AN EXPLORATORY STUDY OF SPIRITUALLY BASED HEALING INTERVENTIONS IN A CHILD AND YOUTH CARE CONTEXT

SUBMITTED IN FULFILLMENT OF THE REQUIREMENTS OF THE DEGREE OF MASTER OF MANAGEMENT SCIENCE: PUBLIC MANAGEMENT (PEACE BUILDING) IN THE FACULTY OF MANAGEMENT SCIENCES AT DURBAN UNIVERSITY OF TECHNOLOGY

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Submitted in fulfillment of the requirements of the degree of Master of Management Science: Public Management (Peace building) in the Faculty of Management Sciences at Durban University of Technology

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APPROVED FOR FINAL SUBMISSION

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ABSTRACT

Empirical research has shown that South African children and youth are continuously exposed to violence within their families and communities, resulting in a large number of children and youth left traumatized. Child and Youth Care is an emerging yet growing field which seeks to nurture and create safe spaces in multiple contexts such as families, schools and communities, particularly for abused and traumatized children. Although there are a range of developmental and therapeutic interventions that form part of training child and youth care workers to deal with the victims of varied forms of violence, little research exists in the field on the development of a model that incorporates indigenous, spiritual healing interventions for children, youth and their families and communities. This prompted the need for the current study. Spirituality has received limited attention in the field of child and youth care work, moreover as a response to addressing the healing needs of children, youth and families. Hence, the aim of the study was to develop a spiritually based healing methodology that can be used in a child and youth context. In order to achieve this, a qualitative research design was used to collect data through interviews, with twenty registered child and youth care students at the Durban University of Technology. After collecting, transcribing and analyzing data, together with a substantial review of literature, the study unearthed rich information pertaining to the types of violence experienced by children, youth, families and communities in rural contexts and the impact this violence has on the child. The study found that many rural communities attempt to address the healing needs of individuals and the entire community, through their customary rituals and philosophies. This subsequently informed the development of a spiritually based healing model that incorporated these practices. The participants of the current study also provided methodologies that would be significant to the healing model. Based on the findings of this study, it appears that spirituality may play an important role in child and youth care work and is thus imperative that future research pay significant attention to this domain of the child's holistic development.

DECLARATION OF CANDIDATE

I, Charlene Singh, hereby declare that except where acknowledged, this thesis is entirely my own work, that all resources used or quoted have been acknowledged and that this study has not been previously submitted for any other degree to any other tertiary institution.

_____

Charlene Singh
Student No. 19909543

DEDICATION

This study is dedicated to my family, friends and colleagues who have bestowed sincere love and blessings onto me throughout this process.

Thank you to my husband Mahesh and my children Mihir and Manav, for their patience, understanding and unconditional support.

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CHAPTER 1

BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Spiritually sensitive practice supports fulfilment of people's highest aspirations in the context of mutual benefit, peace, justice, and harmony with nature. It respects diverse religions and nonreligious expressions of spirituality by working in skilful, ethical and culturally appropriate ways. Spirituality also forms an important dimension of children's lives. "Since children are vulnerable to a range of difficulties as they grow and develop, the role of spirituality in their nurturance must be considered." Bhagwan (2009: 225).

Spirituality has until recently been neglected within the helping professions, more specifically, within the context of child and youth care. Spiritually based healing interventions in particular are an important part of a holistic approach to helping children and youth, who have been exposed to the violence and trauma that accompanies this. Child and youth care workers are positioned in a crucial space within the milieu of vulnerable and traumatised children and youth and can draw on the strengths of the spiritual paradigm to effect healing (Stuart 2009). Furthermore, child and youth care workers are responsible for promoting not only the physical, cognitive, emotional and psychosocial well – being but also the spiritual development of young people who have been emotionally wounded from trauma caused by "hurtful human deeds" (Coetsee and Grobbelaar 2014: 2; Anglin *et al.* 1990).

Whilst literature has burgeoned in the allied fields of psychology and social work with regard to spirituality, at the interface of children and youth (Bhagwan, 2017), little exists in a child and youth care context with regard to spiritually based healing interventions that may assist healing and well – being. Spirituality provides strength and support that enables people to cope better in terms of recovery from trauma and emotional pain (Bullis 2013; Singh, Ram and Goyal 2017). It is for this reason that the current study sought to explore the salience of spirituality as a healing intervention, particularly its value in enabling children and youth to overcome trauma experienced through violence in South African rural communities.

1.2 THE SOUTH AFRICAN CONTEXT OF VIOLENCE

Violence is an escalating problem in South Africa and it has a debilitating effect on children, youth and their families, communities and society (Edwards *et al* 2014; Harden *et al.* 2015; Hardaway, McLoyd and Wood 2012). It is therefore, important that consideration be given to spirituality, as a healing intervention in order to assist children, their families and communities. Moreover, it is important to consider the importance of traditional wisdom and traditional interventions in strengthening and empowering children and youth and their families and communities, who live within contexts of violence. The current study, therefore sought to unearth spiritually based healing interventions which could underpin a spiritually based healing model, which could guide child and youth care, particularly those children and youth exposed to violence.

