Exploring factors that contribute to prosocial behaviour of maltreated adolescent females living in residential care

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Dissertation submitted in partial fulfilment of the requirements for the degree *Master of Psychology* at the Potchefstroom Campus of the North-West University

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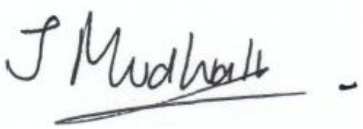
November 2013

DECLARATION BY STUDENT

I, Johanna Magdalena van der Walt, hereby declare that “Exploring factors that contribute to prosocial behaviour of maltreated adolescent females living in residential care" is my own work and that all the references that were used or quoted were indicated and recognised.



_____ 6 December 2013

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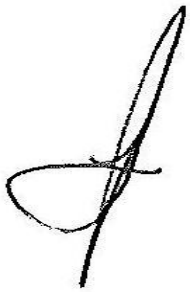
DECLARATION OF LANGUAGE EDITING AND PROOF READING

I, Penny Smorenburg, hereby declare that I have edited Johanna M van der Walt's mini-dissertation entitled *Exploring factors that contribute to prosocial behaviour of maltreated adolescent females living in residential care,* submitted in fulfilment of the requirements for the degree Master of Psychology at the Potchefstroom Campus of the North-West University.

The dissertation has been proofread. Section A adheres to Harvard referencing and editing standards as set out according to the North-West University 2012 guidelines and requirements. Section B adheres to APA referencing and editing standards as set out according to the North-West University 2012 guidelines and requirements.

I am a medical technologist, trained in Virology and working in a biotech research laboratory. I also act as a contracting freelance proof reader/indexer/subeditor for various independent publishers and freelance project managers and editors. I have over 20 years' experience in proofreading of various subject matter (ranging from legal publications, statutes and law revisions to textbooks and journals) including experience in the medical and health-related fields. I have also done InDesign styling and interpretation of designers' specs, indexing of textbooks and other publications, subediting of various law revisions and other related tasks. Amongst my relevant work experience is proofreading, editing and indexing for Juta and Co (Ltd); Blackhall Publishing; SiberInk Publishers; Maskew-Miller Longman; Oxford University Press and AOSIS Open Journals.



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Hereby I declare that I have language edited and proof read parts of the thesis, *Factors contributing to prosocial behaviour of adolescent females living in residential care,* by Johanna Magdalena van der Walt for the degree MA in Psychology.

I am a freelance language practitioner after a career as editor-in-chief at a leading publishing house.

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"The Sovereign LORD is my strength;
he makes my feet like the feet of a deer,
he enables me to tread on the heights." (Hab. 3:19)

SUMMARY

The purpose of this study was to explore the factors that contribute to prosocial behaviour in maltreated adolescent females living in a children's home in the Tshwane-metropole, Gauteng, South Africa. The age of the participants varied between 14 and 18 years.

The study was approved by the Internal Research Panel and Faculty Board of the North-West University. Approval was also obtained from the children's home where the study was conducted.

The researcher worked from a positive psychology paradigm which guided the researcher to focus on the participants' strengths and positive aspects which contributed to their display of prosocial behaviour.

A literature study was conducted to provide the researcher with a clearer understanding of the meaning of the research problem. The literature study focused on the development of prosocial behaviour and adolescent development within the context of child maltreatment.

The researcher utilised a qualitative research approach, which enabled her to describe and understand the participants' behaviour. As methodology, the researcher utilised an intrinsic case study design and participants were selected based on purposive sampling.

Data collection relied on two semi-structured interviews per participant which provided the opportunity for participants to share their thoughts, feelings and perceptions.

Thematic data analysis was performed, using Creswell's spiral of data analysis. During data analysis, regarding the factors surrounding the prosocial behaviour of maltreated adolescent females living in residential care, two main contributing themes were identified, namely:

- Internal factors
- External factors

Internal factors illuminate the importance of (1) a moral identity that guides behaviour according to internalised moral values; (2) an internal locus of control which attests to the participants' view of themselves as active role-players and not mere victims of circumstances, and (3) cognitive skills demonstrated in the capacity to engage in critical thinking. External factors emphasise the importance of (1) attachment figures and positive role-models that model moral values and (2) a supportive, nurturing environment.

Internal and external factors do not operate in isolation, but there is rather a definite interplay between these factors, such as attachment figures in the environment (external factor) who model moral values which the child incorporates into her identity in the attainment of a moral identity (internal factor).

Strategies to broaden support networks for children should receive attention within the child welfare context, as they could, among other factors, promote positive outcomes for youth in residential care.

KEYWORDS

Adolescent female

Maltreat

Prosocial behaviour

Residential care/ Children's home

TITEL: Verkenning van faktore wat bydra tot prososiale gedrag van mishandelde adolessente meisies in residensiële sorg.

OPSOMMING

Die doel van hierdie studie was om faktore te verken wat bydra tot pro-sosiale gedrag in mishandelde adolessente meisies wat in ’n kinderhuis in die Tshwane-metropool, Gauteng, Suid-Afrika woon. Die ouderdom van die deelnemers het gewissel tussen 14 en 18jaar.

Die studie is goedgekeur deur die Interne Navorsingspaneel en Fakulteitsraad van die Noordwes-Universiteit. Goedkeuring is ook verkry van die kinderhuis waar die studie uitgevoer is.

Die navorser het vanuit ’n positiewe sielkunde-paradigma gewerk, wat die navorser gelei het om te fokus op die deelnemers se sterkpunte en positiewe aspekte wat bydra tot hulle pro- gedrag.

’n Literatuurstudie is gedoen wat die navorser gelei het om die navorsingsprobleem beter te verstaan. Die literatuurstudie het gefokus op die ontwikkeling van prososiale gedrag asook die adolessent se ontwikkeling binne die konteks van kindermishandeling.

Die navorser het ’n kwalitatiewe navorsingsbenadering gebruik ten einde deelnemers se gedrag te beskryf en te verstaan. As metode is ’n intrinsieke gevallestudie-ontwerp gebruik. Deelnemers is gekies op grond van doelgerigte steekproefneming.

Data-insameling het staatgemaak op twee semi-gestruktureerde onderhoude per deelnemer, wat deelnemers die geleentheid gegee het om hulle gedagtes, gevoelens en persepsies te deel.

Tematiese data-analise is uitgevoer, met behulp van Creswell se spiraal van data-

ontleding. Twee temas is tydens data-analise geïdentifiseer, wat bydra tot pro-sosiale gedrag van mishandelde adolessent meisies wat in residensiële sorg woon, naamlik:

- Internefaktore en
- Eksternefaktore.

Interne faktore dui op die belangrikheid van (1) ’n morele identiteit wat gedrag lei volgens geïnternaliseerde morele waardes, (2) ’n interne lokus van beheer wat getuig van die deelnemers se siening van hulleself as aktiewe rolspelers en nie bloot as slagoffers van omstandighede nie, en (3) kognitiewe vaardighede wat deelnemers in staat stel tot kritiese denke.

Eksterne faktore beklemtoon die belangrikheid van (1) ’n veilige bindingsverhouding en positiewe rolmodelle wat morele waardes modelleer, en (2) ’n ondersteunende, koesterende omgewing.

Interne en eksterne faktore funksioneer nie in isolasie nie, maar daar bestaan ’n definitiewe wisselwerking tussen hierdie faktore, soos rolmodelle in die omgewing (eksterne faktor) wat morele waardes modelleer, en die kind dan hierdie waardes in haar identiteit insluit waaruit ’n morele identiteit ontstaan (interne faktor).

Strategieë om ondersteuningsnetwerke vir kinders uit te brei behoort aandag te geniet binne die kindersorgkonteks, om sodoende positiewe uitkomste vir die jeug in residensiële sorg te bevorder.

SLEUTELBEGRIPPE

Adolessente meisie

Mishandel

Prososiale gedrag

Residensiële sorg/ Kinderhuis

PREFACE

This dissertation is presented in article format in accordance with the guidelines as set out in the Manual for Postgraduate Studies – 2012 of the North-West University and in conjunction with the guidelines of the *Journal for Research on Adolescence*. Guidelines for the submission to this journal are attached (see Appendix F).

With regard to the study, assent was obtained from all research participants, with the head of the children's home providing consent for all participants (see Appendix B). Approval for the conduct of this study was obtained from the children's home where the study was conducted (see Appendix A). Approval for the study was obtained from Northwest-University under the ethical number of NWU-00060-12-A.

The researcher used the Harvard referencing method for Section A, Part 1 and Part 2, based on NWU Verwysingsgids (Noordwes-Universiteit, 2012). The APA referencing method (version 6) was used for Section B, since the *Journal for Research on Adolescence* makes use of the APA reference technique and American spelling rules.

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SECTION A

PART 1: INTRODUCTION TO THE RESEARCH STUDY

1.1 Title

Exploring factors that contribute to prosocial behaviour of maltreated adolescent females living in residential care.

1.2 Orientation and statement of the problem

Prosocial behaviour is defined by Eisenberg, Fabes and Spinrad (2006:646) as being acts performed in order to benefit another person, group or society. It includes two kinds of behaviour, namely, intrinsically-motivated behaviour, referred to as altruistic behaviour, and behaviour motivated for personal gain, such as external rewards (Eisenberg, *et al.*, 2006:647). Prosocial behaviour includes acts of helping, sharing, donating, cooperating and volunteering (Brief & Motowidlo, 1986:710). It fosters positive inter-human relationships and strengthens community cohesion (Eisenberg & Mussen, 1989:2). According to Hyson and Taylor (2011:75), "it also predicts (children's) strengths in other areas, correlating with academic as well as social-emotional skills".

The development of prosocial behaviour is a complex process. Factors such as an individual's biological make-up, cognitive skills and emotional responsiveness, all influenced by socialisation of the individual, affect the development of prosocial tendencies. (Eisenberg, *et al.*, 2006:689-700; Grusec & Sherman, 2011:269-280). Socialisation within the family, in the context of a warm and caring relationship, contributes to the development of prosocial behaviour (Farrant, Devine, Maybery & Fletcher, 2012:184). Socialisation within the family affects a child's ability to identify and communicate emotions, referred to as 'mentalisation' (Ringel & Brandell, 2012:85). Mentalisation occurs as a mutual interaction between parent and child and fosters the ability to understand a situation from someone else's perspective (Ringel & Brandell, 2012:85). Perspective taking could facilitate the experiencing of sympathy and a higher level moral reasoning (Eisenberg, Cumberland, Guthrie, Murphy & Shepard, 2005:236). Empathy-related responding, along with the ability of perspective taking, are thus considered to be important aspects of prosocial behaviour (Eisenberg, *et al.*, 2006:661-662).

A study by Eisenberg *et al*. (2005:236-237) demonstrates that prosocial tendencies increases from childhood through adolescence into early adulthood. The authors provide findings of research into the following factors that contribute to the increase of prosocial behaviour during adolescence: (1) adolescents view harmful and mean behaviour as being immature (Barrer, Galambos, & Tilton-Weaver, cited by Eisenberg, *et al*., 2005:236); (2) adolescents become less self-oriented and more considerate toward the needs of other people (Arnett, cited by Eisenberg, *et al.*, 2005:236); (3) perspective-taking ability increases during mid-adolescence (Eisenberg & Kohlberg, cited by Eisenberg, *et al*., 2005:236); and (4) social problem-solving skills together with interpersonal negotiation skills increase in mid-adolescence (Berg, Brion-Meisels & Selman, cited by Eisenberg, *et al*., 2005:237). Considering the above findings, it is expected that prosocial tendencies would increase as a person progresses from childhood to adolescence.

However, exposure to trauma such as abuse and neglect during childhood and adolescence adversely affects the development of prosocial tendencies (Anthonysamy & Zimmer-Gembeck, 2007:973; Mejia, Kliewer & Williams, 2006:264; Music, 2011:117; Trickett & Negriff, 2011:410). Research by Clausen, Landsverk, Ganger, Chadwick & Litrownik (1998:284) demonstrates that adolescents who have endured trauma are more likely to be at risk for mental health problems and subsequent demonstration of more antisocial behaviour. Concurrent with these findings, Music (2011:125) argues that the developmental pathways of prosocial behaviour are different for children who have been exposed to severe abuse or neglect. The researcher will use the terms ‘maltreatment’ and ‘trauma’ inclusively to refer to acts of abuse, neglect and/or abandonment.

Developmental pathways affecting prosocial behaviour refer to specific brain areas, such as the amygdala, cyngulate gyrus and the orbitofrontal cortex that are affected by high stress levels and anxiety caused by abuse (Glaser, 2000:100; Naudé, Du Preez & Pretorius, 2003:17; Spann, Mayes, Kalmar, Guiney, Womer, Pittman, Mazure, Sinha & Blumberg, 2012:185-186). High levels of stress and anxiety result in impairment of social functioning, as seen in the inability to regulate emotions and apply knowledge in a socially acceptable way or to derive meaning from mistakes (Naudé, *et al.*, 2003:17).

Children exposed to violence and neglect at home engage respectively in aggressive and submissive responses to conflict resolution, hence demonstrating lower levels of prosocial behaviour (Anthonysamy & Zimmer-Gembeck, 2007:984; Mejia, *et al.*, 2006:264-265).

Children exposed to violence, neglect, abandonment, emotional and physical abuse and degradation at home are frequently removed from their homes as stipulated in the South African Children's Act (Chapter 9, Part 1. 2005). Once the children have been removed from their homes, a court process ensues. In the event that the court decides against reunification with the child's parents or care-givers, a suitable alternative placement should be considered. This could, among other possibilities, include placement in residential care (Children's Act; Chapter 9, Part 1. 2005). For the purpose of this study, the researcher adopts the term 'residential care', which is a more internationally used term for 'children's homes', for the South African context.

Browne (2009:1) describes residential care as 'a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult carers'. The residential care facility where the research was conducted comprises 21 'residential homes', each accommodating 13 children, with non-biological 'house parents' responsible for the day-to-day care of the children (Van der Merwe, 2013a). In the residential care home, children are provided with care in terms of their basic physical needs such as clothing, housing, schooling, food, security, stability, as well as psychological care in the sense of providing relevant therapy, life skills and emotional support (Children's Home, s.a.). However, Browne (2009:11) argues that children in residential care, when compared with children living with their parents, suffer more from emotional, behavioural and intellectual impairments and often demonstrate anti-social behaviour. Behavioural outcomes for children in residential care seem, therefore, to be mostly unfavourable.

Children living in residential care have, as stated above, endured the trauma of abuse and/or neglect within their home environment. Their experience of trauma is augmented by factors such as being removed from their familiar home environment, exposure to

court procedures and adjustment to a new living environment (Aguilar-Vafaie, Roshani, Hassanabadi, Masoudian, Afruz, 2010:1).

According to the tenets of developmental psychology, adjustment to a new environment during adolescence coincides with the adolescent's search for identity. Adolescence is regarded as being a developmental stage where children transition from childhood to adulthood and it usually occurs between the ages of 12 and 18 years (Berk, 2007:362). Identity formation is considered a process of forming a concept of who one is, what values one subscribes to and what one chooses as one's vocation (Berk, 2007:400). According to Erikson's psychosocial theory, the forming of a coherent identity is the primary developmental task of the adolescent (Berk, 2007:400; Powell, 2004:77; Rosen & Patterson, 2011:84). A study by Dumas, Ellis and Wolfe (2012:924) demonstrates that commitment to a personal identity acts as a buffer for adolescent risk-taking behaviour ('substance use and general deviancy'). The authors (Dumas, *et al.,* 2012:924) conclude that "these findings demonstrate that adolescent identity commitment may help to deter engagement in risk behaviours, even in the face of more domineering peer group behaviour".

The current study focused on the adolescent female who has been subjected to maltreatment and, more specifically, on factors that contribute to her engagement in prosocial behaviour. The development of adolescent males and females differs in various respects, including physical, hormonal and psychological aspects (Berk, 2003:193). Research by Zahn-Waxler, Shirtcliff & Marceau (2008:281-284) demonstrates that male youth are two to four times more likely to develop conduct disorders, whereas female youth are two to three times more likely to display depression, especially when a disruption in relationships occurs, such as placement in a residential care facility. Keenan and Shaw (1997:95) state that there exists a more irregular pattern of psychopathology for girls than for male adolescents over the course of development. The adolescent female who has been placed in residential care subsequent to maltreatment is therefore likely to suffer from depression and other co-morbid psychological disorders.

Adolescent females have also been found to be more sensitive than male adolescents toward the favourable or unfavourable opinion of other people and hence show a greater dependency on how they are judged by other people (Zahn-Waxler, *et al*., 2008:280). The tendency to be dependent on others' opinions could influence the adolescent female's decision to engage in prosocial behaviour. The current study therefore focused on the adolescent female's unique development within the context of factors that contribute to prosocial behaviour.

