ok, ok. So do you feel irritated quite a lot?

Participant: Yes

Researcher: Ok and then what do you do?

Participant: I sit in my room

Researcher: And what do you do in your room?

Participant: Read a book, and calm myself down, then I go outside

Researcher: Ok, so does that help you?

Participant: Not always. Sometimes I go sleep

Researcher: Ok, ok. Does sleeping help you?

Participant: A lot

Researcher: Alright, ok. So do you sleep quite a lot?

Participant: I slept yesterday, the day before, actually I slept this whole week

Researcher: In the afternoons, after school?

Participant: Hmmm

Researcher: Ok, alright. Ok, um anything else that that you don't like about being an early adolescent?

Participant: Is because a girl gets periods, that's also why

Researcher: Hmmm, ok and that's also something new, hey, that you need to get used to.

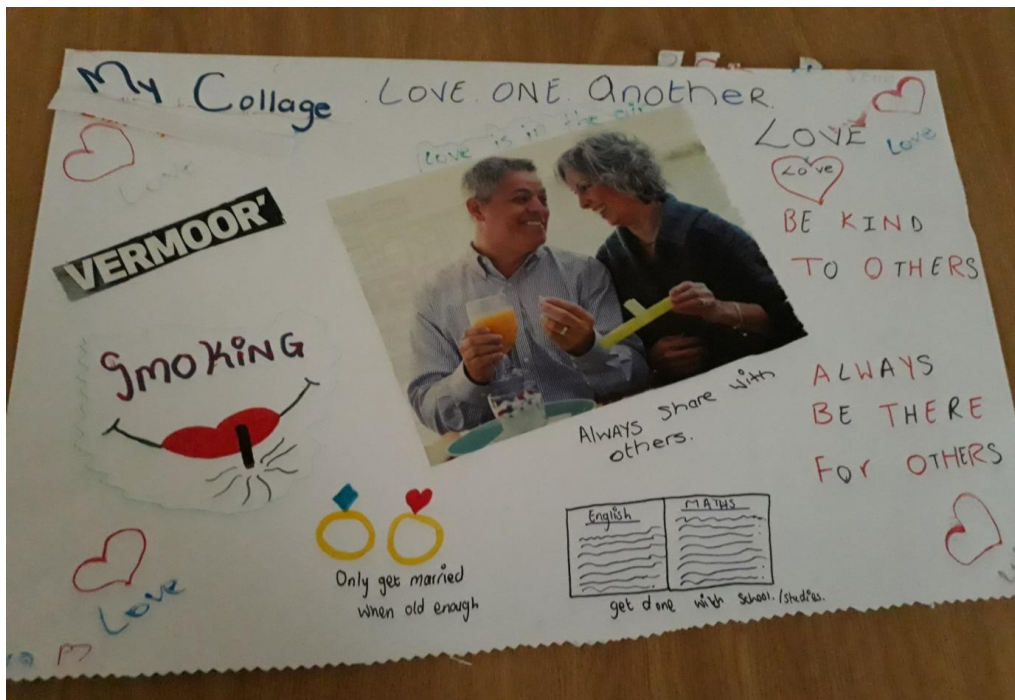
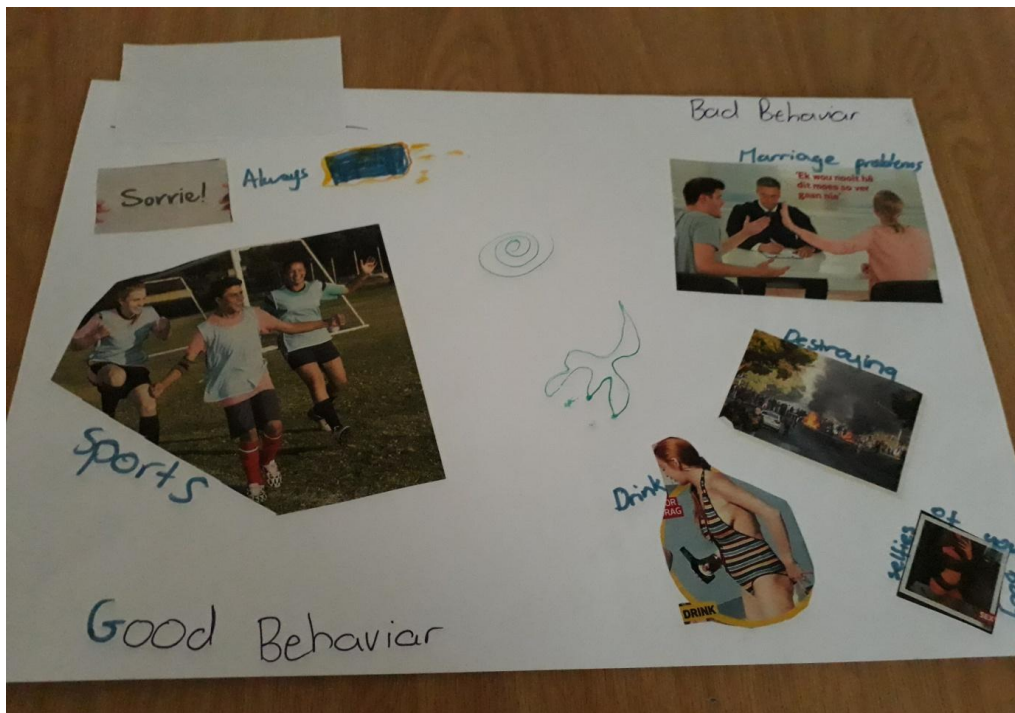
Participant: Hmmm, it's very boring because there's a few things that I would like to do but then I can't do