Exposure to violence leads to children becoming unhappy, confused, destructive, emotionally affected and at times, abusive as parents or adults themselves (Widom, Czaja and DuMont 2015; Blair *et al.* 2015). It has the potential to invade the free spirited and buoyant lives of children, leading to potent short – term effects and profound long – term consequences (Kern, George and Weist 2016; Zaff *et al.* 2015; Smokowski *et al.* 2014; Kumsa *et al.* 2013). Research must therefore continue towards finding effective ways to help children and families overcome their experiences of violence through a spiritual lens.

Children and youth are exposed to escalating levels of violence, which lead to emotional scars (Boothby *et al*. 2012; Norman *et al*. 2010; Leitch 2010; Finkelhor *et al*. 2009; Finkelhor *et al.* 2015). An increasing body of literature reviewed, indicates that violence pervades and affects almost every aspect of a child's or adolescent's life, which further impinges on every South African family (Chander *et al*. 2017; Kidman and Palermo 2016; Meinck *et al*. 2015; Rees, Zweigenthal and Joyner 2014; Espelage *et al*. 2014; Devries *et al*. 2014; Shields, Nadasen and Pierce 2008). Global studies have shown evidence of early intervention programmes that build and empower strong families, children and communities. However, further research, in South Africa, is necessary for dealing with disempowered children, youth, families and communities (Bonell *et al.* 2016; Norton and Watt 2014; Jain and Cohen 2013).

South Africa has the highest burdens of interpersonal violence injury in the world. Youth violence, particularly among males, is exceptionally high in South Africa, with elevated homicide rates being most common among males aged 15-29 years (Norman *et al*. 2010). Another study found that children younger than five years are at greatest risk, with a homicide rate of 5.2 per 10,000 populations, being more than twice the rate of 2.1 per 10, 000 among children aged between 5-14 years (Prinsloo *et al*. 2012). This study also documented that the leading external causes of homicide for boys and girls is the common use of firearms as well as sharp and blunt objects. Prinsloo *et al.* (2012) also maintained that the abandonment of babies also ranked high among the external causes of homicide among young children.

In a national study by Finkelhor *et al*. (2009), young people were found to suffer higher rates of exposure to violence than adults. They further documented that such exposure is responsible for a considerable burden of physical and mental health morbidity. Other national and international studies also found that that exposure to violence; crime and other forms of victimisation were widespread in the child population (Finkelhor *et al.* 2015; Fagan, Wright and Pinchevsky 2014; Leavitt and Fox 2014; Turner, Finkelhor and Omrod *et al*. 2010). Statistics also indicate that families who are vulnerable to drug and alcohol abuse, community and societal poverty are most exposed to violence (Baring *et al*. 2013).

The role of child and youth care workers is to meet the holistic needs of those children that have compromised systems, who have failed to meet these needs. It is therefore, the responsibility of child and youth care workers, to initiate interventions, which provide positive experiences for children, families and the community in order to develop optimum outcomes for healthy functioning children (Urgelles *et al.* 2017; Boyd-Franklin 2013; Mikton, Maguire and Shakespeare 2014).
In order to minimise future developmental problems; decrease the intensity of trauma; establish positive mind – sets and restore children's capacity to build positive, secure relationships, it is essential that those working with children and youth in South Africa be cognisant of the different types of violence and the impact it has on the holistic development and well - being of young people (Orlans and Levy 2014; Turner *et al.* 2016; Leitch 2010; Foster and Brooks-Gunn). The increasing level of violence in South Africa suggests that, a large number of children and youth have been physically

harmed or left psychologically traumatized due to its negative impact (Leitch 2010; Norman *et al*. 2010; Finkelhor *et al*. 2009; Shields, Nadasen and Pierce 2008). It is these issues that bring young people to child and youth care workers, who have a role to help them heal and grow. Therefore, child and youth care workers' play a pivotal role, in assisting young people's resilience through spiritual interventions and recovery from traumatic episodes.

According to Neville (2015: 158), children must be nurtured "to live a life that is meaningful and that is informed by the ideas of justice and liberation." This is the role of child and youth care workers who have strong concern for children and youth and moreover, seek to develop people and communities. Given that most child and youth care workers work in rural communities, it was necessary for this study to explore the types of violence that children are exposed to in these communities and its impact on their development.

Hence, through the lens of child and youth care students, this study sought to understand how children and youth experienced violence in their communities. Communities in South Africa and globally are dealing passively with violence and abuse of children and a need to address these issues is critical (Shields, Nadasen and Pierce 2008). The study, therefore, endeavoured to understand the impact that this violence had had on children and what spiritual interventions could be used to enable children, their families and communities heal from violence and restore their sense of peace and well – being.

1.3 PROBLEM STATEMENT AND RATIONALE FOR THE STUDY

Child and youth care workers work with young people who have endured exposure to and experienced violence. It is fundamental that children and youth have the opportunity to heal and transcend emotional pain, with the help of child and youth care workers, who care tremendously about their well – being (Stuart 2009).