Prior to the research being performed, the researcher had facilitated weekly group work sessions at a place of safety for adolescent females in the Tshwane-metropole, Gauteng, during 2012. During the contact with these adolescents the researcher had observed that among the girls in the house, behaviour toward each other and outsiders varied from animosity and rejection to acts of warmth and kindness. It seemed thus that despite the hardship that these girls had endured, they did possess the capacity to engage in prosocial behaviour. In a study by Aguilar-Vafaie *et al.* (2010:1), it was also documented how certain adolescents demonstrate more resilience and, hence, positive outcomes even after experiencing trauma such as abuse and neglect.

Despite the abundance of research performed on the development of prosocial behaviour, limited information is available on the relationship between exposure to trauma and prosocial behaviour (Spann, *et al*., 2012:183; Vollhardt, 2009:54). In a search on prosocial behaviour and trauma in seven databases (Academic Search Premier, CINAHL, E-Journals, ERIC, PsychARTICLES, PsychINFO, SocINDEX with full text) using the EBSCO Host search engine, the researcher was able to locate only a few articles on the subject.

The focus of the current study was to explore the factors that contribute to prosocial behaviour in adolescent females who have been subjected to acts of maltreatment. In order to achieve this goal, the researcher worked from a positive psychology paradigm. A positive psychology paradigm focuses on traits that people possess in order to assist them through hardship, rather than focusing on factors that contribute to mental illness (Sheldon & King, 2001:216). Seligman and Csikszentmihalyi (2000:14), regarded as

'founders' of positive psychology, state that they are seeking a psychology of positive human functioning, "which achieves a scientific understanding and effective interventions to build thriving individuals, families, and communities." Within this framework, the phenomenon of human suffering is not denied, but the focus is on the strengths which act as a buffer against mental illness (Positive Psychology Centre, University of Pennsylvania, 2012).

Understanding the factors that promote the development of prosocial behaviour in the context of residential care could enable care workers and educators to develop guiding principles to provide appropriate services and interventions that could improve outcomes for adolescent females in residential care. A focus on the development of prosocial behaviour could potentially curb the cycle of antisocial behaviour in children growing up in residential care after experiencing abuse and neglect.

The researcher intended to answer the following research question: What factors contribute to prosocial behaviour of maltreated adolescent females living in residential care?

1.3 Aim of the research

The purpose of this study was to explore the factors that contribute to prosocial behaviour in maltreated adolescent females living in residential care in the Tshwane-metropole.

An understanding of the factors that contribute to prosocial behaviour from the adolescent's point of view is crucial in order to develop guiding principles to provide appropriate services and interventions so as to improve outcomes for adolescents in residential care.

1.4 Method of investigation

The method of investigation for the purpose of this study will be explained in the subsections below.

1.4.1 Literature study

A literature study was conducted in order to evaluate critically literature relevant to the research problem and to “provide a clear and balanced picture of the current leading concepts, theories and data relevant to the topic or subject of study” (Bloomberg & Volpe, 2008:46). The literature study thus provides a theoretical understanding of the wider context of prosocial behaviour in adolescent females living in residential care.

The literature study made us of relevant handbooks, articles, journals and theses related to the field of Psychology and Social Work that were accessible via the NWU library. Seven databases (Academic Search, CINAHL, Premier, E-Journals, ERIC, PsychARTICLES, PsychINFO, SocINDEX with full text) using the EBSCO Host search engine were used, as well as the PsycLit and ProQuest search engines.

1.4.2 Research approach and design

A qualitative research methodology was utilized since the researcher intended to explore the meaning and interpretation that participants had (Henning, van Rensburg & Smit, 2004:3, 4) on factors that contribute to prosocial behaviour. The researcher wanted to gain a deeper understanding of the research question (Creswell, 2013:76) by exploring both the internal and social factors that contribute to participants’ active participation in prosocial behaviour.

The methodology adopted for the purpose of the current study was an intrinsic case study design (Creswell, 2013:97; Fouché & Shurink, 2011:320-323). A case study provides a “detailed and intensive analysis of a single case” (Bryman, 2012:66) and “illuminates a decision or set of decisions: why they were taken, how they were implemented and with what results” (Schramm, cited by Yin, 2003:12), which fits the aim of this study. Fouché and Shurink (2011:321) assert that a ‘case’ could refer to a “process, activity, event, programme, individual or group”. For the purpose of this study, ‘case’ refers to prosocial behaviour in adolescent females living in residential care within one institution. An ‘intrinsic’ case study aims to describe a specific case where detailed information is provided (Fouché & Shurink, 2011:321). According to Yin (2003:6), ‘what’ and ‘how’ (or ‘why’) questions are the consideration of a case study. In order to address

the ‘what’ question, the researcher aims to explore behavioural factors that contribute to prosocial behaviour in adolescent females.

1.4.3 Participants

The researcher selected seven adolescent females, living in a residential care home in the Tshwane-metropole. This residential home was selected due to the fact that children who are placed there have been subjected to various forms of maltreatment such as abandonment, neglect, emotional and/or physical abuse. Placement into a new environment such as a children’s home is considered to be stressful and might require several months of adjustment. For the purpose of the current study, a period of six months was considered adequate for a child’s adjustment to the children’s home, if no adjustment disorder exists (Lane, 2013). Two participants were excluded from data analysis because they did not meet all the inclusion criteria.

Selection of participants relied on purposive sampling (Bloomberg & Volpe, 2008:69) since the researcher wanted to obtain rich information from a specific population group. Selection of participants was conducted by the residential care social workers and relevant house mother(s) using the following inclusion criteria:

- Participants must have lived in residential care for a period of six months or longer
- Participants must be female
- Participants must be between the ages of 14 and 18 years
- Participants must be able to understand and communicate in either Afrikaans or English
- Participants must be able to understand the information provided in the assent form (Appendix C).
- Participants have previously been exposed to abuse and/or neglect.
- The following criteria were assessed by the house parents and social workers: participants must demonstrate at least one of the following criteria for prosocial behaviour (Eisenberg *et al*., 2006:650, 651, 666, 670, 671, 696, 693, 701):

- Display helpful behaviour toward other children or the house parents
- Frequently share with other children
- More often than not adhere to the house rules

The researcher collected data until saturation of information was achieved (Creswell, 2006:68). Data were considered to be saturated when the same themes emerged in the interviews from different participants. The researcher interviewed seven participants but only used data from five, because two participants did not comply with the criteria for prosocial behaviour. Table 1 contains a summary of participants included in the data analysis:

Table 1: Summary of participants

Participant No.	Age	Duration in Children's Home	Type of maltreatment
2	14	2 years	Sexual abuse
3	16	3 years	Inappropriate sexual exposure, physical neglect and emotional abuse.
4	14	7 months	Physical neglect, emotional abuse and neglect.
5	17	13 years	Physical neglect, and emotional abuse.
6	17	7 years	Physical neglect.

1.5 Data collection

1.5.1 Data collection methods

The researcher conducted a pilot interview prior to the commencement of the data collection (Strydom & Delport, 2011:395). The purpose of the pilot interview was to ensure the appropriateness of the interview schedule, to clarify any ambiguities and to make any modifications to the questions that were deemed necessary. Findings of the pilot study were discussed with the researcher's supervisor after which changes were made to the interview schedules, where applicable.

The researcher intended to explore and describe the factors that enable adolescent females to overcome the impact of adversities on their lives and partake in prosocial behaviour. Each participant took part in two one-on-one semi-structured interviews (Creswell, 2009:69; Greeff, 2011:359). Interviews were conducted in a therapy room at the children's home. During the first interview, the researcher asked participants to tell their 'life's story', as proposed by Fouché and Delport (2011:65), in order to obtain a holistic view of each participant's experience. In order to assist participants in telling their story, the researcher asked them to draw a 'life map', on which they could indicate milestones, as well as people and events that had significance for them. This exercise proved difficult for the participants and they responded by not being sure either where to start with the life map, or what information to include. Since the goal of the first interview was to give each participant the opportunity to voice her story, the researcher adjusted the interview so that if the 'life map' seemed like to be an obstacle rather than a tool to ease conversation, the researcher didn't insist that participants complete that segment. The interview, therefore, took the form of an open discussion about people and events that were significant to the participants. If participants wanted to, they added the information to their life map.

The aim of the second interview was to explore the factors that contribute to the participant's prosocial behaviour by exploring the participant's views of behaviour in certain scenarios and their reasoning regarding which actions to take in these scenarios (Barter & Renold, cited by Bryman, 2012:479). The researcher showed participants a picture and a short video clip (referred to as 'vignettes' by Bryman, 2012:479). The picture depicted an adolescent boy lying face down in a hallway (refer to Appendix E), with onlookers just passing by without showing interest in helping the boy. The video clip (http://www.youtube.com/watch?v=fzbNMHNSi2E; seconds: 1.40–2.05) (YouTube, 2013), showed a young woman returning a wallet to a man who has dropped it unknowingly. The researcher asked participants questions in order to explore (1) their perception of the situation, (2) whether they thought help should be provided, (3) what possible choices there might be in each specific situation, (4) what they would have chosen to do in a similar situation and (5) whether they would have acted differently if they were among friends. By utilising 'vignettes', the researcher was able to explore

participants' reasoning about specific situations and the values that motivated their reasoning and actions.

Field notes (Bryman, 2012:447; Schurink, Fouché & De Vos, 2011:406) were maintained by the researcher. The research aimed to include the following aspects in the field notes as discussed by Biklen and Bogdan (in Schurink, *et al*., 2011:406): (1) the analysis of data, by considering aspects such as what the researcher is learning from emerging themes, patterns and connections between data; (2) research methods utilised in the study, including the researcher's connection with participants and progress of the research; (3) ethical concerns that the researcher became aware of during the study; and (4) the researcher's personal thoughts and feelings regarding the events and people encountered during the research, such as the participants and research setting.

The researcher recorded the interviews on a digital voice recorder (iPad) as well as a video camera. The digital voice recording was used for transcription purposes, since external transcribers were used, without compromising the identity of the participant. The video recording enabled the researcher to view each interview and observe any significant change in body posture or other non-verbal cues that may have been overlooked during the actual interview (Bryman, 2012:482). The use of a digital voice recorder and a video camera was explained to the participants prior to commencement of the study and each participant's assent to the use of the equipment during the interviews was obtained.

Interviews with two participants were not included in the data analysis because of non-compliance with the inclusion criteria. Data collection continued until saturation was achieved (Creswell, 2006:68).

1.5.2 Procedures

The study received approval from the North-West University (NWU) Internal Research Panel, the Faculty Board and Institutional Review Board (IRB), as well as the children's home in the Tshwane-metropole where the study was conducted.

The researcher had planned to make an appointment with the social workers and relevant house mother(s) to discuss the purpose of the study and their role in selecting suitable participants. The head of the children's home, however, asked the social workers to work with the house mother(s) to identify potential participants based on the inclusion criteria (section 1.4.3). The names of potential candidates were emailed to the researcher and prospective participants were informed by the social workers that they had been identified for possible participation in a research study. The researcher then made an appointment to meet all prospective participants during a group session at the children's home. During this group session, the researcher introduced herself and discussed the purpose and procedures of the research, as per the informed consent form. Candidates then had the opportunity to ask questions.

After all questions were answered, the researcher asked if any of the participants were willing to participate in the study. Three participants volunteered and their assent was obtained, after which consent was given by the head of the children's home. Since all children at the children's home have been placed, by law, in the care of the children's home, the primary social worker is authorised to sign consent for participants (van der Merwe, 2013). After assent was obtained, appointments were made with each participant, via the social worker, for the interviews.

Four more participants were recruited at a subsequent group session at the same children's home, using the same group session format as described above. The researcher amended the inclusion criteria to explicitly include participants who had previously been exposed to abuse and/or neglect and to exclude orphaned children.

For the purpose of maintaining confidentiality, the researcher will refer to the participants in the research report by the number, ranging from 1 to 6, that was assigned to them.

1.6 Data analysis

The researcher analysed the data continuously and concurrently during the data collection period (Nieuwenhuis, 2007:100). For the purpose of this study, the researcher

made use of the following levels of data analysis as set forth by Creswell (2009:186-187):

- Step 1: Organise and prepare the various sources of data for analysis

- Step 2: Scrutinise all the verbal and visual data for themes per participant, called within-case analysis (Creswell, 2006:100). Data analysis for the three types of case records was performed as follows:

    - Life map: content analysis
    - Discussions: thematic analysis
    - Field notes: thematic analysis

  A thematic analysis across participants, called cross-case analysis was then performed (Creswell, 2006:100).

- Step 3: Begin detailed analysis with a coding process

- Step 4: Use the coding process to generate a description of the setting or people as well as categories or themes for analysis.

Qualitative data analysis primarily involves “inductive reasoning, thinking and theorising” (Schurink, *et al*., 2011:399). The researcher therefore worked from the individual accounts of the participants toward a description of universal meaning (Creswell, 2013:76). Interviews were transcribed by an independent transcriber, during which time the researcher watched the video recordings in order to familiarise herself with the data and to obtain an overall ‘feel’ for each participant. The researcher then performed within-case analysis (Creswell, 2006:100) by first scrutinising the data from the first interviews, then by organising, preparing and scrutinising the data from the second interviews, per participant. Data analysis was performed electronically; the researcher, therefore, read through each interview and electronically highlighted significant responses from participants, while making electronic notes in the documents. The data were then copied into Microsoft Excel®, which enabled the researcher to assign colours and codes to the data and then to sort the data per code. Once coding was completed, the researcher ascribed themes for the different categories of data.

Thematic analysis was thus performed on the interview discussions and the researcher's field notes. Once the within-case analysis was completed, the researcher performed cross-case analysis (Creswell, 2006:100) by merging the corresponding codes from interviews one and two of each participant into a new worksheet. This enabled the researcher to scan the data easily for congruence and, where applicable, to make the necessary adjustments. The researcher adjusted the categories based on discussion with her supervisor and careful reflection of identified categories. The researcher then identified two themes from the data, namely, internal and external factors that contribute to prosocial behaviour in maltreated adolescent females living in residential care. The life maps, obtained during interview one, did not produce significant data and were therefore not included in the data analysis.

1.7 Trustworthiness

The researcher was committed to generating good quality, trustworthy data (Lincoln & Guba, 1985:289). Lincoln and Guba (1985:289) propose that 'thick' descriptions should convey the findings to enhance transferability of data (Bryman, 2012:392). The researcher therefore aimed to provide rich, detailed information about the setting and findings. Dependability of data is ensured when the researcher keeps complete records of all stages of the research process and employs peer debriefing (Creswell, 2009:192). The researcher thus diligently kept all records pertaining to the research and collaborated closely with her supervisors in order to both review and ask her questions about the study. The researcher kept reflective notes throughout the research so as to minimise subjective influences (Bryman, 2012:392) and reflected on any bias that she herself might have brought into the research (Creswell, 2009:192).

Lincoln and Guba (1985:289) suggest employing triangulation to establish confirmability. However, Richardson (2000:934) argues that triangulation is better suited to a rigid, modernist context and recommends that 'crystallisation' be employed: 'in a post-modernist, mixed-genre texts, we do not triangulate, we crystallize'. Crystallisation illuminates the standpoint that no one universal truth exists, but that multiple truths exist for each participant (Bryman, 2012:392; Richardson, 2000:934). The researcher

therefore aimed to represent the different realities as themes that 'crystallised' from the data in order to enhance the confirmability and credibility of the study.

1.8 Ethical aspects

All proposed research needs to take carefully into consideration any ethical questions that may arise during the conduct of the study (Creswell, 2009:87-92; Maree & Van der Westhuizen, 2007:41), in order to address any issues in the research plan (Creswell, 2009:87). Strydom (2011:114) explains that ethical principles refer to a set of moral principles and rules that stipulate expectations regarding the research process, including conduct toward research participants, employers, sponsors, research assistants, students and other researchers. Rossman and Rallis (2010:379) state quite strongly that "every decision about data collection, analysis, interpretation, and presentation has moral dimensions. These decisions are ongoing, demanding iterative reflection and action." Ethical principles were integrated into the entire research process, from the onset of planning until the conclusion and storage of the data.

The researcher obtained ethical clearance from the research committee of NWU under the ethical number of NWU-00060-12-A. The researcher aimed to adhere to the principles for ethical conduct of the research study as summarised by Strydom (2011:114-126):

- *Avoidance of harm*: avoidance of harm also includes avoidance of exploitation and abuse acknowledging the vulnerability of participants (Orb, Eisenhauer & Wynaden, 2000:93-96). The researcher was cognisant that the population is vulnerable and care was taken not to reveal the participants' identities in any report and publication. The researcher conducted interviews in a way that demonstrated respect for the dignity of all participants by employing a dialogical stance toward the participants (Yontef, 1993:32-39).