Researcher: Ok, like what would you like to do that you can't do?

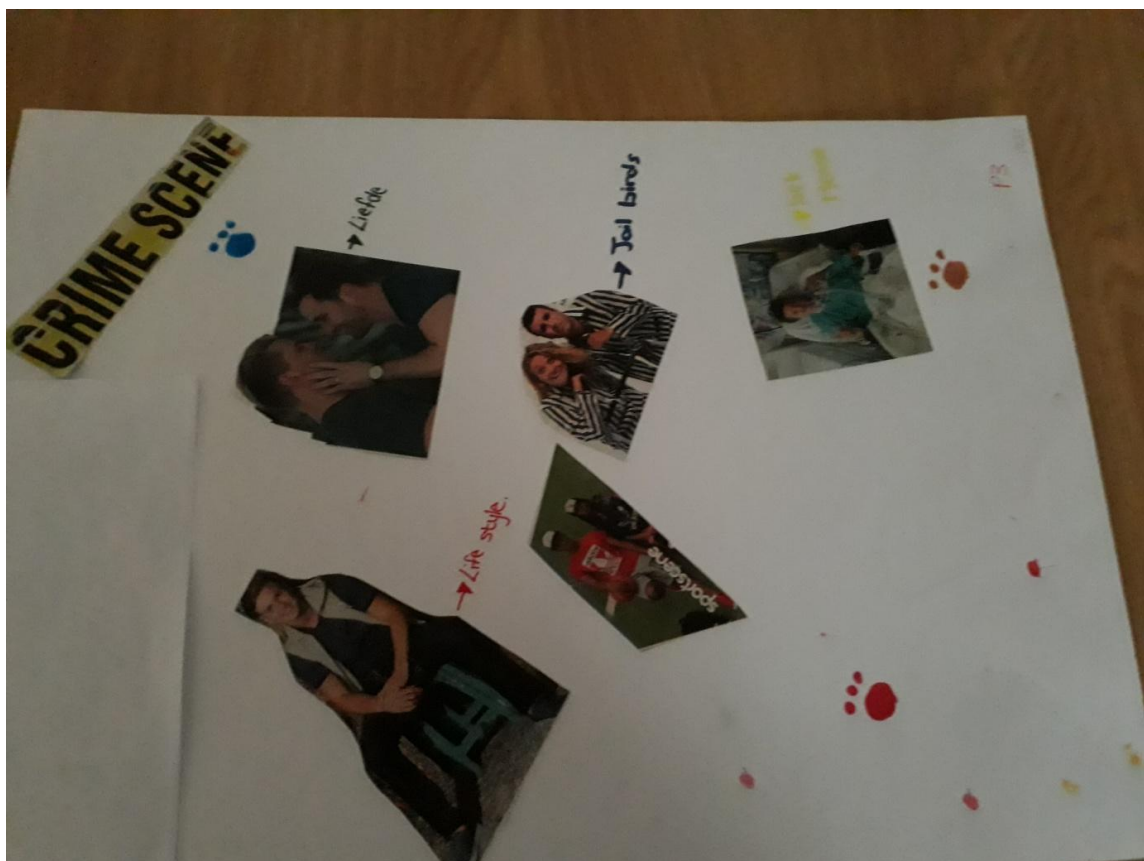
Participant: Walk bare feet but I can't; er sit on the cold floor but I can't; and swim