The child and youth care profession is an emerging yet growing field that seeks to nurture and create safe spaces in multiple contexts such as families, schools and communities, particularly for abused and traumatised children. Child and youth care

work concentrates mainly on creating positive experiences for children and communities, while providing therapeutic and developmental care to children and youth. Despite this, limited research and literature exists in the child and youth care field. Moreover, there is a paucity of empirical work and literature related to spirituality in the context of child and youth care. Spirituality is directly linked to child and youth care, especially since spiritually based interventions seek to establish harmony and well - being amongst children, youth and their families (Wirth and Bussing 2016). Spiritual interventions foster a sense of hope to young people, to move beyond states of crisis, despair and trauma. Moreover, it seeks to restore relationships where there is conflict between people and to rebuild trust between them (Clark 2011). Hoeffler (2014) emphasised that interventions should address the ending of conflicts and prevent new ones that enables people to lead secure lives. This is aligned with the aim of this study, which seeks to develop a spiritually based model, which embraces a range of interventions that enables individual and community healing (Hargrave and Zasowski 2016). Empowerment of children, their families and communities are likely to assist in restoring strained relationships, re-establishing broken trust and equipping children to be able to deal with future adversities (Herrenkohl and Favia 2016; Kasiram and Oliphant 2014; O'Leary 1998). Spirituality plays an important role in this regard.

The Durban University of Technology (DUT) offers the Child and Youth Care programme that trains students to deal with children affected by violence and trauma. Whilst students are provided with knowledge and skills related to a range of developmental and therapeutic interventions, little of their educational preparedness focuses on the role of spirituality and spiritually based interventions. Moreover, little literature and empirical evidence exists related to child and youth care but more especially spirituality, as a potential therapeutic and healing intervention for children, their families and communities.

1.4 THE CONTEXT OF CHID AND YOUTH CARE

The children and youth, who come into contact with the child and youth care system, are often from rural communities, where their source of strength is drawn from traditional systems and approaches that are available to them. One of the most strategic priorities of child and youth care workers, is to provide resources and professional help to children and youth in distress. This is an intentional approach to avoid re – traumatisation, but to also ensure that interventions are still customary and normal to a child (Heimov, Laver and Carr 2017). For this reason, it was essential that the model being designed incorporated the traditional methods used by communities and families to cope with and rise above their adversities.

Since ancient times, communities are reliant on traditional healing methods and practices as important intervention strategies. Despite this, contemporary western approaches are often used in healing and students are ill - prepared to deal with, both, social problems and the ability to integrate traditional healing methodologies with the contemporary western approaches that are being taught. Therefore, the development of a model, which integrates western and traditional healing methodologies, to assist children and youth who have had experiences of abuse and violence is necessary.

Prior to the development of western methods of healing, several studies have indicated that in rural and impoverished areas, individuals and groups have used traditional methods of helping other individuals deal with trauma and violence (Day, Silva and Monroe 2014; Ramgoon *et al.* 2011; Cumes 2013). In an attempt to attain a peaceful existence for children, it is important that community healing be prioritised for spiritual living. Community healing can be described as a way in which professionals endeavour to assist a community in recovering from a traumatic state (Atkinson *et al.* 2014; Waldram 2013; Saul 2013). Community peace will ultimately provide a safe space for children and youth and reinforce their coping techniques when faced with future adversities. Further discussion of traditional methods of healing will be presented in Chapter 2.

In developing strong communities and families, interventions by child and youth care workers are thus, important. Spiritual interventions that incorporate both traditional

practices and contemporary western interventions are invaluable to child and youth care workers, as they often encounter children from rural communities, where traditional methods are used to deal with difficulties (Stepakoff 2016; Draper 2013). Furthermore, spiritual interventions are significant in terms of the educational preparedness of child and youth care workers worldwide, as little literature exists on indigenous, traditional or spiritual interventions globally. Moreover, there is little preparedness for child and youth care students to assist in healing traumatised young people or for working in violent prone communities where a sense of spirituality is lost (Bhagwan and Chan 2014).

Violence experienced by children and youth in communities, schools and families cannot always be controlled; hence, children may continue to be exposed to the trauma associated with violence (Seal, Nguyen and Beyer 2014; Shields, Nadasen and Pierce 2008). Therefore, significant attention to the child and youth care worker's role is noted, where the aim is to provide children with places or spaces where they can feel safe. In their training, child and youth care students must learn to, effectively, create these spaces. Learning about intervention strategies that respond to the spiritual needs of families and communities is imperative for child and youth care workers worldwide.

1.5 ROLE OF SPIRITUALITY IN CHILD AND YOUTH CARE WORK

The relationship between spirituality and child and youth care work is inextricably linked, as the child and youth care worker aims to empower and identify the self - worth of every child. In doing so, children feel empowered to overcome their hardships and trauma if they are assisted through spiritually based interventions. Often, children are intimidated by violent environments and later tend to demonstrate anti – social behaviours that cause them to act out aggressively. Therefore, spiritually based interventions hold promise to break the impact of violence and must be initiated early (Vestal and Jones 2004).

Spirituality aims to resolve both internal and external conflicts and provide an individual with the capacity to build understanding, forgiveness and attempts to restore relationships (dos Santos Santiago and Garcia 2013). Child and youth care workers

also engage with communities, in a process of community building, as child and youth care workers work in these contexts.

According to the Developmental Assets Framework, which is the guiding conceptual framework for this study, the community and family play a significant role in the life of the growing child, hence, non – violent, humane and nurturing communities and families must be created to provide constructive experiences for children and youth to heal from violent encounters. A strong sense of spirituality is therefore necessary for individual and community healing. Therefore, the spiritual interventions of child and youth care workers is essential in assisting children to heal in a positive environment.