- *Voluntary participation*: participants were informed during the orientation group session that participation in the study was voluntary. Voluntary participation was

again discussed during the individual interview with participants. Participants were informed that they were free to withdraw from the research at any time (Strydom, 2011:116).

- *Informed consent*: the children's home provided the researcher with approval to conduct the study prior to the start of the study. Participants were provided with an information sheet and assent was obtained from all participants to ensure that they had been duly informed about the purpose of the study, aspects relating to the interview and their voluntary participation. The researcher included the following aspects in the informed consent form as provided by Strydom (2011:117): (1) goal, (2) procedures, (3) duration of involvement in the study and (4) advantage and disadvantage of participation.

- *Deception of respondents*: Patton (cited by Orb *et al*., 2000:95) states that full disclosure of the purpose of the study is necessary. All information relating to the purpose of the study and aspects related to the interview were described clearly in the information sheet (Appendix B). The researcher guarded against misleading the participants by not providing false information or withholding information (Bryman, 2012:143; Strydom, 2011:118).

- *Violation of privacy*: Privacy and confidentiality of participants and their data were respected (Strydom, 2011:119) by not divulging information or the identity of participants to anyone who is not part of the research team and by avoiding reporting of the data in any way which would make known the identity of the participants (Bryman, 2012:135-142).

- *Debriefing*: depending on the nature of an inquiry, debriefing might be necessary in order to verify the accuracy of the information gathered (Creswell, 2009:76) and to provide participants an opportunity to reflect on their experience, thereby discussing their feelings and clearing up misperceptions, especially when sensitive information has been obtained (Strydom, 2011:122). The social worker responsible for the participants was available to conduct any debriefing if deemed necessary. The researcher conducted a follow-up interview with the

participants to discuss the research findings and to afford the participant the opportunity to clarify any misperceptions.

- *Actions and competence of the researcher*: The researcher was competent to conduct the research study by reason of her training and professional experience and abided by the ethical principles (Creswell, 2009; Orb, *et al*., 2000:93-96; Rossman & Rallis, 2010:379-390; Strydom, 2011:123) stipulated in this document as well as those stipulated in the Health Professions Act, Act 56 of 1974, Form 223 (South Africa, 2006).

- Bryman (2012:406) urges researchers to be transparent in their decisions and states: “If there is one thing that produces poor studies, it is a researcher who is blind to the methodological consequences of researcher decisions”. The researcher aimed to adopt a stance of transparency toward all research decisions.

  The researcher aimed to avoid making herself guilty of plagiarism by clearly indicating the authors of any ideas or work she refers to (Strydom, 2011:123).

- *Publication of results*: Ethical considerations also apply when reporting the findings. The researcher guarded against any form of falsifying data or reporting biased data (Creswell, 2009:91). Strydom (2011:125) urges researchers to report data correctly, thoroughly, accurately and objectively. As discussed above, the confidentiality of the participants was also honoured during the reporting of data (Creswell, 2009:91).

- Participants’ records, including a back-up of the video recordings on an external hard drive, will be kept at the researcher’s home for five years after completion of the study (date of final mark received). The video recordings will be stored at the Centre for Child Youth and Family Studies (CCYF) offices.

1.9 Structure of the research report

The research report is presented as follows:

- Section A Part 1: Introduction to the research study

  Part 2: Literature study.

- Section B: Article, including introduction to the literature, research methodology, results, limitations of the current study, recommendations and summary of the research study.
- Section C: Summary of findings, limitations of the current study, recommendations and conclusion.

1.10 Summary

Section A, Part 1 served as an introduction to the current research study. The researcher provided the rationale and context of the current research study by providing information from the literature on (1) the development of prosocial behaviour, (2) the impact of environmental factors such as maltreatment on the development of prosocial behaviour, (3) statistics of children in residential homes and (4) the effect of resilience on the development of prosocial behaviour. A description of the research site provided further information on the context of the current research study. The researcher explained the relevance of employing a positive psychology paradigm for the current study.

Information was provided with regard to the study design and the conduct of the research study, with special consideration of the ethical aspects pertaining to the study. The researcher provided a brief review of the steps involved in the data analysis with the subsequent consideration of aspects pertaining to the trustworthiness of the current research study.

Themes that were discussed in section A, Part 1 are elaborated on in the literature study, presented in section A, Part 2. The researcher provides information on determinants of prosocial behvaiour, with specific reference to (1) biological determinants, (2) previous environmental determinants and (3) current contextual determinants.

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SECTION A

PART 2: LITERATURE STUDY

2.1 Introduction

Several aspects contribute to the development of prosocial behaviour. In this section the researcher focuses on (1) biological determinants, (2) previous environmental determinants and (3) current contextual determinants that influence the development of prosocial behaviour. The researcher discusses these determinants within the context of maltreated adolescent females and the subsequent influence of resilience in the development of prosocial behaviour.

2.2 Defining prosocial behaviour

Prosocial behaviour refers to a broad range of positive behaviours that cultivate 'positive relationships' (Bjorklund & Blasi, 2012:584). It has been defined popularly as 'voluntary behaviour intended to benefit another person, group or society' (Eisenberg, Fabes & Spinrad, 2006:646). Prosocial behaviour is regarded as being a subcategory of moral development and is therefore considered to be the concrete demonstration of 'positive moral development' (Charlesworth, 2011:556). It fosters positive inter-human relationships and strengthens community cohesion (Eisenberg & Mussen, 1989:2). Prosocial behaviour includes acts of helping, sharing, donating, cooperating and volunteering (Brief & Motowidlo, 1986:710), as well as "showing consideration and concern, defending and making restitution after deviation" (Grusec & Sherman, 2011:263).

These acts could be motivated by an internal concern for the other person's welfare and a desire to act in a way that will benefit the other person, referred to as altruistic behaviour (Eisenberg, *et al*., 2006:646). Prosocial acts could also be performed by a motivation to benefit the self, or to have the expectation of an external reward such as praise (Eisenberg, *et al*., 2006:646) or to comply with personal norms (Swap, 1991:51).

Two components considered to be important for the occurrence of prosocial behaviour are empathy and perspective taking. Empathy is a feeling induced in a person by understanding or relating to another person's emotional state, which is similar to what the other person is feeling (Eisenberg, *et al*., 2006:647; Farrant, Devine, Maybery & Fletcher, 2012:176). Empathy therefore, has both an affective and a cognitive component (Eisenberg, *et al*., 2006:654).

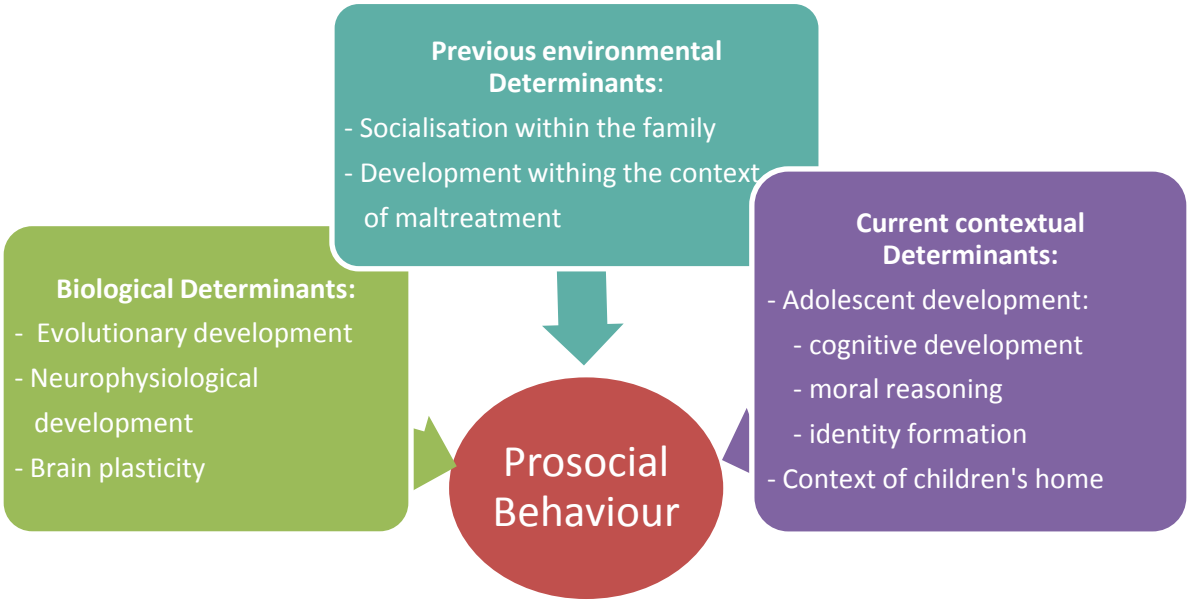
The cognitive component refers to the ability to understand another person's internal state, thereby taking the perspective of the other person (Eisenberg, *et al*., 2006:656; Farrant, *et al.*, 2012:271; Grusec & Sherman, 2011:272). Cognitive development, including perspective taking, is associated positively with an increase in prosocial behaviour (Eisenberg, *et al*., 2006:656; Farrant, *et al.*, 2012:271; Grusec & Sherman, 2011:272).

2.3 Determinants of prosocial behaviour

2.3.1 Orientation

Distinguishing between altruistic and more hedonistic motivational factors for prosocial behaviour is quite impossible (Eisenberg, *et al*., 2006:647). However, determining various factors that underlie and contribute to prosocial behaviour is useful with regard to understanding the factors that could promote or hinder the development of prosocial behaviour within a particular context. For this purpose, a holistic perspective is required, as stated by Eisenberg *et al*. (2006:654): "The key to understanding human prosocial behaviour lies in determining how biological factors, prior environmental influences on the child and the current context jointly affect prosocial behaviour." For the purpose of the current study, the researcher focused on the following factors which were considered to be important in contributing to the prosocial behaviour of adolescent females living in a children's home: biological determinants, prior context of abuse and neglect and the current context of a children's home (Refer to Figure 1 below).

Figure 1: Factors contributing to the development of prosocial behaviour



2.3.2 Biological determinants

2.3.2.1 Evolutionary development of prosocial behaviour

Biological determinants associated with prosocial behaviour refer to the evolutionary development of prosocial behaviour, as well as the neurophysiological structures that are discretely responsible for certain emotions, behaviour and cognition (Eisenberg, *et al*., 2006:653-654). Studies regarding the evolution of prosocial behaviour, specifically altruistic behaviour, explain that helpful behaviour toward group members (sharing the same genes) could benefit the group and, possibly, secure group survival (Eisenberg *etal*., 2006:652; Grusec & Sherman, 2011:266). However, when helpful behaviour is directed toward non-group members, selfless acts are much more difficult to understand. Trivers (1971:35-57) assigned the term 'reciprocal altruism' to such behaviour where helpful behaviour is directed toward a non-group member with the expectation of a returned favour. In this regard, Grusec and Sherman (2011:268)

emphasise the importance of genetic contributions in cognitive development which facilitate perspective taking. Evolutionary explanations of prosocial behaviour can therefore guide the current study in coming to an understanding of factors that could possibly contribute to the prosocial behaviour in a population group where it is thought to be unlikely.

2.3.2.2 Neurophysiological development

The neurophysiological structures that are considered to be of importance in emotional response include the prefrontal cortex, anterior cingulate, basal ganglia, amygdala and hippocampus (Adolphs, 2002:169; Phillips, Drevets, Rauch & Lane, 2003:510). According to Phillips *et al*. (2003:510), two neural systems are responsible for the identification and production of affective states and emotional response with a reciprocal functional relationship possibly existing between them, as indicated by the arrows in Table 2.

Table 2: Neural systems and their functions associated with emotional responding (Phillips, *et al*., 2003:510).

Ventral system	
Components	**Functions**
Amygdala, Insula, Ventral striatum, Ventral regions of the anterior cingulate gyrus and prefrontal cortex	Identify the emotional significance of environmental stimuli Produce affective states Regulate and mediate automatic responses to emotive stimuli
Dorsal system	
Components	**Functions**
Prefrontal cortex , Hippocampus and Dorsal	Integrate cognitive processes, both with and biased by emotional input

regions of the anterior cingulated gyrus	Perform executive functions, such as selective attention, planning and effortful regulation of affective states

As indicated in Table 2, the prefrontal cortex is considered to be responsible for complex executive functions such as the selection and planning of actions (Bremner, 2001:173) and regulation of social behaviour such as concern for others, perspective taking as well as the recognition of anger (Adolphs, 2002:171). The amygdala is associated primarily with reactions of fear (Adolphs, 2002:171). The researcher recognises the dynamic interplay between different cortical structures; however, it is beyond the scope of the current paper to provide a comprehensive review of the function and interplay of each structure. Of importance is to demonstrate that certain cortical structures are affected by trauma, thereby influencing the development of prosocial behaviour (Cicchetti & Toth, 2005:423).

2.3.2.3 Influence of abuse on neurological development

Brain imaging studies demonstrate that the development of neural pathways is different for children who have experienced abuse and neglect (Daniel, Wassell & Gilligan, 2010:27; Naudé, Du Preez & Pretorius, 2003:18). This difference in neural pathway development occurs due to the influence of high stress levels and anxiety caused by abuse which affect the amygdala, cyngulate gyrus and the orbitofrontal cortex (Glaser, 2000:100; Naudé, *et al*., 2003:17; Spann, Mayes, Kalmar, Guiney, Womer, Pittman, Mazure, Sinha & Blumberg, 2012:185-186). When these structures are either over-aroused or under-activated, it holds implications for the cognitive development of the child (Naudé, *et al*., 2003:11, 15). Cognitive development affects perspective taking which is facilitated by the dorsal premotor cortex and the right inferior parietal lobe (Ruby & Decety, 2001:548, 549). Eslinger (1998:195) has demonstrated that damage to the frontal dorsolateral cortex contributes to deficits in the cognitive aspects of empathy. Cortical structures responsible for empathy and perspective taking are therefore

expected to influence the individual's ability to regulate emotions and display prosocial behaviour.

2.3.3 Previous environmental determinants

2.3.3.1 Socialisation within the family

Socialisation within the family, in the context of a warm, caring relationship with a parent (mother), affects children's socialisation of empathy and could contribute to the development of prosocial behaviour (Farrant, *et al*., 2012:176; Staub, cited by Eisenberg, *et al.*, 2006:677). Children's learning about empathy and prosocial responses is facilitated by their mothers who act responsively and attend appropriately to their needs (Farrant, *et al*., 2012:176). Within the context of a warm, caring parental relationship, the child learns to identify and communicate emotions. This is referred to as 'mentalisation' (Ringel & Brandell, 2012:85). Mentalisation occurs as a mutual interaction between parent and child and fosters the ability of perspective taking (Ringel & Brandell, 2012:85) and empathy-related responses (Eisenberg, *et al*., 2006:661-662). This finding is confirmed by the work of Perry (cited by Daniel, *et al*., 2010:27) who states that the child learns about his own emotions and intentions and, gradually, those of others through the appropriate responses of caregivers. Appropriate responsiveness from the caregiver promotes healthy socio-emotional development which facilitates the development of prosocial behaviour in children and adolescents.

2.3.3.2 The effect of childhood trauma on development

Environmental circumstances, specifically childhood trauma, contribute to psychological problems in adolescence such as depression (Espejo, Hammen, Connolly, Brennen, Najman & Bor, 2006:297). Childhood trauma includes aspects such as "poor maternal care, parental marital problems, early death or separation from a parent, childhood physical and sexual abuse, and parental drinking and mental illness, particularly depression" (Zahn-Waxler, Shirtcliff & Marceau, 2008:286). In this regard, Naudé *et al*. (2003:17) and Music (2011:120) mention that the social functioning of children who have experienced abuse seems to be impaired. Such impairment is demonstrated in an

inability to regulate emotions, apply knowledge in a socially acceptable way and derive meaning from mistakes (Naudé, *et al*., 2003:17). Furthermore, Music (2011:120) is of the opinion that social functioning, affected by abuse, affects autobiographical memory and symbolic play, the ability to empathise and the capacity to infer what other people might be thinking.

Behavioural outcomes for maltreated adolescents are poor, with maltreatment having a significant correlation with physical, emotional, behavioural and cognitive problems (Erol, Simsek, & Münir, 2010:122). Daniel *et al*. (2010:122) distinguish between the effects of abuse and neglect. The authors suggest that abused children are often regarded as having "difficult temperaments" and "demonstrating anger when under pressure", thus demonstrating more aggressive behaviour. Neglected children often display passive behaviour in that they act helpless. Neglected children are also considered to be less sociable and demonstrate delays in development.