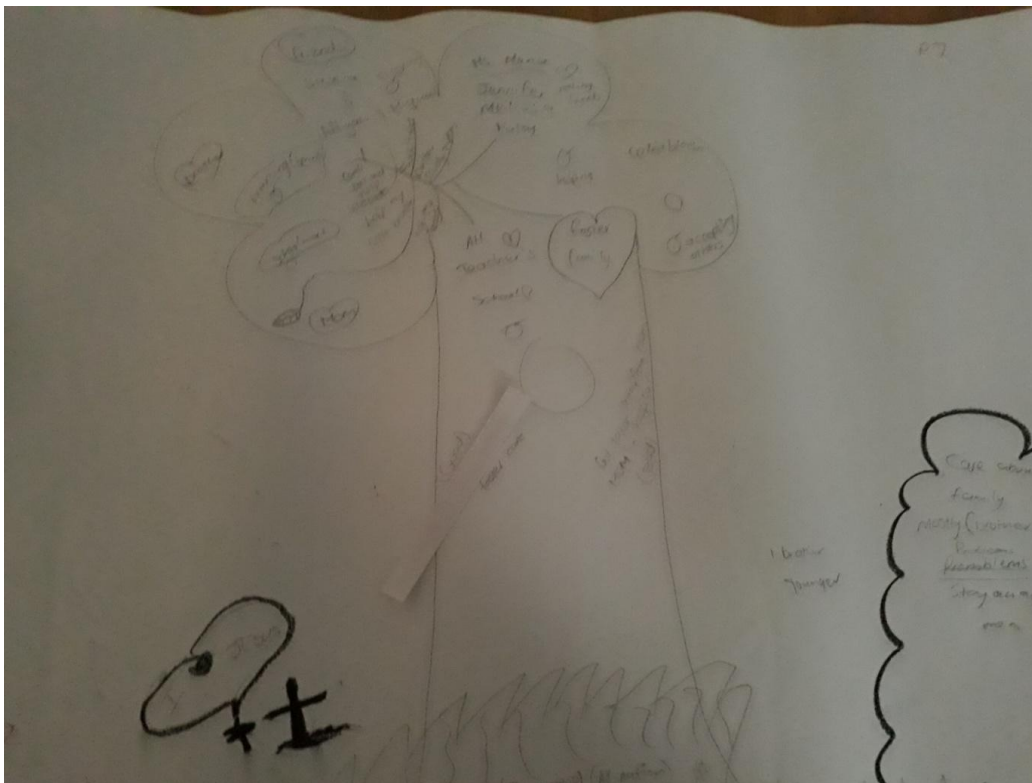
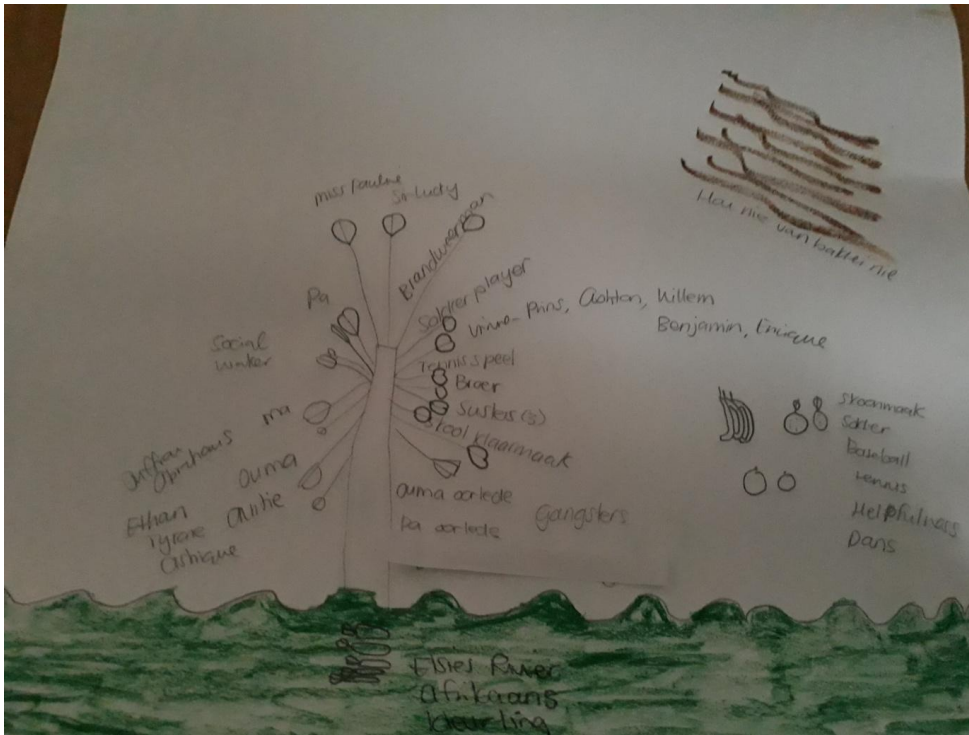
Researcher: Ok. Especially if it's hot hey then it's nice to be able to swim. Ok, alright, um so there's a lot of things that you go through when you're a teenager hey. And some of them are a bit hard. Ok, is there anything else about being a teenager? Good or bad, that you want to say?