1.6 AIM AND OBJECTIVES OF THE STUDY

The main aim of the study was to develop a healing model that includes spiritual interventions, which are relevant for a child, and youth care context.

The objectives of the study were as follows:

- To explore the nature of violence experienced by children and youth in rural communities.
- To inquire about the impact of this violence on children, youth, families and communities.
- To investigate the traditional healing methodologies used by rural communities to help children and families heal from violence.
- To explore child and youth care students' personal perceptions of spirituality.
- To identify potential spiritual healing interventions for child and youth care work.

1.7 RESEARCH QUESTIONS

1. What is the nature of violence experienced by children and youth in rural communities?
2. What is the impact of this violence on children, youth, families and communities?
3. What traditional methods are used by rural communities to help children, families and communities heal from violence?

4. What are student's personal perceptions of spirituality?
5. What spiritual interventions may be useful in a child and youth care context?

1.8 CONCEPTUAL FRAMEWORK

The Developmental Asset Framework developed by the Search Institute in 1990, was chosen to guide this study. This framework has been widely adopted by child and youth care workers and is currently used in their practice with children and youth.

Authors Jain and Cohen (2013) suggested that the developmental assets framework may provide meaningful opportunities that can protect youth from exposure to violence and its harmful psychosocial and effects. In addition, it may prevent youth from engaging in future risky behaviours. Peer, neighbourhood and family support in a child's life; were found to be associated with reduced aggression and delinquency for all youth including those exposed to violence. Similarly, Zaff *et al*. (2015) posited that a strong community infrastructure would optimise the developmental outcomes for each young person and further attend to their strengths and needs (Walsh 2015). The needs of children and youth, who have been, detrimentally, exposed to violence, have been considered in this study. Hence, the role of the external and internal assets of the framework is discussed as imperative, in addressing the needs of children and youth dealing with trauma (Ozer *et al.* 2017).

It is important to note that while the study focuses on using the child's developmental assets as a resource to respond to their healing needs, emphasis is also placed on strengthening the protective factors that will moderate violent exposure. This will assist in the development of a healing model, which addresses children's healing needs and furthermore warrants sustainable peace and spirituality within young people.

Boothby *et al.* (2012) suggested that early response strategies and interventions are identified to improve positive outcomes for children. This would entail interventions that address the holistic needs of the family and community, as these are the primary settings in the child's life that exert direct influence on a child (Masten 2014; Leventhal and Brooks-Gunn 2000). The purpose of this study was, thus, to explore the trauma and violence children and youth faced in rural communities; the nature and impact of

this violence on young people and existing methods employed to help young people recover from violence. This was done through the lens of child and youth care students at the Durban University of Technology. Hence, this would help develop a model that may be used to train students to deal with traumatised children, youth, families and communities.

The researcher found that, such a model may be guided by the Developmental Assets Framework (1990), for positive development of children and youth. Both studies by Jain *et al.* (2012) and Benson *et al.* (2012) identified the Developmental Assets Framework as significant, as it fosters the role of the family and community in generating positive outcomes for children and youth. Ultimately, these positive outcomes will allow for healing to transpire.

Currently, within the child and youth care programme at Durban University of Technology, students are trained to uphold and apply the Developmental Assets Framework in their work with children and youth. Benson *et al.* (2012) posited that this framework, which consists of 40 asset types, establishes a set of standards for positive child and adolescent development that requires both family and community engagement. Such frameworks, for the prevention of children exposed to harmful experiences, are taught within the curriculum. However, a gap still exists, with regard to spiritual interventions that would assist students in helping those young people that have already been exposed to harmful and traumatic experiences. This notion grounds the need for the current study.

The Search Institute (www.search-institute.org) developed the framework, which consists of 40 assets/building blocks that will serve as protective factors to assist in the positive development of young people. These assets may be used as powerful influences on the child's behaviour, by protecting young people from risky behaviour and by promoting positive actions and attitudes. Positive attitudes are essential in the journey of healing.

The developmental assets framework boasts a set of skills, experiences, relationships and behaviours that are intended to positively influence young people. These factors can be used as a positive response to help young people who have been exposed to violence. The developmental assets framework is a universal model and therefore appropriate for children of all ages, cultural and socio-economic contexts. This

framework emphasises that any individual; parents; peers; school; community and extended family etc. can be involved in positively contributing to the developmental assets. This means that the framework focuses on empowering communities to play a role in the development of healthy, responsible young people by making use of the framework (Meinck *et al.* 2015). This affirms the belief that positive interactions between individuals in various settings may be significant in healing an entire community from adversities. Moreover, allowing individuals to benefit from positive interactions, safe spaces and a caring community results in spiritual well – being.

The Search Institute depicts a set of standards within the developmental asset framework that will enhance positive growth in young people and inspire positive relations and engagement with individuals. However, only the elements related to spirituality (as shown in Table 1.1), were chosen to guide this study as this was the focus of this study.

Table 1.1 Selected elements of the Developmental Assets Framework used to guide the current study.

SUPPORT	1. **Family Support** | Family life provides high levels of love and support. **2. Positive Family Communication** | Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents. **3. Other Adult Relationships** | Young person receives support from three or more nonparent adults. **4. Caring Neighborhood** | Young person experiences caring neighbors.
EMPOWERMENT	**5. Community Values Youth** | Young person perceives that adults in the community value youth. **6. Youth as Resources** | Young people are given useful roles in the community.
CONSTRUCTIVE USE OF TIME	**7. Religious Community** | Young person spends one hour or more per week in activities in a religious institution.