However, although a difference exists in the manifestation of the effects of abuse and neglect, Mejia, Kliewer and Williams (2006:257) have demonstrated that maltreated children display lower levels of prosocial behaviour and that maltreatment and prosocial behaviour are both directly and inversely correlated (Mejia *et.al*, 2006:265).

- *Posttraumatic growth*

According to Frazier, Greer, Gabrielsen, Tennen, Park and Tomich (2012:286), traumatic events could yield beneficial outcomes in some instances. These authors describe the beneficial consequence of trauma as a change in a person's sense of self, referred to as 'posttraumatic growth'. However, the majority of the research conducted on the relation between trauma exposure and prosocial behaviour applies to 'global' traumatic events, such as 9/11 or natural disasters, where people tend to be very helpful (Frazier, *et al*., 2012:287). In contrast with this, Bannermann (2005:356) argues that people in rural communities, who suffer from trauma due to abuse and neglect, receive much less help and support from the community and are more prone to be subjected to 'gossip, scandal and innuendo'. When people don't receive help and support and become stigmatised, outcomes for individual trauma could therefore be

very different from victims of ‘global’ trauma. According to Frazier *et al*. (2012:287) and Spann *et al*. (2012:183), further research is necessary in order to examine the relation between the experience of individual trauma and prosocial behaviour.

- *Resilience*

Although adverse environmental circumstances contribute to psychological problems (Espejo, *et al.*, 2006:296-297), research on resilience demonstrates that certain human strengths can ‘buffer against mental illness’ (Seligman, 2002:5). People who demonstrate resilience are able to endure traumatic life events by positive adaptation, which could otherwise lead to psychological problems (Luthar, 2005:739). Although resilience does not mean that the resilient child goes unaffected by adverse life circumstances, it does propose that children who have endured adverse experiences should be able to adjust healthily to current life circumstances (Papalia, Olds & Feldman, 2009:412).

Positive psychology is a field of psychology that embraces human strengths and wellness and the manner in which people manage to adapt healthily to stressful and traumatic life events by incorporating aspects such as resilience (Seligman, 2002:5). Seligman and Csikszentmihalyi (2000:5), regarded as founders of positive psychology, explain that positive psychology aims to illuminate internal human capacities and experiences that assist individuals, groups and institutions in past events, present circumstances and future endeavours. Rather than focusing on ‘curing’ mental illness, it focuses on preventing mental health problems by ‘nurturing what is best’ (Seligman & Csikszentmihalyi, 2000:7; Seligman, 2002:5).

A positive psychology paradigm is utilised for this study, since the focus in this study is on adolescent girls who have endured hardship yet managed to act in ways that are prosocial, thus focusing on positive traits rather than pathology (Sheldon & King, 2001:216). Prevention of mental health problems during adolescence, which is traditionally described as a tumultuous developmental phase, would go a long way, since ‘adolescence is the period of greatest vulnerability until the period of old age with its diseases’ (Burt, 2002:136).

2.3.4 Current environmental determinants

2.3.4.1 Context of a children's home

For the adolescent female living in residential care as a result of previous maltreatment, the impact of early trauma is augmented by the trauma of being removed from her family and familiar surroundings and having to adapt to a new living environment. For the purpose of the current study, this living environment refers to a children's home, also known as 'residential care' or child and youth care centres. Children are placed in children's homes when they are considered to be in need of care and protection (Children's Act, Chapter 9, Part 1. 2005) and when no safe alternative living arrangement could be made. Children are considered to be in need of care and protection when they endure maltreatment, abuse, neglect and/or degradation. A report by the South African Human Rights Commission (SAHRC) and UNICEF (SAHRC/UNICEF, 2011:6) states that in South Africa, 'violence against children is pervasive'. During 2009/10 more than 56 500 children were reported to be victims of violent crime and many more crimes remain unreported. Alarmingly, the report states that 'people closest to them perpetrate the majority of cases of child sexual and physical abuse'. Consequently, more than 88 600 children were declared in need of care by a children's court during 2009/10.

According to the SAHRC/UNICEF (2011:6) report, an approximate number of 13 250 children in South Africa reside in registered child and youth care centres. This number is alarming since, despite some research (Mennen, Brensilver & Trickett, 2010:1680) indicating that maltreated children living with non-relative or kin foster care display similar levels of behavioural problems as children in the state welfare system, the bulk of research demonstrates that children placed within residential care are more likely to present with significant behavioural problems (Erol, Simsek & Münir, 2010:118; Heflinger, Simpkins & Combs-Orme, 2000:68).

2.4 Adolescent development: An overview

Adolescence can be described as a bridge from childhood to adulthood, involving physical, cognitive, emotional and social changes and it is affected by the social

environment, culture and economic climate (Larson & Wilson, cited by Papalia, *et al*., 2009:419). The age range for adolescence varies between authors. In certain Western cultures, for instance, puberty, which is regarded as the process that leads to sexual maturation, starts before age 10 (Papalia, *et al*., 2009:419). Berk (2007:362) regards adolescence as the period between 12 and 18 years of age, whereas Papalia *et al*. (2009:419) define it as the period between 11 and 19 or 20 years of age. For the purpose of the current study, adolescents between the ages of 14 and 18 years were eligible for inclusion. This age range includes a more homogenous sample and an age where brain development is considered to be more mature (Papalia, *et al*., 2009:427).

2.4.1 Cognitive development

Developmental psychologists previously thought that the human brain reaches maturity by age 12 and that no significant changes occur thereafter (Wallis & Dell, 2004:46). More recent brain imaging studies have revealed that the human brain undergoes dramatic reorganisation between the ages of 12 and 25 years (Dobbs, 2011:43; Nelson, Leibenluft, McClure & Pine, 2005; Wallis & Dell, 2004:46-53). This reorganisation of the brain involves both structural and functional changes (Papalia *et al*., 2009:450; Nelson *et al.*, 2005:165-169), resulting in a more functional, streamlined brain (Dobbs, 2011:43). During this reorganisation of the brain, excessive, unused neural pathways are 'pruned', making the neural networks, and hence communication between areas, more effective. This process starts at the rear of the brain, moving last of all toward the frontal lobes (prefrontal cortex) (Dobbs, 2011:43; Wallis & Dell, 2004:49). As has been explained previously, the prefrontal cortex is responsible for complex, higher-level, analytical thinking processes (see 1.1.2). Maturation of the prefrontal cortex will thus enable a person to 'get better at balancing impulse, desire, goals, self-interest, rules, ethics and even altruism' (Dobbs, 2011:48). Papalia *et al*. (2009:445) also assert that the brain becomes better equipped for abstract thinking, Piaget's formal operational phase, as well as testing hypotheses to determine various outcomes, called hypothetico-deductive reasoning (Papalia, *et al*., 2009:446). Structural changes in the brain cause a growth in information processing, which changes the way that information is obtained, handled and stored and 'enables the adolescent to deal with complex

problems or decisions, involving multiple pieces of information' (Papalia, *et al*., 2009:450).

2.4.2 Development of moral reasoning

Advances in cognitive development hold implications for the development of moral reasoning in adolescents, since advances in cognitive development increases reasoning capacity (Papalia, *et al*., 2009: 451) and, therefore, prosocial moral reasoning (Eisenberg *et al*., 2006:661; Schaffer, 2009:333). Moral reasoning is manifested in prosocial behaviour, since morality encompasses the beliefs and values that people hold and how their behaviour relates to those beliefs and values (Bjorklund & Blasi, 2012:600; Charlesworth, 2011:556). Advances in moral reasoning with age are associated with an increase in prosocial behaviour from childhood through adolescence into early adulthood (Eisenberg, Cumberland, Guthrie, Murphy & Shepard, 2005:236, 237).

Research performed by Eisenberg *et al*. (2006:661, 685) on the development of prosocial moral reasoning, demonstrates a sequence in development as children's reasoning capacities mature and they progress from hedonistic reasoning to reasoning about abstract concepts and moral dilemmas as demonstrated in Table 3.

Table 3: Sequence of prosocial moral reasoning (adapted from Eisenberg, *et al*., 2006:661, 685):

Reasoning style	**Description**	**Age group**
Hedonistic reasoning	- Reasoning primarily concerned with the individual's well-being	- Pre-school - Early elementary - Adolescent elementary
Needs orientation	- Reasoning primarily concerned with fulfilment of personal needs	- Pre-school (increases until mid-childhood)
Stereotypical/ Other-approval	- Concerned with others' approval	- Elementary school - Some adolescents

orientation	- Actions aimed at fostering relationships	(declines in high school)
Affective orientation	- Demonstrating concern for the well-being of others	- High school students
Internalised values orientation	- Reasoning based on abstract concepts and moral dilemmas and personal values and moral emotions - Reasoning is more other-oriented	- Starts in late elementary school (only a few people)

2.4.3 Identity formation during adolescence

According to Erikson's psychosocial theory, the forming of a coherent identity is the primary developmental task of the adolescent (Berk, 2007:400; Powell, 2004:77; Rosen & Patterson, 2011:84). Identity formation during adolescence is based on the adolescent's self-concept and self-esteem (Rosen & Patterson, 2011:84). Self-concept refers to the perception that people hold of their unique characteristics and the roles they fulfil (Rosen & Patterson, 2011:84) as well as their achievements (Powell, 2004:78). Self-esteem is the evaluative component of the self-concept, evaluating aspects and qualities of the self as either positive or negative (Powell, 2004:78; Rosen & Patterson, 2011: 84; Schaffer, 2009:181).

Childhood experiences influence the way in which a person evaluates the self. Early attachment style in this regard seems to hold implications for the achievement of an identity during adolescence (Schaffer, 2009:181). Early attachment provides an internal concept of the 'self', 'other' and 'self in relationship with other' and fosters positive relationships later in life (Papalia, *et al*., 2009:228, 229; Schaffer, 2009:156). Children with secure attachments are more likely to evaluate themselves positively (Schaffer, 2009:181) and are shown to be better able to form 'supportive relationships and friends' (Eisenberg, *et al*., 2005; Schaffer, 2009:185).

A positive self-esteem “is likely to foster adaptive development in the years ahead to the extent that it derives from prosocial or otherwise adaptive life experiences rather than antisocial/ maladaptive conduct” (Schaffer, 2009:188). A well-defined self-concept and a positive self-esteem enable the adolescent to develop a well-defined sense of self through the acquisition of a personal identity (Rosen & Patterson, 2011:73).

2.4.3.1 Identity as buffer for risk-taking behaviour

A study by Dumas, Ellis and Wolfe (2012:924) demonstrates that commitment to a personal identity acts as a buffer for adolescent risk-taking behaviour (‘substance use and general deviancy’). These authors conclude that “…adolescent identity commitment may help to deter engagement in risk behaviours, even in the face of more domineering peer group behaviour.” Berk (2007:403) states that connectedness to parents with warm, loving relationships and close friendships with peers also facilitate the achievement of an identity.

2.4.3.2 Effect of trauma on identity development

For the adolescent who has endured trauma, the formation of an identity could be complicated. Children who have not formed secure attachments and who have endured maltreatment develop an insecure/disorganised attachment style (Cicchetti & Toth, 2005:419). Bannerman (2005:356) explicates that experiences such as abuse, neglect, violence and chronic criticism impact the adolescent’s identity formation, since these experiences shape the adolescent’s ‘emerging self-identity’. Adolescent girls’ self-esteem has been found to be twice as low as that of boys (Santrock, cited by Powell, 2004:77) and a girl’s identity formation already starts in childhood as she separates from her mother. For adolescent girls who have endured maltreatment during childhood and adolescence, the task of forming a coherent identity could therefore be especially complex.

2.4.4 Development of the female adolescent

The development of adolescent boys and girls differs in various respects, such as physical, hormonal and psychological aspects (Berk, 2003:193). Ponton (1993:353,

354) states that the onset of menarche is currently earlier for girls than it used to be and Schaffer (2009:186) states that girls tend to mature earlier than boys. Early maturation affects a girl's body image and self-confidence (Ponton, 1993:354) and girls also tend to be more dissatisfied with their body and physical appearance (Eisenberg, Neumark-Sztainer & Paxton, 2006:525).

Girls, more than boys, tend to be socialised into a 'relational role', where a girl's self-esteem is attained by connection with other people (Abrams, 2002:52). Therefore, since girls tend to place considerable weight on the positive evaluation of others (Zahn-Waxler, *et al*., 2008:280), this socialisation into 'femininity' could contribute to her inner conflict.

Ponton (1993:357), referring to Lamb (Psychotherapies with girls), states that an adolescent girl's developmental tasks include: 'the development of a sense of separateness from her parents; individuation, becoming her own distinct person separate from her family members; identity formation, finding a sense of the person she is and the person she would like to be; achieving intimacy, a process that allows her to develop closeness and exchange confidence with certain select peers and adults; developing a sense of confidence and mastery; and acquiring understanding and control of her impulses (Lamb, cited by Ponton, 1993:357). The adolescent female therefore faces unique challenges during her development.

2.5 Conclusion

Although outcomes for youth in residential care are considered to be discouraging, much is done in the residential care facility to improve behavioural outcomes and invest in the children's lives. In the residential care home, children are provided with care of their basic physical needs such as clothing, housing, schooling, food, security, stability, as well as psychological care in the sense of providing relevant therapy, life skills and emotional support (Children's Home, s.a.). A focus on the development of prosocial behaviour could provide additional insight into how behavioural outcomes, for children growing up in residential care after experiencing abuse and neglect, could be improved.

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SECTION B: ARTICLE

FACTORS CONTRIBUTING TO PROSOCIAL BEHAVIOUR OF ADOLESCENT FEMALES LIVING IN RESIDENTIAL CARE

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ABSTRACT

This study explored factors that contribute to the prosocial behaviour of adolescent females, aged 14-18 years, currently living in a children's home in the Tshwane-metropole, Gauteng, South Africa. The research was conducted within the positive psychology paradigm, focusing on the participants' strengths and competencies which enabled them to overcome adversities and demonstrate healthy adjustment. Individual interviews were conducted using an intrinsic case-study research design. Thematic data analysis was performed, using Creswell's spiral of data analysis (2009:186-187). Internal and external factors were identified which contribute to the prosocial behaviour of adolescent females living in residential care. Internal factors include (1) the attainment of a moral identity, (2) an internal locus of control and (3) the capacity for critical thinking. External factors illuminated the importance of both secure attachments and a supportive, nurturing environment. These findings emphasise the importance of a caring and supportive environment that provides nurturance and guidance for maltreated children, thereby promoting prosocial behaviour.

Behavioural outcomes for youth in residential care are discouraging. Research by Keil and Price (2006) indicates that half of the youth in welfare settings exhibit externalising behavioural problems which are believed to be much higher than those seen in the youth in 'non-referred' community samples (Keil & Price, 2006).

Youth who are placed in residential care have often been removed from their parents because of maltreatment. Maltreatment is defined as being a gross neglect in

the environment to foster ‘normal’ development, thereby resulting in disturbances in development (Cicchetti & Toth, 2005).

Disturbances in development include the functioning of certain cortical structures which are affected detrimentally by the high stress levels caused by abuse and neglect (Cicchetti & Toth, 2005; Glaser, 2000; Naudé, Du Preez & Pretorius, 2003; Spann et al., 2012). Cortical structures include, among others, the prefrontal cortex and the amygdala which are responsible for complex thought processes and emotion regulation (Spann et al., 2012; Glaser, 2000; Naudé et al., 2003). When these structures are affected, it holds implications for the development of prosocial behaviour, rendering it less likely to occur (Anthonysamy & Zimmer-Gembeck, 2007; Mejia, Kliewer & Williams, 2006).

Children in residential care have most likely been subjected to different forms of maltreatment (Keil & Price, 2006), not only having to endure the trauma of maltreatment, but also the trauma of being removed from their familiar home environment (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Keil & Price, 2006).

This home environment, although familiar, was often deprived of warm parenting which would then have affected the overall development of the child (Daniel, Wassell, & Gilligan, 2010), suggesting that these children are at greater risk for poor behavioural outcomes.

However, despite the far-reaching consequences of maltreatment, research on resilience illuminates the factors that strengthen positive adaption in youth and which also buffer the effect of negative life stressors (Luthar, 2005; Masten, 2001). Resilience is regarded as being the achievement of good developmental outcomes in the face of

adversity (Luthar, 2005; Masten, 2001; Masten & Coatsworth, 1998). The concept of resilience is especially relevant for studies of children in welfare settings who have been removed from their parental homes because of maltreatment and are subsequently placed in residential care.