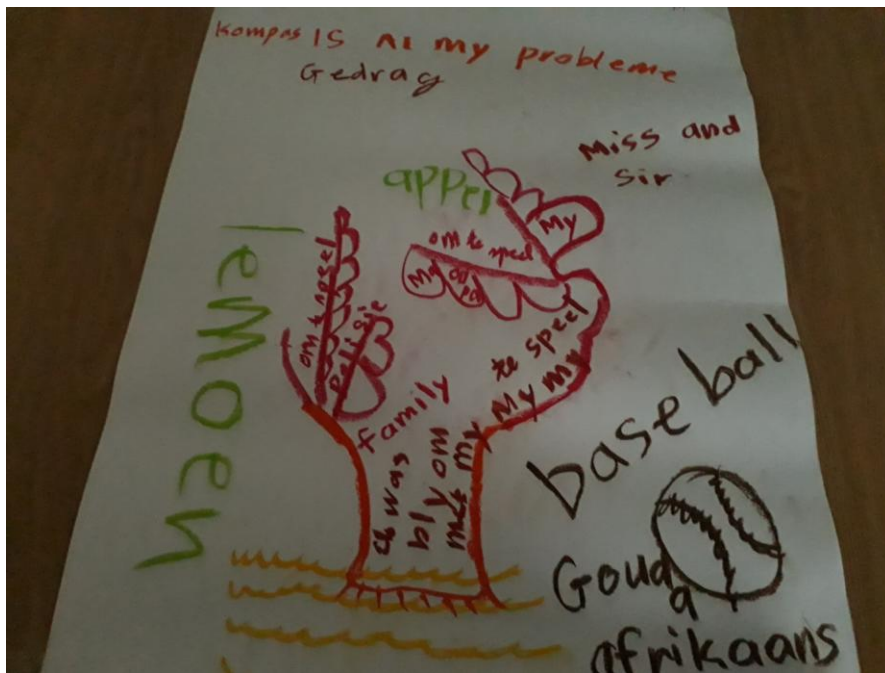
ADDENDA G: Visual data (Collages and Tree of Life)