The selected elements shown above appear to be useful elements of a healing model, as they may play a significant role in the journey to healing. These elements are able to nurture positive experiences for children and youth, their families and the community. The discussion below reflects the significance of each of the elements within the healing model. Specific attention is given to spiritual activities

that can be used in conjunction with the developmental assets framework to help children and youth and families and communities, exposed to violence.

Family support – The roles of the family are significant as they provide high levels of immediate support when needed. This is especially vital in rural communities where resources, for affordable psychological and medical attention, are scarce. The family attempts to identify ways to offer comfort in response to children's difficulties. Sometimes, this is done through prayer or valued rituals. When a family unit is strong and enduring, the impact of trauma lessens and inspires an individual to overcome it (Chen *et al.* 2017). Canda and Furman (1999: 291) listed spiritually oriented healing activities that may help in strengthening familial support. Such activities include exploring family patterns of meaning and ritual and in addition, exploring sacred stories, symbols and teachings. Further to this, engaging in meditation and prayer together with family may also encourage family bonds.

Positive family communication – The Search Institute believed that if communication is positive and habitual within families, young people would feel a sense of prudency to seek help in times of stress. Similarly, the model also aimed to strengthen communication and relationship bonds between families and communities and young people, to serve as a safe space to attend to the holistic needs of individual family members. With positive family communication, individual family members will be open to embarking on a spiritual healing journey together (McGuigan, Vuchinich and Tang 2014). Spiritually orientated healing activities that would assist in positive family communication, according to Canda and Furman (1999: 292) may involve developing mutually beneficial human – nature relationships, developing or participating in rituals and ceremonies, dialoging across spiritual practices and win – win solution making.

Caring neighbourhood – It is a common belief that it takes a whole village to raise a child and additional support from surrounding people is significant to the development of young people and their families. Communities have to be strengthened to deal with escalating levels of family and community violence. It is important to create an environment that advances the positive development and nurturance of children and youth. Moreover, it promotes an environment where the

community is working together to bring about peace and healing (Schultz *et al.* 2010; Yoder 2015). This developmental asset may be strengthened through the use of spiritually orientated activities that were identified by Canda and Furman (1999: 291). Examples of healing activities are cooperation with clergy, religious communities, traditional healers and spiritual groups. In addition, developing mutually beneficial human – nature relationships and developing or participating in rituals and ceremonies may also yield positive outcomes in the development of strong bonds between individual family members and communities.

Community values youth – It is crucial that young people experience themselves as being respected and appreciated. This may only be possible if the community and significant others nurture the worth of young people. Experiencing this kind of affirmation will enable the young person to feel positive amidst experiences of violence and furthermore may nurture the self – worth of individuals to overcome their negative experiences (Masten 2014). Developing and using multicultural teams, dialoging across spiritual perspectives and active imagination activities, among others, are also some healing activities that may encourage communities to view the uniqueness of every child and furthermore, strengthen mutual respect and unity (Canda and Furman 1999: 291).

Youth as resources – When the strengths of young people are optimized and they are given useful roles, they begin to experience a meaningful position in society and feel determined to accomplish their goals by means of positive and sociable interactions (Ungar 2006; Salusky *et al.* 2014). The young person feels a sense of optimism and pride when their strengths are nurtured and acknowledged. Children and youth may be seen as resourceful and in a positive light if they become involved in spiritually orientated activities. Advocacy for spiritual sensitivity in health and social service policy, almsgiving and donations, creating a spiritually sensitive administrative approach, voluntary agency assistance to redress poverty and justice, lobbying and social activism by religious groups and developing mutually beneficial human – nature relationships, are activities identified by Canda and Furman (1999: 291) that can be used to encourage youth to become positively resourceful within their communities.

Religious community – This asset grounds the study with the notion, that community healing would be possible if religious activities are strengthened within the community. Young people are encouraged to engage with the spiritually oriented activities and further tap into their spiritual self (Sinha and Rosenberg 2013). In addition, activities that involve art, music, dance and poetry may assist individuals and communities in the journey of spiritual healing.

Scales *et al*. (2014) and Filbert & Flynn (2010) indicated that the developmental assets are significant predictors for resilient and thriving young people. Hence, the selected elements of the framework were significant to help guide the development of a spiritually based intervention. Furthermore, it would support the healing model to be developed as an intervention to address the healing needs of the young person, their family and their community in a holistic way.

1.9 OVERVIEW OF RESEARCH METHODOLOGY

This study was an exploratory study guided by qualitative research methodology. Lyons *et al*. (2013: 11) contends that qualitative approaches involve the "contextualised study of individuals, communities, systems and concepts through interviews, observations and artefacts." An exploratory study design was chosen because it involved an exploration into students' experiences of violence through working and living in rural communities and their views of forms of violence against children and youth. Furthermore, the study explored what current methodologies are being used by rural families and communities for healing.

Qualitative researchers are committed to the naturalistic perspective and to the interpretive understanding of human experience from their point of view of the existing problem under study (de Vos *et al*. 2011). As such, the qualitative approach was best suited to guide the study, as it enabled the researcher to explore the nature and impact of children's experiences of violence within rural communities, through the experiences of students that work and live in these contexts.