According to Masten and Coatsworth (1998) and Papalia, Olds and Feldman (2009), children need secure attachment relationships for healthy development and adjustment. Ginsburg (2011) indicates the importance of a secure attachment relationship, even with only one caring adult. For Mikulincer and Shaver (2007), the importance of secure attachments lies in the fact that a secure attachment makes children less vulnerable to psychological problems and renders them more likely to form close relationships with their peers and adults. A secure attachment relationship is therefore regarded as being a protective factor for youth.

Adolescence, generally regarded as being a period characterised by an “identity crisis” (Daniel et al., 2010, p. 212), could be especially challenging for youth in residential care without a proper support network (Daniel et al., 2010). However, adolescents who experience a secure attachment relationship with a significant other, possess a feeling of belonging which contributes positively to their self-concept (Bjorklund & Blasi, 2012). A secure attachment relationship also facilitates the formation of an identity during adolescence in that the attachment figure not only provides security, but also impacts on the child’s sense of self and their moral development (Schaffer, 2009).

Moral values which are either modelled or taught to children and adolescents are incorporated into the self, facilitating the formation of a moral identity (Hardy, 2006).

According to Hardy (2006), moral identity is a bigger motivation for prosocial behaviour than are empathy and reasoning skills, since people experience a higher sense of "obligation, responsibility and desire" to live consistently with these virtues (Hardy, 2006, p. 208).

Moral values could therefore be considered to be a compass for the individual, allowing them to act according to certain internalised values or principles and leading to feelings of guilt and shame when acting contrary to these values and principles (Schaffer, 2009). When people feel a sense of pride or satisfaction in response to their own behaviour, it influences future behaviour (Pajares, 2006). Adolescents, who act in accordance with their personal goals and beliefs, will thus come to possess a feeling of satisfaction that will motivate future prosocial behaviour.

Another factor that contributes to prosocial behaviour is cognitive development. Cognitive development facilitates the development of perspective taking and other critical-thinking processes related to prosocial behaviour (Eisenberg, Fabes, & Spinrad, 2006; Farrant, Devine, Maybery, & Fletcher, 2012; Grusec & Sherman, 2011; Hyson & Taylor, 2011). Cognitive abilities facilitate a person's interpretation of a situation and the understanding of what kind of help is needed (Eisenberg et al., 2006). As the child progresses into adolescence and their cognitive abilities mature, the adolescent begins to understand and appreciate the implications of abstract prosocial behavior and is able to act according to abstract norms and social values. This relates to Piaget's formal operational stage (Schaffer, 2009).

Adolescents are therefore well equipped cognitively to evaluate their own skill in helping other people. Adolescents who consider themselves to be equipped with the

necessary skill and capability to help others, will therefore be likely to provide assistance and help, thus behaving prosocially (Eisenberg et al., 2006). Prosocial behaviour becomes increasingly gender differentiated with increase in age (Eisenberg et al., 2006), with girls regarded as being more prosocial than boys. However, the adolescent girl's increased need for the positive approval of her friends could influence her decision to help others (Zahn-Waxler, Shirtcliff, & Marceau, 2008).

STUDY OBJECTIVES

A disproportionate number of children in South Africa are being maltreated. This number seems to be increasing annually, with a 22% increase in child murder from 2006/2007 to 2007/2008 and 45% of all rape cases being child rape (Langner, as cited in SAPA, 2009). A report by eNews Channel Africa (eNCA, 2013) states that, “more than 100 cases of child abuse are reported every week. And nearly 50 000 cases of crimes against children (under 18) were reported between 2011 and 2012”.

Statistics from the South African Police Service (Pawelczyk, 2012) reported a total of 54 000 crimes committed against children between 31 March 2011 and 1 April 2012. Still, this number is expected to be “grossly underreported” (Pawelczyk, 2012). Support services for children are very much needed, with the viewpoint of not only preventing further maltreatment but equipping children to make positive life decisions in order to enhance behavioural outcomes.

The researcher facilitated weekly group-work counselling sessions at a place of safety for adolescent females in the Tshwane Metropole, Gauteng, during 2012. The researcher noticed that the girls sometimes behaved with hostility and animosity toward each other and the house mother, whilst at other times they behaved with compassion

and goodwill. These observations motivated the researcher to investigate factors that contribute to prosocial behaviour in maltreated adolescent girls in residential care.

Further investigation into information on the relation between prosocial behaviour and maltreated youth yielded little information, despite the abundance of research performed on the development of prosocial behaviour. This observation has been confirmed by other authors such as Blumberg et al. (2012) and Vollhardt (2009).

The purpose of this study was thus to explore the factors that contribute to prosocial behaviour in maltreated adolescent females living in residential care. It is crucial to gain an understanding of the factors that contribute to prosocial behaviour from the child's point of view in order to develop guiding principles for appropriate services and interventions that could improve behavioural outcomes for adolescent females in residential care.

METHOD

PARTICIPANTS

The research was conducted at a children's home in the Tshwane Metropole, Gauteng, South Africa. The particular children's home was selected because of the fact that children who are placed there have been subjected to abandonment, neglect, emotional and/or physical abuse or have been orphaned by HIV. Selection of participants relied on purposive sampling (Bloomberg & Volpe, 2008) since the researcher was interested in obtaining rich information from a specific population group.

The study population consisted of adolescent females, ranging between the ages of 14 and 18 years who have been living in the children's home for a period of six months or longer and who have previously been exposed to maltreatment. Selection of

participants was performed by the social workers in conjunction with the house mothers, focusing on the adolescents' demonstration of prosocial behaviour based on the following criteria adopted from Eisenberg et al. (2006): (1) displays helpful behaviour toward other children or the house parents; (2) frequently shares with other children; and (3) more often than not adheres to the house rules. The following table contains the details of the participants:

Table 1

Summary of participants

Participant number	**Age**	**Duration in children's home**	**Type of maltreatment**
2	14	2 years	Sexual abuse
3	16	3 years	Inappropriate sexual exposure, physical neglect and emotional abuse
4	14	7 months	Physical neglect, emotional abuse and neglect
5	17	13 years	Physical neglect and emotional abuse
6	17	7 years	Physical neglect

PROCEDURE

This study received approval from the internal research panel and the faculty board of the North-West University and the children's home. All participants first gave their assent, after which the social worker signed the consent form.

The researcher adopted an intrinsic case study design (Creswell, 2013; Fouché & Shurink, 2011) in order to yield detailed information on factors that contribute to their prosocial behaviour (Schramm, as cited in Yin, 2003).

The researcher conducted two one-on-one semi-structured interviews with each participant (Creswell, 2009; Greeff, 2011) using an interview schedule (see Appendix E). The aim of the first interview was to give participants the opportunity to tell their 'life story', thereby enabling the researcher to obtain a holistic view (Fouché & Delport, 2011) of the participants. The researcher proposed that participants draw a 'life-map' to assist them in telling their life story. Through the telling of their life story, information was obtained about important experiences and people in the participants' lives.

The aim of the second interview was to obtain information regarding the participants' reasoning on what they regarded as being appropriate behaviour in specific situations (Barter & Renold, as cited in Bryman, 2012). Firstly, to elicit conversation about participants' reasoning and behaviour, the researcher first showed participants a picture (refer to Appendix E). The participants' perception of the scenario was then explored. The discussion centred on what they thought their action would have been in that scenario with further exploration of the reasons for that behaviour. Secondly, participants watched a video clip (http://www.youtube.com/watch?v=fzbNMHNSi2E; seconds: 1.40–2.05) (YouTube, 2013) of a woman who picks up an item (which could

have been interpreted as a wallet) from a man who has dropped it without noticing. A discussion then commenced which centred on the participants' interpretation of the scenario and what they thought they would have done in such a situation.

The researcher kept field notes (Bryman, 2012; De Vos, Fouché, & Schurink, 2011) during the course of the study to record (1) what the researcher was learning from the emergent themes, patterns and connections from the data; (2) the researcher's connection with the participants and the progress of the research; (3) ethical concerns that the researcher became aware of during the study; and (4) the researcher's personal thoughts and feelings regarding the participants and research setting.

The interviews were recorded on a digital voice recorder (iPad) and a video camera. Digital voice recordings were used for transcription purposes and the video material was used by the researcher in order to look for body posture and non-verbal cues that may have been overlooked during the actual interview (Bryman, 2012).

Interviews with two participants were not included in the data analysis, because of non-compliance with the inclusion criteria. Data collection continued until the same themes emerged from different participants and the researcher considered the data to be saturated (Creswell, 2006).

DATA ANALYSIS

The researcher made use of the levels of data analyses as set forth by Cresswell (2009). The interviews were transcribed by an independent transcriber, during which time the researcher watched the video recordings so as to familiarise herself with the data and to obtain an overall 'feel' of each participant. The researcher then performed within-case analyses (Creswell, 2006) by scrutinising the data from each first interview,

then organised, prepared and scrutinised the data of the second interviews for each participant. Data analyses were performed electronically; the researcher read through each interview and electronically highlighted significant responses from the participants, while making electronic notes in the documents. These data were then copied into Microsoft Excel®, which enabled the researcher to assign colours and codes to the data and then sort the data per code. Once coding was completed, the researcher ascribed themes for different data categories.

Thematic analyses were thus performed on the interview discussions and the researcher's field notes. The life map did not yield significant information and was omitted from the data analysis. Once the within-case analysis was completed, the researcher performed a cross-case analysis (Creswell, 2006) by merging the corresponding codes from interviews one and two of each participant into a new worksheet.

This enabled the researcher to scan the data with ease for congruence and, where applicable, to make the necessary adjustments. The researcher adjusted the categories based on the discussions with her supervisor and careful reflection of identified categories.

The researcher was committed to producing results that are trustworthy. Therefore, rich and detailed information was obtained in order to yield "thick descriptions' that conveyed research findings and enhanced transferability of data descriptions" (Lincoln & Guba, 1985, p.289). The researcher kept all records pertaining to the research study in either hard copy or electronic format. The researcher continuously made use of peer debriefing and collaborated closely with her supervisors

in order to review and ask questions about the study. The researcher kept reflective notes throughout the research so as to minimise subjective influences (Bryman, 2012) and considered any bias that might interfere with the research findings (Creswell, 2009). The researcher aimed to engage in such a way with the data that themes 'crystallise' from the data in order to enhance the confirmability and credibility of the study.

RESULTS

During data analysis, the following two main themes that emerged from the data were formulated:

- Internal factors that contribute to prosocial behaviour in adolescent females living in a children's home;
- External factors (field) that contribute to prosocial behaviour in adolescent females living in a children's home.

The data obtained from the first interview highlight the important role of significant others in the participants' lives with regard to establishing a secure attachment and trusting relationships. The data demonstrate that participants have formed a secure attachment with one or more significant others and that this person is still actively involved in the participant's life (except for one participant whose grandfather has passed away).

The data furthermore illuminate that the participants have formed a trusting relationship with other significant people who contribute positively to the participants' lives by providing nurturance, care and support. The significant others have, in some way, influenced the participants' lives so that they have adopted certain values held by

those significant others. These values provide guidance for behaviour and motivate prosocial behaviour.

The data obtained from the second interview provide insightful information on the participants' thought and reasoning processes in situations where help is required, which demonstrated a capacity for critical thinking. The participants also demonstrated that their behaviour is guided by their internalised moral values.

DISCUSSION

The main themes with their subthemes and categories will be discussed below.

Main theme 1: Internal factors that contribute to prosocial behaviour in adolescent females living in a children's home

This theme has been divided into three subthemes, each with its own categories, as listed below in Table 2:

Table 2

Subthemes and categories of Main theme 1

Main theme 1: Internal factors that contribute to prosocial behaviour in adolescent females living in a	**Subtheme 1:** Moral identity	• Moral principles central to identity • Upholding a 'caring principle' • Faith
	Subtheme 2: Internal locus of control	• Self-efficacy

children's home	**Subtheme 3:** Capacity to engage in critical thinking	• Internalise lessons from previous experiences • Critical analysis of a situation

Eisenberg et al. (2006) suggest that when considering factors that affect the development of prosocial behaviour, one should investigate the biological, current contextual and previous contextual factors. For the purpose of the current study, biological factors such as neurophysiological underpinnings and heritability (Eisenberg et al., 2006) could not be investigated. However, personal characteristics emerged from the data which could have biological underpinnings, but the researcher refers to these personal characteristics as 'internal factors'.

Subtheme 1: Moral identity.

The attainment of a moral identity as proposed by Hardy (2006) is a factor considered to contribute to prosocial behaviour by the participants of this study, because of the fact that moral values and principles were held central to their identity.

Moral principles central to identity.

The empirical data demonstrated that participants hold moral values central to their identity and are committed to act according to the internalised values, as demonstrated by participant 6:

> If I tell someone I will do something, then I will do it; and I have values for a reason because it makes me a better person. I've put it there because I know myself. When I feel something is not right, I have my values [to guide me].

The participant's values and beliefs were based on broad principles of right and wrong, which represent post-conventional or principled morality, as indicated by Kohlberg's theory of moral development (Schaffer, 2009). Participants demonstrated a concern for others, which was motivated by their internal moral values. This is confirmed by words such as, "I can't lie", "respect", "I am an honest person" and "I have values". Richardson (2002) states that people who live within their moral framework possess energy and vitality, whereas much of a person's energy is taken up in guilt when living outside his or her moral framework. In line with Richardson's reasoning, the participants indicated that they behave within the boundaries of their moral values and convictions. In this regard, participants 2, 3, 5 and 6 mentioned the following:

> *Participant 2:* "I am not a person who steals. It is better to return something and not to feel guilty all the time".
>
> *Participant 3:* "If I would have used it [money in a purse], I would feel bad. It would bother me the whole time. It would feel as if I'm guilty. Maybe my conscience would also bother me".
>
> *Participant 5*: "It doesn't feel right to keep something that is not mine. It feels as if you are stealing. Rather return it".
>
> *Participant 6*: "It is important for me to keep a promise I have made, especially to small children. If I tell someone I will do something, then I will do it".

Eisenberg et al. (2006) refer to this intrinsically-motivated behaviour to benefit another, as altruistic behaviour. Participants therefore not only demonstrated prosocial behaviour but also altruistic behaviour, since they behave out of concern for other

people, based on their internalised moral values. Internalised moral values therefore contribute to the prosocial behaviour seen in this population.

Grusec and Sherman (2011) state that a person might consider the reaction of the recipient when offering help or assistance. This reaction could influence the person's decision to provide help or assistance. In the current study, participants 2 and 3 indicated that it was more important for them to be true to their values than to elicit a positive reaction from the recipient:

> *Participant 2*: "No, it doesn't matter [what the recipient's reaction is], as long as he gets his stuff back".
>
> *Participant 3*: "I would have told him that he has lost something. I don't know what his reaction would be; maybe he would have said thank you and picked it up; or maybe he doesn't want to do that. But at least I know I did something".

The reaction of the recipient was, however, important to participant 5, who expected people to be kind and to show respect toward other people:

> "People have to thank you when you return something that they have lost; you have to say thank you".

Participants 2 and 4 responded that they would help the person, regardless of whether they knew the person or not, indicating a universal principle of providing help. The following is their reaction to the question asking whether they would behave differently toward a stranger than toward a person they know:

> *Participant 2*: "No, it would not matter".
>
> *Participant 4*: "I will still help him, although I do not know him".

Participant 3 was reluctant to get involved too closely with someone whom she didn't know, mainly because of concern for her personal safety. She did, however, explicitly say that she would see to it that the person received help or assistance:

> "It depends how well I know him. If I know him, I will maybe help him up. But if I don't know him, I will make sure he knows I care although I don't know what to do".

Moral development, according to Kohlberg (as cited in Schaffer, 2009), is dependent on both cognitive development and social experiences. In the context of the current study, the social experiences relate to socialisation through significant people who have been involved in the participants' lives and who have contributed to their moral development. Socialisation of moral values through a significant other is discussed under 'Significant people' later in this article.

With regard to cognitive development, Eisenberg et al. (2006) explain that enhancement in cognitive abilities because of an increase in age, contributes to prosocial behaviour. Although cognitive functioning was not assessed, the empirical data demonstrated the participants' cognitive evaluation of the scenarios and the thought process involved in their decision to provide help. This aspect will be elaborated upon under the section 'Capacity to engage in critical thinking'.

With regard to identity achievement, the researcher observed that participants were at ease with themselves and demonstrated a knowledge and acceptance of their personal characteristics. They demonstrated a determination to improve themselves and to live a life that falls in line with their internalised moral values. The researcher thus

concludes that these values, expressed in a moral identity, contribute to the prosocial behaviour seen in this population.

Upholding a 'caring principle'.

Participants shared with the researcher that they care about the well-being of other people. They also indicated that they enjoy helping where help is 'expected', such as completing their duties in the house at the children's home, as well as helping people who, in some way or another, require help or assistance.