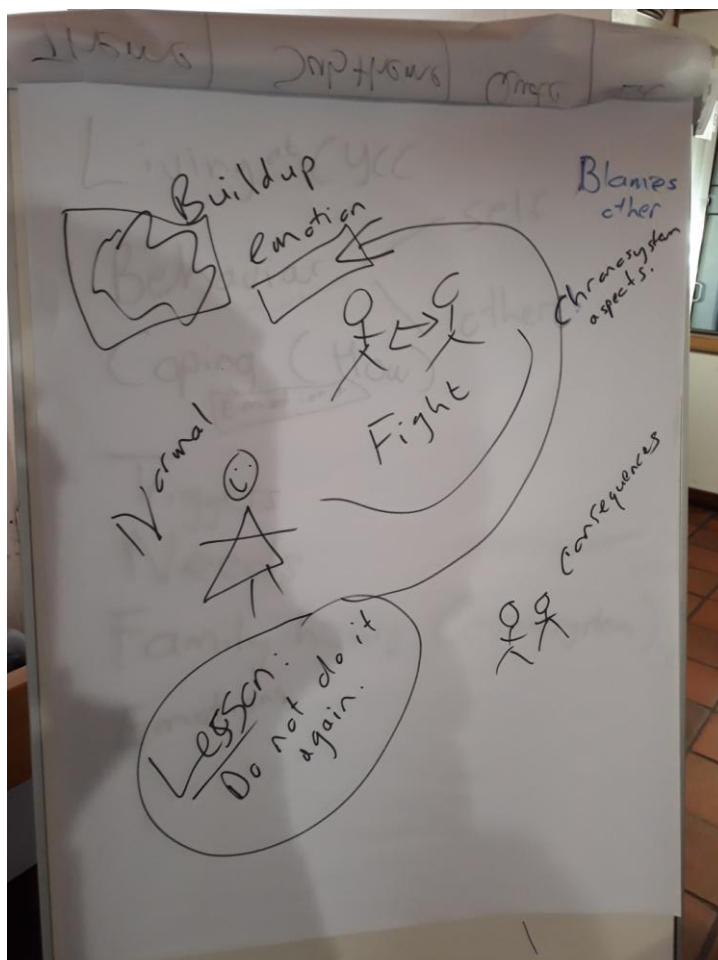
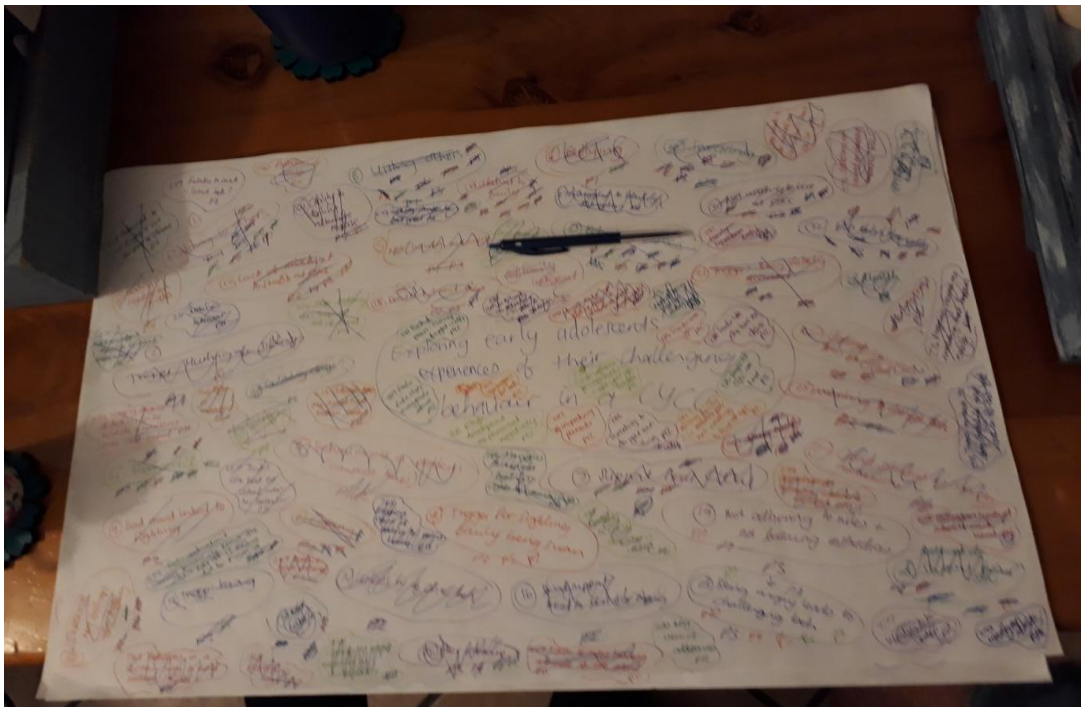








ADDENDA H: Data analysis



Theme	Subtheme	Quote	Lit
Living at CYCC	<ul style="list-style-type: none"> • Routine • Social aspects • Lack of sense of belonging 		Max-Neef Circle of Careg.