A set of interview questions were prepared prior to the interview session as this enabled the researcher to think carefully about what she hoped the interview might cover (de Vos *et al*. 2011). Marshall, Brereton and Kitchenham (2015) posited that

semi structured interviews allow participants to express themselves freely as participants may be limited within a structured interview. de Vos *et al*. (2011) added that interviews within the qualitative research design is a social relationship that allows for the exchange of information. These interviews allowed the researcher to gain significant information from child and youth care students. Since the child and youth care students were exposed to children who have experienced violence, they were able to provide valuable insight with regard to the nature of this violence, its impact and what potential spiritual interventions would assist them in their work with traumatised children and youth, families and communities.

Child and youth care students, within the Child and youth care programme at DUT, are provided with the opportunity to gain experiential training within disadvantaged communities where violence is rampant. Hence, this sample was purposively chosen. de Vos *et al*. (2011) and McMillan and Schumacher (2010) defined purposive sampling as selecting participants who are known to the researcher as knowledgeable and experienced and thereby add value to the study.

1.10 CONCEPTS

1.10.1 Children, Youth and Young people

Children, youth or young people are persons who is between the age of childhood and young adulthood. They have not reached a level of maturity, that allows them to entirely make decisions for themselves. A significant amount of support and nurturing is required from responsible adults such as parents; community members; teachers and other role models to assist young people in developing into healthy positive adulthood (Kidman and Palermo 2016; De Koker *et al*. 2014; Saile *et al*. 2014; Fluke *at al*. 2012; Milner 2010; Shields, Nadasen and Pierce 2008). The child is a young person between the ages of infancy and youth and is dependent on adults to meet their basic needs.

Youth is a transitional period from childhood to adulthood, which is the transition from being dependant on others for sustenance into an age of sovereignty (Ansell 2016).

1.10.2 Adversity

This is a difficult situation or circumstance that one is faced with. It refers to misfortune or continued difficulty in dealing with a situation. “The cumulative burden of adverse experiences has been shown to cause negative effects on physiological, cognitive, behavioural and psychological functioning” (Oral *et al.* 2015: 227).

1.10.3 Violence

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation” (Reddy and Kumari 2015: 14).

1.10.4 Exposure to violence

This refers to the child witnessing threatening acts at home or other settings such as school and communities. Exposure to violence also includes victimisation and maltreatment, including neglect and other abuse (Cross *et al.* 2013; Hickman *et al.* 2013).

1.10.5 Spirituality

Spirituality is, defined by authors as, a personal notion and is perceived as a universal connection; relationship with God, nature, a higher being, ancestral connections; sense of purpose or morality (Senreich 2013; Bone and Fenton 2015; Bone 2008). Spirituality is viewed as an integral part of one’s identity and their personal experiences and beliefs of the transcendent. It may be described as a sense of unity with the self and the greater world. Other authors define spirituality as a “relationship with a higher force that brings meaning and purpose to one’s existence and affects the way in which one operates in the world” (Armstrong and Crowther 2002: 4). Bell-Tolliver and Wilkerson (2011: 51) added that spirituality is a “connection with the universe and an inner self that defines a person and who they are.” Canda and Furman (1999) defines

spirituality as a wholeness of a person which comprises of the psychological, biological and sociological aspects of the person.

1.10.6 Peace

A state of tranquillity and harmony. This is a time where people or a person is able to feel content and safe as it marks the end of fighting, animosity, violence or war.
“Peace is a positive relation between parties, of union, togetherness. The condition is mutual respect, dignity, equality, reciprocity in spirit, mind and body, culture, polity, economy” (Galtung and Fischer 2013: 151).

1.10.7 Trauma

This refers to an upset psychic or behavioural state that causes severe anxiety and emotional stress as a result of a deeply disconcerting experience (Caruth 2016).

1.10.8 Healing

Refers to the process of restoring health and well – being and becoming whole again. This process enables an individual or individuals to overcome adversities endured. Healing is “a process of psychological restoration or growth from a state of emotional woundedness [sic] to a state of emotional well – being” (Coetsee and Grobbelaar 2014: 2).

1.10.9 Indigenous knowledge

Knowledge that is commonly known or native to a specific locality and its people. It is existing in that area and not being transferred from elsewhere. A community possessing indigenous knowledge or methods to overcome violence, means that the knowledge these people have of overcoming violence is well known to people living in that specific area. They have collectively developed a method or had it passed on from past generations, and continue practicing it. Gadgil, Berkes and Folke (1993: 151) stated that indigenous knowledge “has accumulated through a long standing series of observations transmitted from generation to generation.

1.10.10 Child and youth care work

Child and youth care work involves people who have a strong concern for the development of young people. They provide direct care to children and youth whilst working in the best interests of the child, their families and their communities. Child and youth care work involves being responsive to the diverse needs of individual children, families and communities to mitigate the factors that may cause obstacles to their healthy, positive growth and well – being (Harder, Knorth and Kalverboer 2013; Freeman and Garfat 2014; Freeman 2013).

1.10.11 Resiliency

Refers to the “capacity to rebound in the face of adversity” (Benson *et al*. 2012: 10). Brownlee *et al* (2013) also defined resilience as ‘the process of encountering and coping with the aftermath of negative experiences, resulting in positive developmental outcomes or avoidance of negative outcomes.”