Hoffman (2000) explains that people might live according to a 'caring principle'; in other words, they live according to an internalised principle of helping other people. A person might thus feel empathy toward someone, but at the same time feel a moral obligation to help in order to act according to his or her own convictions. The researcher is of the opinion that the participants' identity encompasses a caring principle, whereby they hold the principle that they want to be known as people who care about others, but are also motivated to act out of their emotional response toward another's plight, as illustrated by the following quotes:

> *Participant 2*: "I want to help people".
>
> *Participant 3*: "I want people to think that they can trust me and that they can talk to me about anything".
>
> *Participant 4*: "I just like helping people, I help everyone".
>
> *Participant 5*: "I like to help people wherever I can".
>
> *Participant 6*: "It is important for me to be there for people and to try to give them advice".

From the above statements, it is evident that the participants hold a caring principle, which is embedded in their self-concept.

The empirical data demonstrated that the participants are capable of recognising their own and others' emotions and are willing to act on these emotions; indicating that they experience both empathy and perspective taking, which are considered by Eisenberg et al. (2006) to be important for prosocial behaviour. The participants thus demonstrated emotional responsiveness toward other people. Daniel et al. (2010) have demonstrated that people who have been abused over a prolonged period of time are expected to show a limited range of emotions and their emotions tend to be flat, depressed, sad or resulting in angry outbursts and the development of prosocial behaviour is considered to be hindered. However, the current study demonstrated that participants are able to act prosocially. These strong convictions with regard to helping other people, together with appropriate emotional responding, could be regarded as both surprising and encouraging in this population of maltreated adolescent females.

Faith.

Richardson (2002) asserts that faith, whether in God or another "creative force", provides motivation for a person and is a source of inner strength. Faith is also regarded by Masten and Coatsworth (1998) as being a characteristic of resilient children and adolescents. In this study, faith is a theme that emerged from the empirical data. All of the participants regarded themselves as Christians and explained to the researcher what it meant for them to believe in God, as is demonstrated by the following from participants 3 and 6:

Participant 3: “I asked the Lord to help me and at the end He did. It is actually very important to believe in God”; and “Sometimes it is difficult to be his child, to stay on the right path; it is difficult to do that, but then I try until I get it right”.

Participant 6: “I am not afraid to talk about God here at the children’s home. If you think I’m a fool, well then that’s your problem”.

Some participants engage actively in faith-based activities such as going to church and Bible-study groups. Participants 2 and 6 shared with the reseacher that they had decided to become Christians after they had attended such activities. Bible-study groups are held regularly at the children’s home and the children are invited to attend these groups. Participant 3 stated that she doesn’t go to church regularly since she thinks it is not really necessary, but she attends the Bible-study groups, which mean a lot to her.

Being religious and participating in faith-based activities could provide a basis for the participants' moral values and convictions, thus encouraging prosocial behaviour.

Subtheme 2: Internal locus of control.

People who consider themselves to have the power to achieve change through their actions, demonstrate an internal locus of control. In light of the current study, an internal locus of control implies that participants consider themselves to be capable of both enduring and overcoming adversity. According to Masten and Coatsworth (1998), an inner locus of control links with self-efficacy, as people who have an inner locus of control display self-efficacy by accepting responsibility for their behaviour and motivating themselves.

Self-efficacy.

Self-efficacy relates to the beliefs that people hold about their capabilities with regard to succeeding in certain tasks and provides the "foundation for motivation, well-being and personal accomplishment in all areas of life" (Pajares, 2006, p. 339). The participants demonstrated self-efficacy, in that they are able to make their own choices, accept the consequences for their choices and behaviour, set specific goals for their future and motivate themselves to achieve their goals, as evidenced by participants 2 and 3:

> *Participant 2*: "I motivate myself, if there is no one to motivate me, I motivate myself by saying to myself 'I can do it, I'm strong enough, and I can!"
>
> *Participant 3*: "I know I can do it, I know I can be in the top 10. I will do it, I will!"

The participants also demonstrated goal-directed behaviour, since they have specific plans or goals for their future and are motivated to achieve these goals. Participant 2 stated that she would like to become a social worker, since she would like to help other people with their problems. Participant 4 wants to become a photographer, participant 5 would like to become a hairdresser and participant 6 said that she has a dream of becoming a pastor.

Goal-directed behaviour evidences self-efficacy beliefs and, as the participants set goals for their future, they also have behavioural goals, both of which contribute to their decision to act in a prosocial manner.

Self-efficacy beliefs further support the participants' evaluation of themselves as being capable of helping people. According to Eisenberg et al. (2006), one first needs to

feel the capability to help before help is provided. In response to the picture shown to the participants, participants 2, 4, 5 and 6 were confident about offering help, but would also consider asking other people for assistance, as is demonstrated by participant 2's response:

> I would have helped him and then I would have taken him to someone who could help him with his problems. I would have helped him and if he struggled, I would have got someone who could have helped him.

Participant 3 demonstrated some reluctance to help the victim, since she perceived the scenario in the picture as the victim being bullied. Being concerned for her own safety, she said she didn't know what to do to help him, but thought it appropriate to report the incident to the principal or a teacher.

Based on each participant's frame of reference, the situation was interpreted differently. However, all participants perceived that the victim needed help and considered themselves capable of helping, indicating their belief of self-efficacy.

Subtheme 3: Capacity to engage in critical thinking.

Prosocial behaviour is expected to increase with age, as the cognitive abilities of children advance, thereby influencing their reasoning and motivation (Schaffer, 2009). Adolescents who are in the formal operational phase (Schaffer, 2009) can understand and appreciate the implications of prosocial behaviour. Adolescents can now act according to a universal principle such as the Golden Rule ('do unto others as you would have them do unto you'), which encourages them to act in a prosocial manner toward a larger range of people, thus doing good to 'all'. Adolescents may also

experience a big responsibility to help others in order to avoid feelings of guilt (Schaffer, 2009).

As discussed previously under the subtheme ‘Moral identity’, Kohlberg (as cited in Schaffer, 2009) feels that advanced cognitive abilities encourage moral development. The following discussion focuses on the participants’ critical thought processes, which demonstrate advancement in cognitive abilities:

Internalise lessons from previous experiences.

Although each participant’s circumstances during childhood were different, the researcher observed that they held a positive attitude about both their past and current circumstances. The participants conveyed to the researcher that they have internalised lessons learned both from other people and previous experiences, thereby demonstrating that they can reflect on and learn from past experiences. This is illustrated as follows:

> *Participant 5*: When I was young, I never cared about other people. I just thought of myself. But then I realised how other people who are not in the children’s home are suffering more than we do; so now I care for them; or I want to do something.
>
> *Participant 6*: I was very rude once, but then I actually remembered what my grandmother always did for us. That caused me to change for the better. If I continued to do what I did, and be so rude, then I would have become a bad person.

The researcher is of the opinion that the participants have gained insight into their own process and are therefore able to assimilate lessons from the past into the self.

These 'lessons' learned seem to motivate the participants to consider the consequences of their behaviour.

Critical analysis of a situation.

The way in which people interpret a situation, influences their decision to provide help or assistance (Eisenberg et al., 2006). A person therefore has to perceive that help or assistance is required before a judgement regarding action is made. In the current study, the participants were asked to relay to the researcher what they considered to be happening in the picture and video clip. With regard to the picture, the participants responded more or less unanimously that something had happened to the man and that he needed help.

Their responses to the video clip were also unanimous as all the participants responded that the man had dropped something and the woman returned it to him.

Being able to understand the situation relates to perspective taking, which is regarded as being a necessary component for prosocial behaviour (Grusec & Sherman, 2011). The participants' ability to demonstrate perspective taking is surprising in light of research by Daniel et al. (2010) and Naudé et al. (2003), which points to deficits in the neural development of maltreated children because of the influence of high stress levels associated with abuse and neglect. However, the participants in this study demonstrated the capacity to analyse the situation critically and to perceive when help is required.

Main theme 2: External factors that contribute to prosocial behaviour in adolescent females living in a children's home

The subthemes and categories for Main theme 2 are summarised in Table 3 and discussed below:

Table 3

Subthemes and categories of Main theme 2

Main theme 2: External factors that contribute to prosocial behaviour in adolescent females living in a children's home	**Subtheme 1:** Significant people	• A secure attachment relationship with a mother • Secure relationships within the wider field
	Subtheme 2: Current living arrangements	• The children's home fosters positive experiences • The children's home as a stimulating environment

Subtheme 1: Significant people.

The 'significant people' refer to various role players, such as a mother, grandparent, house mother, social worker, peers and/or teachers with whom the participants have formed a special bond and who have impacted positively on their lives. This support from various people is encouraged by Ginsburg (2011), who states that children need support on many levels from society, visualised as "concentric circles of guidance, protection, and opportunities" (p. 335).

A secure attachment relationship with a mother.

A secure attachment relationship provides the basis for healthy socio-emotional development in which children learn about their own emotions and the emotions of other people (Schaffer, 2009). Four out of the five participants have a secure attachment with their mothers, whom they still regard as being very important to them.

From the empirical data, the researcher infers that these 'secure relationships' have certain qualities, the most important of which is 'trust'. According to Daniel et al. (2010), the securely attached child can consistently rely upon "emotional warmth, non-punitive discipline and attuned responsiveness in circumstances of anxiety, separation or transition" (p. 30). Participants who experienced secure relationships with their mothers, experienced trust, which related to a feeling of safety in the relationship. The trust that these participants experienced for their mothers is probably best demonstrated by the phrase "always being there for me". Therefore, despite the trauma endured by the participants, this trusting relationship acted as their support and as a 'safety net'.

Secure relationships within the wider field.

Secure relationships within the wider field contribute to a person's feeling of belonging and trust. Masten and Coatsworth (1998) state that a secure relationship with an adult predicts adaptive behaviour later in life and Stein (2009) argues that the presence of a secure attachment with an adult other than the parent can improve outcomes for children leaving foster care. According to Ginsberg (2011), additional secure relationships can promote healthy development by providing additional support, love and care.

In addition to the secure attachment relationship that participants have formed with their mothers (participants 2, 3, 4 & 6), they have also formed secure relationship with other adults who have been involved in their lives, such as a grandparent, family friend, house mother at the children's home, a teacher or their social worker.

As per Ginsburg's (2011) description of secure relationships as layers of support in a concentric circle, the relationships that the participants have formed with significant others can be divided into four categories. The first category involves the participants' family (whether own or step-parents), such as a grandmother, whom participant 2 described as follows:

> My grandmother is like my life. I love her very much. She basically raised me until I went to school, and then my mother took over. She accepts me like her own child; not like her grandchild. This makes me feel very special; like I have two mothers. This makes me feel awesome.

For participant 4, another person in the 'family' category is her step-father, whom she regards as always being there for her. Participant 3 said the following of her eldest sister: "She gives me advice and always listens to all my stories. She helps me whenever she can. She is cleverer than I am, so she always helps me". Participant 6 also has a special relationship with her sister and grandmother and participant 4 with her grandfather.

Participant 5 has been in the children's home since the age of four and does not have a close bond with her parents, whom she sees only irregularly. She has, however, formed a secure relationship with an adult couple who act as a 'substitute' for her absent parents. She stated the following with regard to her relationship with them:

> “They stand out more for me than my own parents. My ‘uncle’ has been there for me more than my own parents. They feel like my own parents. My own parents have never been with us”.

The second category of support refers to people who are connected to the children’s home, such as the house mother, whom participant 2 described as being like a real mother to her when she stated: “I wondered if this is really the house mother or my own mother”.

The third category of support refers to certain friendships, considered to be meaningful to the participants. Participant 3 has a friend about whom she says the following, “I can talk to him about anything”. Her friend helped her to establish a stronger sense of self, since he taught her not to be shy anymore. Participant 6 also recognised the important role that friends have played in her life by stating the following: “My friends contributed to who I am today. They play a very important role in my life. If it weren’t for the children’s home, I never would have met them so I am actually grateful for that”.

The fourth category of support refers to teachers, who are able to act as mentors by providing guidance with regard to emotional problems and modelling certain values. Participant 4 said that she has learned the following from a teacher: “[T]o be proud on [sic] myself, not to quit and if I want to quit, I must just keep on trying”.

In the context of the current study, secure relationships can be regarded as being the safety net which provides support, love and care to the participants, fostering positive adaption and behaviour outcomes.

Subtheme 2: Current living arrangements.

The children's home makes use of the 'Houseparent Model' (Jones, Landsverk, & Roberts, 2007) by placing about 13 children in a house with a married couple who act as house parents, thereby 'simulating' a home environment. The context of the children's home contributes to the participants' emotional and social development and provides opportunities for development of certain skills. This section demonstrates that participants experience their stay at the children's home in a positive light.

The children's home fosters positive experiences.

Research by Erol, Simsek and Münir (2010) demonstrates that children in residential care have a higher incidence of emotional and behavioural problems than children living in the community. The authors (Erol et al., 2010) therefore warn against the placement of children in institutionalised facilities. The empirical data, however, demonstrate that the participants' experience of the children's home is positive and that they regard it as their home, which is illustrated by the following statements:

> *Participant 5*: "The children's home is actually my family. My house mother feels like my own mother".
>
> *Participant 4*: "Sometimes when I struggle with homework, I ask the bigger kids to help me".

In the current study, therefore, the experience of being in the children's home is regarded mostly as positive, despite the early trauma of being removed from their homes and placed in an unfamiliar environment. Phrases such as "[i]t's actually nice in the children's home" (participant 4) and "I actually enjoy it to be here. I would not have

been who I am today if it was not for the children's home" (participant 6), confirm the positive impact that the children's home has made on the participants' lives.

The researcher's own experience of the children's home was very positive for various reasons, including the following: (1) the researcher observed the kindness shown to children by the social worker and other personnel; (2) the different homes on the premises are all well-kept; (3) the premises are clean; and (4) there are trees and gardens for most of the homes.

The importance of the physical environment on the well-being of people is demonstrated in the 'Broken Windows Theory' conceptualised by Wilson and Kelling (1982) and for which Mayor Giuliani became well-known with regard to his widespread application of this theory in New York City (Wikipedia, 2013) in order to reduce crime. The important role that the environment exerts on a person's well-being is also emphasised by Biglan, Flay, Embry, and Sandler (2012), when they state the following: "If we want to prevent multiple problems and increase the prevalence of young people who develop successfully, we must increase the prevalence of nurturing environments" (p. 2). A nurturing environment is defined as being an environment that "nurtures successful development" and implies the advancement of prosocial behaviour (Biglan et al., 2012).

The researcher is of the opinion that emotional support provided through secure attachments, as well as the physical environment with reference to structures, physical surroundings and living arrangements, promote the development of prosocial behaviour. Furthermore, by living in a home with other children, interpersonal skills are exercised

and prosocial behaviour could be encouraged in order to resolve conflict and promote healthy relationships.

The children's home as a stimulating environment.

Considering the deprived background that most of the children in the children's home come from, the empirical data demonstrate that the participants enjoy many opportunities for emotional, social, psychological and personal growth at the children's home. Daniel et al. (2010) recommend that intervention programmes for maltreated youth should attempt to incorporate the following aspects:

- Decreasing exposure to risk factors and stressful life circumstances
- If possible, increasing the available protective factors by building competencies and social support.

The children's home addresses both aspects in that they remove children from their adverse circumstances and place them in an environment which provides opportunities for personal growth and development. The children attend school and are helped with decisions regarding career choices. Emotional counselling is also provided when needed. The children also receive ample opportunities for skill development, since activities such as "fishing" (participant 2), "Taekwondo" (participant 3 and 5), "archery" (participant 5) and "scuba-diving" (participant 6) are arranged for the children to participate in.

These activities provide the opportunity for the participants to develop certain skills, thereby strengthening their sense of mastery, as illustrated by participant 2's exclamation after she caught her first fish: "It was like a miracle. I felt like 'yes, I can do it!'"

From the data, it is evident that this children's home provides ample opportunities for personal growth and development. The researcher acknowledges the trauma that children endure by being removed from their homes and placed in a foreign environment. However, based on the empirical data, the children's home could be regarded as a positive experience for participants, promoting healthy development. This stimulating environment enhances participants' self-concept and self-efficacy, building resilience and thereby promoting prosocial behaviour.

LIMITATIONS OF THE STUDY

The researcher has identified several limitations of the current study. Firstly, the sample was drawn from a single site, which could limit the ability of the findings to be generalised. Secondly, parameters to quantify the extent of neglect or abuse were not defined clearly (e.g. duration, severity), which made the sample less homogenous and the results thus less rigorous. Thirdly, the 'Life map' as data collection tool was not an appropriate tool for the current study, since participants did not respond positively towards the task, which could be due to the fact that drawing a life map asked for information deemed too personal by participants. Data obtained from the life map was not significant and therefore not include in the data analysis. Lastly, only five participants were included in the data analysis which limits the ability of the results to be generalised.