Living at CYCC

Behavior — self
Their understanding of — other

Coping (How)
Emotions

Triggers

Needs

Family history (chronosystem)

Emotions

ADDENDA I: Article Guidelines

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AUTHOR GUIDELINES

Presentation

1. A minimum length of 3,500 words and a maximum length of 6,000 words (excluding references). No footnotes, endnotes and annexures are allowed.
2. On a separate page, a title of not more than ten words should be provided. The author's full name and title, position, institutional affiliation and e-mail address should be supplied.
3. An abstract of 150 words plus up to six keywords, which encapsulate the principal topics of the paper, must be included. The abstract should summarise the key argument/s of the article and locate the article in its theoretical practice and context. Please note that abstracts are not summaries of research studies. No subheadings should be used in the abstract. For Afrikaans articles, the abstract and keywords must be in English.
4. Headings must be short, clear and not numbered:

- main headings to be in bold capitals
- first stage subheadings to be in bold lower case, with only the first letter of the first word to be a capital (not underlined nor italics); and
- second stage subheadings in normal type to follow the first stage style.

5. Figures and tables:

- All figures (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and submitted electronically. Figures should be of clear quality, black and white, and numbered consecutively with arabic numerals. Supply succinct and clear captions for all figures. The maximum portrait width should not exceed 110mm and 160mm depth. For landscape, the maximum width is 160mm with a maximum depth of 110mm.
- In the text of the paper, the preferred position of all figures should be indicated by typing on a separate line the words, “Place figure (No.) here”.
- Tables must be numbered consecutively with arabic numerals and a brief title should be provided. In the text, type on a separate line the words, “Place Table (No.) here” should show the position of the table.

6. References:

- In text, publications are to be cited using one of the following examples:

(Adams, 1997), or (Mbatha et al., 2005), or Mercy et al. (2002). Use ‘and’, not the ‘&’ symbol, for two or more authors, eg. (Weyers and Herbst, 2014).

- If a direct quote is used in text, references should include author’s name/s, date and page number, eg; “usually to improve the working relationship between members of the group” (Barker, 2003:153). Where there are no direct quotes, page numbers should not be included.
- At the end of the paper, the reference list should be in alphabetical order. Do not use indentations when formatting your references.
- References to publications must be in modified Harvard style and checked for completeness, accuracy and consistency. Include all authors’ names and initials and give the book’s, or book chapter’s, or journal’s title in full.
- Please cross check that only references cited in the text are included in the final reference list at the end of the article (and vice versa). Use ‘and’, not the ‘&’ symbol, for two or more authors as mentioned above. References should follow the style as set out below:

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Swanepoel, H. and De Beer, F. (1996). Community Capacity Building Johannesburg: Thomson.

For book chapters: Surname, Initials. (year). “Chapter Title” in Editor’s Surname, Initials. (Ed.). Title of Book Place of Publication: Publisher, Edition, pages.

Boult, B.E. (1998). “Adoption” in Bezuidenhout, F.J. (Ed.). A Reader in Selected Social Issues Pretoria: Van Schaik, Second Edition, 41-52.

For journals: Surname, Initials. (year). “Title of Article” Journal Name Volume(number):pages

Mda, C.J. (2004). “Population Ageing and Survival Challenges in Rural Ghana” Journal of Social Development in Africa 19(2):90-112.

For electronic sources: If available online the full URL should be supplied at the end of the reference.

Louisiana State Board of Social Work Examiners. (1998). “Guidelines for Child Custody Evaluations”, <http://www.labswe.org/child.htm> (Accessed on 23/08/2006).

For unpublished doctoral theses or master’s dissertations: Surname, Initials. (year). Title of Article (Unpublished Doctoral Thesis) or (Unpublished Master’s Dissertation) Location: University, Department.

Warria, A. (2014). Development of Psychosocial Intervention Guidelines for Transnational Trafficked Children (Unpublished Doctoral Thesis) Johannesburg: University of Johannesburg, Department of Social Work.

7. Content:

- Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.

- The journal will consider articles based on research studies but we will not publish articles which are merely a summary of a research report. The article should have a clear focus that contributes to knowledge building or informs policy and/or practice.

SUBMISSION PREPARATION CHECKLIST

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

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2. The submission file is in OpenOffice, Microsoft Word, RTF, or WordPerfect document file format.
3. Where available, URLs for the references have been provided.
4. The text is 1,5 spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end.
5. The text adheres to the stylistic and bibliographic requirements outlined in the [Author Guidelines](#), which is found in About the Journal.
6. If submitting to a peer-reviewed section of the journal, the instructions in [Ensuring a Blind Review](#) have been followed.

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