1.10.12 Traditional

Refers to a long established method of doing something. A method that has been established some time back and is trusted to be continually used. AlSayyad (2013: 2) defined tradition as “the action of transforming and handing down from one to another a variety of beliefs, rituals and customs.”

1.10.13 Community

Community may be described as a village or town in terms of physicality but may also be described in terms of collective interests, values or religious beliefs, shared by a group of people (Zambara 2015).

1.10.14 Community healing

“A group of people with an active interest in the well – being of its members with the focus on relationships rather than structures” (Coetsee and Grobbelaar 2014: 3)

1.10.15 Rural

Refers to an area of dwelling that is dense and remote and lacks the characteristics of a city (Rakodi 2014).

1.11 STRUCTURE OF DISSERTATION

- Chapter 1: Introduction and background to the study
- Chapter 2: Literature Review: Violence against children: exposure, impact and mitigation
- Chapter 3: Research methodology
- Chapter 4: Presentation of results
- Chapter 5: Discussion of findings, limitations and recommendations

1.12 CONCLUSION

The introductory chapter provided a summary of the study being undertaken. The background, problem statement and rationale of the study were discussed. In addition, the context of child and youth care and the role of spirituality in child and youth care work was discussed. Included in this chapter is the significance of the study, objectives and key concepts. An overview of the research methodology and the conceptual framework that will guide this study was also presented. The following chapter will present an in depth review of the literature related to the objectives of the study.

CHAPTER 2

LITERATURE REVIEW: VIOLENCE AGAINST CHILDREN: EXPOSURE, IMPACT AND MITIGATION

A literature review is the comprehensive study and interpretation of literature that addresses a certain topic. In a literature review, all the available evidence on any given topic is retrieved and reviewed so that an overall picture of what is known about it is achieved (Aveyard 2014).

A review of literature was undertaken to inform this study, by providing a foundation to understanding what is known about the topic and what still needs to be known. The literature review made it possible for the researcher to gain valuable insight into the nature of violence children experience and the interventions that can be used to help them heal from the damaging effects of the violence. The literature analysed in this chapter enabled the researcher to: (1) explore the nature of violence experienced by children and youth in rural communities; (2) inquire about the impact of this violence on children, families and communities; (3) investigate the traditional healing methodologies used by rural communities to help children and families heal from violence and (4) develop a healing model which provides guidelines on spiritual interventions that can be used for healing in a child and youth care context.

The following databases were used to search relevant studies: Proquest, Ebscohost, Google Scholar, ScienceDirect. Subsequent to the search, the following journals were retrieved and pertinent articles were extracted from here to support the study: Feminist Economics; Psychoanalysis, Culture and Society; Applied Developmental Science; Art Therapy Online; Journal of Religion and Spirituality in Social work; Child abuse and neglect; Archives and Pediatrics and Adolescent Medicine; Ethnopolitics; International Journal of Mental Health and Addiction; Explore; Australian Journal of International Affairs; Creative Nursing; Acta Theologica; Journal of Family Violence; Pediatrics; Journal of Psychology in Africa; JAMA; Oral History; Violence and Victims; Journal of Spirituality and Mental health; International Journal of Peace Studies; Journal of Experimental Criminology; Youth violence and Juvenile Justice; The Lancet; International Journal for the Advancement of Counselling; Aggression and Violent

Behaviour; Africa Peace and Conflict Journal; Journal of Peace Education; Third World Quarterly; Journal of Adolescent Health; Journal of Peace Psychology; Journal of abnormal child psychology; Aggression and Violent Behaviour; Family process; Counseling people of African ancestry; Popul Health Metr; Health Expectations; Ife Psychologia; International Journal of Injury control and Safety promotion; Child and Adolescent Social Work Journal; South African Journal of Psychology; Journal of Community Psychology; Clinical Child and Family psychology review; American Journal of Preventative medicine; Child maltreatment; Journal of Research in Childhood Education; Vulnerable Children and Youth Studies; Medical anthropology; Journal of Thought; Perspectives in Psychiatric Care and Social Science and Medicine.

The following keywords were used during searches to secure relevant articles and information: 'child abuse'; 'extent of abuse'; 'violence children''; 'violence families'; 'community violence'; 'school violence'; 'children exposure violence'; 'children violence perceptions'; 'types violence'; 'child maltreatment'; 'child and youth care workers'; 'resiliency'; 'strengths based'; 'healing trauma'; 'healing methodologies'; 'healing interventions'; 'community healing'; 'indigenous'; 'indigenous practices'; 'indigenous knowledge'; 'indigenous healing'; 'rural'; 'Zulu culture'; 'traditional healing'; 'ubuntu'.

2.1 INTRODUCTION

The introductory chapter reflected that children's exposure to violence and its impact on them permeates through all facets of their lives. It was emphasized that exposure to violence will continue due to various internal and external challenges that children and youth face. It is therefore, essential to help children overcome their painful experiences to be able to function positively in all settings. Positive functioning of the child and adolescent, however, is further dependant on the interactions and relationships with the family and the community thus, it was necessary to consider other interventions such as spiritually based interventions, to meet the healing needs of the child, family and the community. Chapter 1 also underlined the role of spirituality in a child and youth care context to assist in healing traumatised children and youth.