CONCLUSION

Results from the current study highlight the importance of attachment as a buffer in adverse life experiences in order to promote positive behavioural outcomes in adolescent females living in residential care. Significant others contribute to the healthy

development of children, since the secure attachment relationship strengthens the sense of self and facilitates the development of moral values, beliefs and convictions. Significant others in the broader context provide additional layers of support, enhancing psychosocial well-being by enhancing a feeling of belonging. Strategies to promote positive outcomes in youth in residential care should be employed in order to curb the cycle of antisocial behaviour in this population where poor behavioural outcomes are often expected.

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SECTION C:

EVALUATION OF THE RESEARCH, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

1. INTRODUCTION

The research question of the current study was formulated as follows: What factors contribute to prosocial behaviour of maltreated adolescent females living in residential care? The purpose of the following section is to evaluate whether the current study succeeded in answering the research question. The researcher provides a brief overview of the research topic and problem statement, followed by an evaluation of how the research question was answered. The researcher then discusses the limitations of the current study, and provides a brief summary and conclusion of the research findings. The researcher then makes certain recommendations based on the results from the current study and the section is concluded with a final comment from the researcher.

2. OVERVIEW OF THE RESEARCH TOPIC AND PROBLEM STATEMENT

This research study was motivated by the researcher's work with adolescent girls in a place of safety. The researcher noticed that behaviour of the girls varied from intolerance and animosity to acts of kindness and consideration toward each other and the house mother. Findings from literature indicated that the development of prosocial behaviour is impacted negatively by maltreatment and the researcher therefore became interested in exploring the factors that could contribute to prosocial behaviour in adolescent females who have been subjected to maltreatment.

The researcher is of the opinion that children who have been maltreated are able to behave in a prosocial manner when they have formed a secure attachment during infancy and childhood and enjoy a secure relationship with one or more adults.

3. EVALUATING THE ANSWERING OF THE RESEARCH QUESTION

The researcher considers the research question to be answered. The research question has been formulated as follows: What factors contribute to prosocial behaviour in maltreated adolescent females living in residential care? Specific measures were

employed so as to ensure that the research question was answered, as discussed below.

A clear description of the purpose of the study was provided prior to commencement, which guided the research design. The purpose of the research study was to explore factors that contribute to prosocial behaviour of maltreated adolescent females living in residential care.

A literature study was conducted in which the main concepts of the study were unpacked. The researcher obtained relevant handbooks, articles from journals and magazines from the North-West University library by using search engines such as EBSCO Host, PsycLit and ProQuest. The literature study focused on the development of prosocial behaviour within the framework of biological determinants, previous environmental determinants and current contextual determinants. These determinants were all discussed within the context of maltreatment, specifically related to adolescent females living in residential care.

The researcher adopted a qualitative research approach for this study. A qualitative research approach suited the purpose of the research which was to explore the meaning and interpretation of participants on factors that contribute to prosocial behaviour. An intrinsic case study design was used which enabled the researcher to obtain detailed information from the case being studied, namely maltreated adolescent females in residential care. The researcher also utilised purposeful sampling in order to recruit participants from a specific population.

Data collection relied on semi-structured interviews which provided the opportunity for participants to share their thoughts, feelings and perceptions. The semi-structured interview also enabled the researcher to ask questions that were in line with the research question. The researcher was thus not bound to a stringent set of questions, but had freedom to explore certain lines of thought that emerged from the interview, where applicable.

The researcher chose to perform thematic analysis of the data, which was informed by the qualitative research design, in order to produce ‘thick’ descriptions.

During data analysis the following two main themes with their subthemes and categories were identified:

Main theme 1: Internal factors that contribute to prosocial behaviour in adolescent females living in residential care:

- Subtheme 1: Moral identity
  - Moral principles central to identity
  - Upholding a ‘caring principle’
  - Faith
- Subtheme 2: Internal locus of control
  - Self-efficacy
- Subtheme 3: Capacity to engage in critical thinking
  - Internalise lessons from previous experiences
  - Critical analysis of a situation

Main theme 2: External factors that contribute to prosocial behaviour in adolescent females living in residential care:

- Subtheme 1: Significant people
  - A secure attachment relationship with a mother
  - Secure relationships within the wider field
- Subtheme 2: Current living arrangements
  - The children’s home fosters positive experiences
  - The children’s home as a stimulating environment

Internal factors illuminate the importance of a moral identity that guides behaviour according to internalised moral values; an internal locus of control which attests to the participants’ view of themselves as active role-players and not mere victims of circumstances; and cognitive skills demonstrated in the capacity to engage in critical

thinking. External factors emphasise the importance of a supportive, nurturing environment with attachment figures and positive role-models that model moral values. Internal and external factors do not operate in isolation, but a definite interplay between these factors exists, such as attachment figures in the environment (external factor) who model moral values which the child incorporates into her identity in the attainment of a moral identity (internal factor).

The factors that have been identified in the current study as contributing to prosocial behaviour are congruent with certain factors that are associated with resilience. The researcher therefore infers that adolescents who have endured maltreatment and who demonstrate prosocial behaviour could be regarded as resilient.

The researcher concludes that both the internal and external factors that have been identified answer the research question posed by the current research study.

4. LIMITATIONS OF THE STUDY

Limitations of the current study have been identified as follows:

- The sample was drawn from a single site, which could limit the ability to generalise the findings.
- All participants were white, Afrikaans-speaking girls. Generalisation to the wider South African context is thus limited.
- Parameters to quantify the extent of neglect or abuse was not defined clearly (e.g. duration, severity), which made the sample less homogenous and the results, therefore, less rigorous.
- The 'Life map' as a data collection tool was not an appropriate tool for the current study, since participants did not respond positively toward the task. This could be due to the fact that drawing a life map asked for information deemed to be too personal by participants. Data obtained from the life map were not significant and were therefore not included in the data analysis.
- Only five participants were included in the data analysis which again limits the ability to generalise the results.

5. CONCLUSION OF THE STUDY

The importance of prosocial behaviour is evidenced not only in the quality of interpersonal relationships, but also in the way in which people interact toward their environment. Prosocial behaviour implies that a person acts in such a way that the behaviour is to the advantage of another person or society. Acting in a prosocial manner thus means that a person will be cognisant of the needs of other people and society, taking their perspective into account. After taking on the perspectives of other people a person will then, based on his or her moral principles, decide whether or not to act on those thoughts and emotions.

Considering this description, it is clear that many factors influence the ability of a person to act prosocially.

A complex interplay between environmental, biological and contextual factors has been shown to affect the development of prosocial behaviour in children. For children who have been subjected to maltreatment the development of prosocial behaviour seem to be compromised. However, the results from this study point to several factors that contribute to the development of prosocial behaviour in maltreated adolescent females.

By giving attention to the interplay between different factors, the researcher summarises the factors that have been identified to contribute to prosocial behaviour in the current study, as follows:

- Secure attachment relationships
    - A secure attachment relationship with a caring adult provided a feeling of safety, love and acceptance for participants. Despite the fact that maltreatment occurred within 'the safety' of their family, the secure attachment relationship with the mother provided emotional security and promoted resilience.

- Positive role models
    - From the research data, the researcher defines role models as being people who demonstrate positive values and principles evidenced by their actions.

Significant others, such as a mother or grandparent, who model positive values and principles were regarded as role models for the participants.

- People in the wider field (such as teachers, house parents, extended family members and sport coaches) who model positive behaviour were also regarded as role models for the participants.
- The values and principles held by these role models have an impact on the participants' lives and facilitate the formation of a moral identity, as discussed next.

- Achievement of a moral identity
    - Role models modelled certain moral values that the participants regarded as important. They then incorporated many of those values into the self, resulting in the formation of a moral identity.
    - A moral identity, regarded as moral values and principles held central to the self, provides guidance for behaviour and contributes to prosocial behaviour.

- Faith
    - Faith impacted the participants' lives in different ways. Firstly, believing in God provides participants with a purpose in life, namely, to serve God. Participants consider their lives to be meaningful and important as a consequence of having a purpose.
    - Secondly, faith contributes to a feeling of safety, as they see God as a Father to whom they can go to (in prayer), who listens to them and who will help them.
    - Thirdly, participating in faith-based activities broadens the participants' support-network and adds to their feeling of belonging. Attending faith-based activities brings them into contact with other role models who could have a positive influence on their lives.
    - Finally, believing in God provides a moral grounding for the participants' principles and values, thereby guiding their behaviour. The 'Golden Rule' (do

unto others as you have them do unto you) could thus be considered to be a motivation for prosocial behaviour

- Critical thinking

    - The ability to think critically enables participants to reflect on events in the past and, where possible, derive personal meaning from them, which then guides and motivates their behaviour. This enables participants to possibly find meaning in suffering, by choosing to learn from it.

    - Personal relationships with significant others were very important to the participants and they noticed the values and principles by which their significant others live. The participants demonstrated that they reflect on those values and principles by which their significant others live and internalise certain values and principles that are meaningful to them.

    - Critical thinking implies that participants consider the impact and consequences of their behaviour on other people and the environment. Their behaviour is, therefore, responsible and considerate of others, wanting to benefit other people and the environment and, as such, is prosocial.

- Internal locus of control

    - The participants' internal locus of control enables them to see themselves as more than victims of past events. Instead, they demonstrated that they consider that their abilities determine the outcome of their actions. The participants also demonstrated optimism about their current situation and their future, thus accepting their stay in the children's home and even enjoying it. All of them have definite future plans, believing that hard work will lead to success. It implies responsible behaviour, acting in compliance with one's own convictions and believing that their actions influence the achievement of their goals.

- An internal locus of control seems to contribute to the participants' prosocial behaviour, in that they exercise control over their behaviour and realise that their behaviour impacts on other people's lives. Being helpful or providing assistance is a decision, which probably stems from their moral identity as well as behaviour modelled by significant people in their lives.

- Environmental factors
  - The children's home where the study was performed, attempts to provide a safe haven for maltreated children by addressing the emotional, physical and psychological needs of the participants. The house parent model simulates the traditional family and thus provides safety and a feeling of belonging for the participants.
  - The way in which the physical surroundings are kept has been shown to have an impact on a person's behaviour. The personnel at the children's home make an effort to keep the premises neat, well-kept and clean. The researcher concludes that a surrounding that is well-kept and clean exerts a positive influence on the participants' well-being and could also contribute to prosocial behaviour.

- Stimulating activities
  - Participation in extracurricular activities promotes the development of skills and competencies which impact positively on the child's sense of self. The feeling of mastery that follows the successful completion of a task promotes beliefs of self-efficacy. The self-efficacy beliefs demonstrated by the participants were evidenced by their resilience and contributed to their prosocial behaviour.

The researcher concludes that the factors described above have been shown to contribute to prosocial behaviour in maltreated adolescent females living in residential care.

6. RECOMMENDATIONS

Strategies to promote prosocial behaviour are necessary in the context of child welfare where poor behavioural outcomes are common. Based upon the results of the current study, the researcher recommends the following aspects to children's home management regarding the development of prosocial behaviour for children in residential care.

6.1 Activate role players in the community

The children's home management is encouraged to recognise and activate resources in the community with the aim of promoting positive behaviour outcomes for the youth. Community resources are listed below with possible plans on how to involve them:

- Churches: many churches have 'outreach programmes' where people volunteer their time and skill. The children's home management is encouraged to utilise these resources. The children's home management could visit different churches in their area to give a presentation about the Home. During the presentation, information regarding the children's home's purpose, objectives and functioning can be provided. Specific reference should be made to opportunities for people who want to be involved in the lives of the children and adolescents at the Home.
- Public: raising awareness by hosting, for example, charity events will raise awareness in the public for the support that is needed at children's homes. Utilising electronic resources such as websites could also make information more accessible to the general public.
- Schools: children in the children's home attend public schools. Close collaboration between schools and the children's home is encouraged in order to promote relationships and will enable school personnel to provide assistance where needed.

6.2 Promote long-term, committed relationships with significant others

The establishment of a secure attachment relationship has been shown to contribute significantly to the participants' wellbeing. Children with a secure attachment

relationship have a positive frame of reference which influences their relationships with other people. Promoting relationships with significant people in the children's lives is therefore pivotal in the promotion of positive outcomes of the children in residential care. The researcher recommends the following points in this regard:

- Biological parents and family: social workers, who handle the placement of children, should encourage the prolonged involvement of their biological parents, where appropriate. For cases where this is not feasible or desirable, social workers should attempt to involve another member of the family to support the children, such as a grandparent or aunt/uncle. Family members could possibly shy away from involvement because of a fear of further financial burdens being imposed on them and could therefore be informed that the request for their involvement refers to emotional support.
- House parents: the house parents could act as 'substitute' parents, especially for children whose biological parents and family are not involved. House parents should thus be encouraged to nurture their relationship with the children. They could, however, be challenged by children that display antisocial behaviour. The children's home management should therefore provide support along the line of counselling to house parents, either individual or in groups, to resolve any conflict between the house parent and child.
- Teachers: many children regard their teachers as being significant to them. Teachers could therefore be seen as a resource to the children's home and the management of the children's home is encouraged to collaborate closely with teachers in supporting the children.
- Churches: committed volunteers could host Bible study groups on a regular basis for the children. These volunteers could act as mentors for the children, thereby strengthening the support network.

Of importance is to note that the data from the study have demonstrated that the participants regarded significant others as being 'always there for them' (referring to emotional connectedness). The children's home management should therefore recommend that volunteers from the public and other sectors of the community, who

intend to act as support for children, should commit to these relationships in order to create a trusting, supportive relationship for the child and adolescent.

6.3 Establish a stimulating and supportive environment

The provision of sport, cultural and leisure activities for children is necessary for healthy physical and socio-emotional development. A sense of mastery is cultivated when children participate in sport, cultural and leisure activities. The researcher recommends that the children's home management approach tertiary institutions for support with activities, since many degree and diploma courses require students to complete a practical component as part of their degree. For instance, biokinetics students could provide training in different sports, while students in ecology and zoology could take children on educational field trips. The children's home management could submit their needs to the different faculties at the university or technikon.

6.4 Maintaining a neat and clean environment

The children's home management is encouraged to maintain the structures and keep buildings and gardens neat in order to promote feelings of well-being in both children and personnel. In this regard, the children should be encouraged to help with keeping the premises clean and to respect the facilities. The different homes on the premises could rotate to clean up the premises and assist with recycling initiatives.

Maintenance of gardens by the children could also cultivate a respect for nature and provide an opportunity for skills training. The researcher recommends that each home establish a vegetable and herb garden that the children could care for and maintain.

6.5 Provide support to house parents

The house parents play a pivotal role in the well-being of children. House parents often have to deal with children that exhibit behavioural problems and even anti-social behaviour which could create serious conflict between house parent and child. House parents could, therefore, require the services of a counsellor to assist with discipline strategies.

To ensure the emotional and psychological well-being of the house parents, the researcher recommends that house parents form a support group, facilitated by a social worker or another skilled volunteer. Group meetings could strengthen bonds between house parents and individuals could support each other. A facilitator could check that the session is handled constructively. Providing adequate support to house parents could enhance their awareness of the needs of the children in their home and, ultimately, enhance the child's well-being.

6.6 Practical application to promote prosocial behaviour in schools and child-care settings

The researcher considers it essential to implement strategies or programmes in schools and other settings involved with child care, that focus explicitly on the promotion of prosocial behaviour. The researcher has developed a simple strategy, based on certain practical values, called 'I care', to enhance children's awareness of prosocial values. For National Children's Day, 2013, the researcher collaborated with CSS (Christian Social Services) Valhalla and nine schools in Centurion to launch a campaign, called 'Who I am, makes me special' with the 'I care' values supporting this campaign. For 2014, the researcher will collaborate further with the schools to develop a programme to teach these values to the children. The following are the 'I care' values for schools:

I care…

☺ For myself…
- ✓ I exercise frequently,
- ✓ I eat healthy food,
- ✓ I work hard, I do my best,
- ✓ I protect my body,
- ✓ I can talk about my feelings!

☺ For others…
- ✓ I listen when other people talk to me,
- ✓ I talk nicely to other people,
- ✓ I cherish my friendships,

- ✓ I am honest,
- ✓ I like to help!

☺ For the community…

- ✓ I throw my rubbish in a bin,
- ✓ I save electricity,
- ✓ I save water,
- ✓ I am involved in the community,
- ✓ I obey rules!

6.7 Recommendations for further research

The researcher recommends that further research be done in the following areas:

- Exploring strategies to facilitate the formation of a secure attachment in the context of a children's home, especially if a secure attachment was not established during early childhood.
- Exploring cultural differences with regard to factors that promote prosocial behaviour in maltreated youth within the wider South African context.
- A mixed-method design to explore factors that contribute to prosocial behaviour in maltreated adolescents could provide statistical information on the frequency and types of prosocial behaviour, with differentiation between genders and the addition of rich, descriptive qualitative data to enhance quantitative findings.

7 FINAL COMMENT

In light of the results of this study, the researcher concludes that certain factors contribute to the development of prosocial behaviour in maltreated adolescents. These factors, now that they have been identified, provide a hopeful perspective for child care workers to focus on positive aspects that could foster healthy outcomes for youth. A focus on promoting prosocial behaviour could potentially curb the cycle of antisocial behaviour often seen in the context of child welfare settings. With the increasing number of children exposed to risk factors within their family and the subsequent placement of

children in residential care facilities, a review of strategies to promote healthy outcomes for children and youth in residential care is necessary. The pivotal role that attachment figures and positive role models exert on children's development should alert role players in the child-welfare setting, as well as parents, to rethink the quality of contact with the children and youth they encounter. Strategies to broaden support networks for children should receive attention within the child welfare context, as it could, among other factors, promote positive outcomes for youth in residential care.

APPENDICES

APPENDIX A: STUDY APPROVAL – CHILDREN'S HOME

7 Februarie 2013

Beste Anél,

RE: GOEDKEURING VAN NAVORSINGSTUDIE

STUDIE TITEL: 'Exploring factors that contribute to prosocial behaviour of maltreated adolescent females living in residential care'

Hiermee bevestig ek dat jou aansoek om goedkeuring vir jou navorsingstudie goedgekeur is by beide Jakaranda en Louise Botha kinderhuise.

Groete,

Gerda van der Merwe
Department Head Social Services
Departements Hoof Maatskaplike Dienste

APPENDIX B: INFORMATION SHEET AND CONSENT FOR PARTICIPANTS

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Sentrum vir Kinder-, Jeug- en Familiestudies
Hoek van Oos en Kollegestraat
Wellington
7655

Tel: 021 864 3593
Faks: 021 864 2654

Inligtingspamflet

en

Toestemmingsvorm

Titel van die studie:

Verkenning van faktore wat bydra tot prososiale gedrag van mishandelde adolessente meisies in residensiële sorg.

Bekendstelling:

My naam is Anél van der Walt. Ek is ’n student verbonde aan Noordwes-Universiteit wat ter vervulling van my Meestersgraad hierdie navorsingstudie onderneem.

Doel van die inligtingsdokument:

Hierdie inligtingsdokument dien om jou meer te vertel van die beoogde navorsingstudie, sodat jy ’n ingeligte besluit kan neem of jy aan die studie wil deelneem of nie.

Doel van die navorsingstudie:

Ek wil graag tot ’n beter begrip kom van wat dit vir jou moontlik maak, as ’n tienermeisie wat in ’n kinderhuis woon, om ander te help of so op te tree dat dit tot voordeel van ander mense of die gemeenskap is. Hierdie gedrag staan bekend as ‘prososiale

gedrag'. Die inligting wat deur die navorsingstudie verkry word, kan gebruik word vir die beplannning en uitvoering van programme om prososiale gedrag in tieners te bevorder.

Insluitingskriteria:

Jy is gekies om deel te neem in hierdie navorsingstudie, aangesien die huisma en maatskaplike werker by die kinderhuis saamstem dat jy aan die volgende kriteria voldoen:

- Jy woon in die kinderhuis reeds vir 'n tydperk van ses maande of langer.
- Jy is 'n tienermeisie.
- Jy is tussen die ouderdomme van 14 en 18 jaar.
- Jy verstaan Afrikaans of Engels en kan daarin kommunikeer.
- Jy verstaan die inligting wat in hierdie toestemmingsvorm verskaf word.
- Jy toon hulpvaardige gedrag teenoor ander kinders of die huisouers en/ of deel gereeld met ander kinders en/ of meer dikwels as nie, gehoorsaam jy die reëls.
- Jy het vooorheen mishandeling en/of verwaarlosing ervaar.

Prosedures:

As jy instem om deel te neem aan die studie, sal jy gevra word om aan twee(2) een-tot-een onderhoude deel te neem waartydens ons sekere inligting gaan bespreek aan die hand van verskillende aktiwiteite. Hierdie onderhoude sal waarskynlik op twee verskillende dae plaasvind. Tydens die eerste onderhoud, sal ek jou vra om 'n lewenskaart te teken en my te vertel van jou verlede. Tydens die tweede onderhoud, gaan ons gesels oor jou gedrag teenoor ander mense en ek sal jou vra om 'n foto en een kort DVD te bespreek.

Ek is baie geïnteresseerd in jou gedagtes, gevoelens en idees, en daarom wil ek hê dat jy sal weet dat daar geen verkeerde antwoorde is nie. Jy is welkom om enige vrae met betrekking tot die navorsing tydens die onderhoud te vra.

Hier volg in kort 'n opsomming van die aktiwiteite wat ons gaan doen tydens die onderhoude:

Onderhoud 1:

• 'n lewenskaart teken

Onderhoud 2:

• bespreek ’n foto en ’n DVD

Die onderhoude sal gehou word in ’n kantoor by **die Kinderhuis**. Onderhoude sal tussen ’n uur en ’n uur-en-’n-half op ’n keer wees. Die onderhoude sal op video en bandopnemer opgeneem word. Dit is om seker te maak dat al die inligting reg en akkuraat oorgeskryf kan word, soos wat ek en jy dit bespreek het. Niemand anders, behalwe ek en my twee studieleiers, sal na die videos kyk nie. Die videos sal by die Noordwes-Universiteit se Sentrum vir Kinder-, Jeug- en Familiestudies gehou word vir vyf jaar nadat die studie voltooi is. Deur die ondertekening van die toestemmingsvorm, gee jy ook toestemming dat die onderhoud op video opgeneem word.

Vertroulikheid:

Al jou inligting sal vertroulik hanteer word. Dit beteken dat wanneer ek na jou verwys in die navorsingsverslag, daar slegs na jou skuilnaam verwys sal word. Niemand sal dus weet dat dit jy is wat sekere inligting gegee het nie. Die skuilnaam is enige ander naam wat jy kies wat ek kan gebruik wanneer ek na jou verwys in die navorsingsverslag.

Koste:

Jy het nie nodig om te betaal om deel te neem aan die studie nie. Jy sal ook nie finansieel vergoed word as jy besluit om aan die studie deel te neem nie.

Vrywillige deelname:

Jou besluit om deel te neem is vrywillig. Jy kan enige tyd besluit om nie verder deel te neem nie, sonder enige negatiewe gevolge.

Kontakinligting:

Jy is welkom om my te kontak indien jy enige navrae of kommer oor jou deelname aan die studie het. Kontak my gerus by:

Elektronies: anelvanderwalt1@gmail.com

Of my studieleier, Issie Jacobs, by 021 864 3593.

Alternatiewelik, kan jy ook die huisma of maatskaplike werker vra om my in kennis te stel as ek jou moet kontak.

Toestemmingsvorm:

Deur die ondertekening van hierdie dokument, bevestig jy dat jy die inligting in hierdie inligtingspamflet gelees en verstaan het; dat al jou vrae voldoende beantwoord is, dat jy instem dat die onderhoude op band en video opgeneem word; en dat jy vrywillig instem om deel te neem aan hierdie navorsingstudie.

Deelnemer:

_____	_____	_____
Naam	Handtekening	Datum

Navorser:

_____	_____	_____
Naam	Handtekening	Datum

Hoof van die kinderhuis:

_____	_____	_____
Naam	Handtekening	Datum

APPENDIX C: INFORMATION SHEET FOR SOCIAL WORKERS AND HOUSE PARENTS

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Sentrum vir Kinder-, Jeug- en Familiestudies
Hoek van Oos en Kollegestraat
Wellington
7655

Tel: 021 864 3593
Faks: 021 864 2654

Inligtingsdokument vir Huisouers en Maatskaplike Werkers

Titel van die studie:

Verkenning van faktore wat bydra tot prososiale gedrag van mishandelde adolessente meisies in residensiële sorg.

Deelname in studie:

Hierdie inligtingstuk sal u meer vertel oor die betrokke navorsingstudie. My naam is Anél van der Walt. Ek is ’n student verbonde aan Noordwes-Universiteit wat ter vervulling van my Meestersgraad in Sielkunde hierdie navorsingstudie onderneem. Ek is geïnteresseerd in die faktore wat bydra tot prososiale gedrag van adolessente meisies in ’n kinderhuis.

Agtergrond oor die navorsingstudie:

Ek wil graag ’n beter begrip bekom van die faktore wat bydra tot prososiale gedrag van adolessente meisies wat voorheen mishandel is en tans in ’n kinderhuis woon. Prososiale gedrag kan beskou word as gedrag wat voordelig is vir individue of die breë gemeenskap. Die inligting wat deur die navorsingstudie verkry word, kan van waarde wees in die ontwerp van intervensieprogramme om prososiale gedrag te bevorder in adolessente jeugdiges.

Prosedures:

As huisouers word u gevra om (in samewerking met die maatskaplike werker) meisies te identifiseer wat aan die volgende kriteria voldoen:

1. Deelnemers is reeds vir ’n tydperk van ses maande of langer in die kinderhuis opgeneem.
2. Deelnemers is vroulik.
3. Deelnemers is tussen die ouderdomme van 14 en 18 jaar.
4. Deelnemers voldoen ten minste aan een van die volgende kriteria van prososiale gedrag:
    - is hulpvaardig teenoor ander kinders of die huisouers
    - is mededeelsaam teenoor ander kinders
    - is meestal gehoorsaam aan reëls.
5. Deelnemers kan in Afrikaans of Engels kommunikeer en dit verstaan.
6. Deelnemers kan inligting in die toestemmingsvorm lees en verstaan.
7. Deelnemers is voorheen mishandel (emosioneel en/of fisies) en/of verwaarloos.

Sodra u moontlike deelnemers geïdentifiseer het, sal ek ’n afspraak maak om u en die meisies te ontmoet. Tydens hierdie afspraak sal ek die studie met die moontlike deelnemers bespreek en vrywillige deelnemers die kans gee om toestemmings-vorms te teken.

Metode van data-insameling:

’n Geskikte datum en tyd sal met elke deelnemer gereël word om onderhoude te voer. Daar sal twee een-tot-een onderhoude met elke deelnemer gevoer word, waartydens sekere aktiwiteite uitgevoer gaan word. Ek beoog om tydens Augustus 2013 die onderhoude te voer.

Onderhoude sal plaasvind in ’n kantoor by die kindershuis waar deelnemers tans woon.

Die duur van elke onderhoud sal na verwagting nie meer as ’n uur en ’n half op ’n keer neem nie. Die onderhoude sal op video en ’n elektroniese bandopnemer opgeneem word. Dit is om te verseker dat die inligting akkuraat getranskribeer kan word om die geldigheid van die data te verhoog. Die video bied aan die navorser die geleentheid om na afloop van die onderhoud deelnemers se liggaamstaal te bestudeer. Die video sal nie openbaar gemaak word nie, maar sal net gesien word deur myself en my twee studieleiers.

Vertroulikheid:

Alle inligting wat deur deelnemers verskaf word, word vertroulik hanteer. Dit beteken dat haar identiteit geensins bekend gemaak sal word nie.

Slegs ek en my twee studieleiers sal toegang hê tot die inligting wat verkry word tydens die studie.

Die video en bandopnames sal vir vyf jaar gestoor word in die kantore van die Noordwes-Universiteit se Sentrum vir Kinder-, Jeug- en Familiestudies in Wellington.

In die navorsingsverslag sal daar slegs na die skuilnaam verwys word wat deelnemers vir hulleself gekies het.

Koste:

Daar is geen koste verbonde vir deelname aan hierdie studie nie. Tydens die onderhoud sal deelnemers voorsien word met verversings (tee / koffie / sap / water en koekies) vir hulle gerief.

Vrywillige deelname:

Deelname aan hierdie studie is heeltemal vrywillig. Deelnemers kan ter enige tyd besluit om van die studie te onttrek, sonder enige negatiewe gevolge.

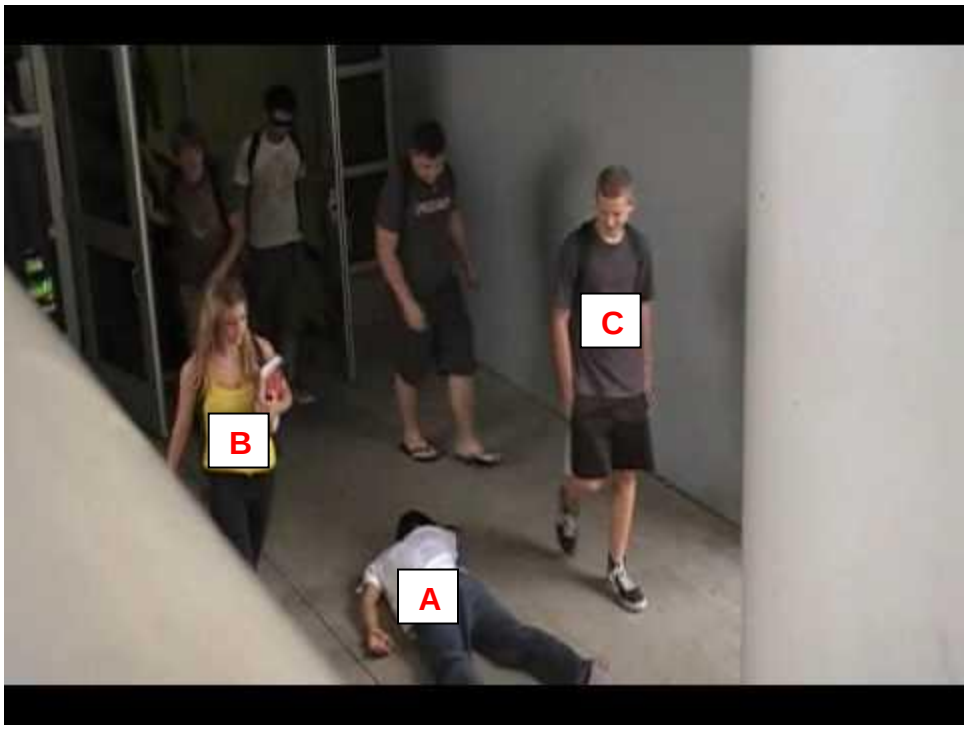
Kontakinligting:

U is welkom om my te kontak indien u enige navrae of kommentaar oor die studie het:

Elektronies: anelvanderwalt1@gmail.com

Selfoon: 082 567 3643

APPENDIX D: PICTURE USED DURING INTERVIEW



APPENDIX E: INTERVIEW SCHEDULE

Interview 1:

- Welcome participant
- Review informed consent with participant. Emphasise that participation is voluntary.
- Give participant the opportunity to ask any questions.
- Activity:
    - Ask participant to share her 'life story' through the use of a 'life map'. The researcher will explain the meaning of a life map (probing questions will be asked as applicable to facilitate story telling).

Interview 2:

- Welcome participant
- Provide a short 'recap' of the previous session
- Activity:
    1. Show picture to participant followed by discussion
    2. Show video clip to participant followed by discussion
- Conclusion: thank participant for her time and input.

Possible questions for discussion:

- Please tell me what you see happening in the picture/ video clip?
- For picture:
    - What do you think person B/C is thinking?
    - What choices do you think person B/C have?
    - How do you think person B is feeling?
    - Do you think person B/C ought to help person A?
- What do you think would you have done if you were in the same situation?
- What do you think is the reason that you would have chosen to do that and not the opposite?
- Would your behaviour have been any different if you were with a group of friends?
- Does it matter to you whether you know the person or not?

APPENDIX F: JOURNAL GUIDELINES

Journal of Research on Adolescence

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Author Guidelines

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The *Journal of Research on Adolescence* considers only original manuscripts in formats described below. Inquiries concerning alternative formats should be addressed to the

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Empirical articles comprise the major portion of the journal. To be accepted, empirical articles must be judged as being high in scientific quality, contributing to the empirical base of adolescent development, and having important theoretical, practical, or interdisciplinary implications. Reports of multiple studies, methods, or settings are encouraged, but single-study reports are also considered. Longitudinal studies are encouraged, but important and novel studies using cross-sectional data will be considered.

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A system of blind reviewing is used. It is the author’s responsibility to remove information about the identity of the author(s) and affiliation(s) from the manuscript; such information should appear on the cover sheet. The cover sheet will not be included

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