Several interventions assist children in their journey to healing and specific attention must be given to ensure that these interventions are sustainable in preparation for future adversities. It is also important that the entire community be able to adapt to a positive and spiritual way of living, in order to provide positive experiences and necessary support for children and families. To achieve this, it was necessary to firstly explore violence in rural families and communities and how it affects children. In this chapter, a description of the term 'violence' is presented, with a brief explanation of the varied forms of violence that children are exposed to. Moreover, a review of the nature, extent and effects that violence has on the individual child and the rural community is presented. A reflection of potential spiritual interventions for healing are also discussed later in this chapter.

2.2 VIOLENCE

Galtung and Fischer (2013: 35) described violence as, "any avoidable insult to basic human needs." He further stated that violence may also be seen as an insult to the mind as it creates fear in a person and feelings of hopelessness including trauma and suffering that is not easy to heal from. Mider (2013) emphasised that violence co – exists with humans and is therefore predictable for infusing through the lives of children in all aspects of their functioning.

Concurrent with other studies, Lannen and Ziswiler (2014) found that children worldwide under the age of five are subjected to some form of violent experience or exposure to violence. These experiences of violence have been found to affect children's physical health, socio – emotional well - being, memory and learning and further manifests later in their lives (Copeland *et al*. 2013). Jones *et al*. (2012) also emphasised that violence against children is an extensive problem.

While violence is a secret in many families in rural communities, the need for spiritual initiatives to be directed towards the healing of those people, families, communities and children that have been affected by the harsh impact of violence, is important. Mider (2013) emphasised that exposure to violence must be talked about because if it is talked about, people will be willing to address the issues that cause violence. A willingness to address issues of violence may provide a sense of hope that it can be overcome, thus enabling individuals to begin their journey to healing.

As mentioned in the previous chapter, violence is bound to feature in various environments in which the child exists. Thus, a robust likelihood exists, that children will continue to be victims of varied forms of violence in different settings.

The section below presents a description of young people's exposure to violence.

2.3 CHILDREN AND YOUTH'S EXPOSURE TO VIOLENCE: STATISTICS, EFFECTS AND ITS IMPACT

While several studies, both in South Africa and abroad, focus on single forms of violence, the poly victimization study conducted by Turner, Finkelhor and Omrod (2010) indicated that children who suffer one type of victimisation are also likely to experience other types and possibly concurrently. In this American study, 40% of all children who experienced maltreatment incidents had experienced 11 more additional victimisation types. Among those exposed to sexual victimisation, 50% were also poly-victims. Turner, Finkelhor and Omrod (2010) further suggested that those studies that focus on single forms of victimisation are likely to underestimate the full burden of victimisation that children experience. Hence, studies on poly-victimisation would allow a more accurate
understanding of how different forms of victimisation may cluster within and across various contexts of children's lives.
The various forms of violence that children experienced or are exposed to are discussed below:

2.3.1 ***Domestic violence***

Domestic violence is defined by Holt, Buckley and Whelan (2008) as the intimate context in which one partner is abused by another. Children's exposure to domestic violence is common among South African families who are living under stressful circumstances. Duke *et al*. (2010) reported that 1 in 7 youth between the ages of 2 and 17 years have been exposed to adverse experiences including physical, sexual and emotional, abuse and or neglect. Furthermore, 29 % of the youth identified at least 1 adverse childhood experience. Yount, DiGirolamo and Ramakrishnan (2011)

pointed out that young children are likely to be exposed to domestic violence early in the marriage or during pregnancy as both these are perceived to be stressful times for parents.

Domestic violence includes direct exposure, direct involvement and indirect involvement. Holt, Buckley and Whelan (2008) also posited that children were, in the past, seen as peripheral in the context of violence between their parents. However, recent studies have shown that the impact of exposure to domestic violence on children has been large and has indicated that children try to make sense of the episodes of violence that occurs between their parents leaving them with feelings of fear, anxiety and being emotionally drained (Fortin, Doucet and Damant 2011; De-Board Lucas and Grych 2011; Margolin *et al*. 2010).

Holt, Buckley and Whelan (2008) also wrote that the child 'witnessing' abuse goes beyond observing the actual episode of abuse. Witnessing also includes the child later noticing broken furniture or visible injuries on their parents. The author further added that children are often abused alongside the abuse of the other parent. In other words, this occurs when the child is abused by either the perpetrator or the victim, merely, out of their own frustration. Additionally, exposure to violence extends when children are expected to choose sides between parents and or convey threatening messages to the other parent.

Children try to interpret the meaning of conflict in their homes and try to identify the role that they might have played in the conflict's outbreak or its resolution (Fortin, Doucet and Damant 2011). Subsequent to violence or conflict in the home, children feel anxious at the existent perceived threat. Fortin, Doucet and Damant (2011) further stated that when children feel torn between parents and have to choose sides, loyalty conflicts occur. This indicates that the child may fear losing the love and affection of one parent.

Adults who continue to abuse children do so because they refuse to empathise with a child and further underestimate the emotional response their violence provokes in children (Naker 2006). Similarly, the relationship between domestic violence and child abuse may sometimes go unconsidered by child protection professionals. In a study

conducted by Postmus and Merritt (2010), an attempt was made to determine whether Child Protection workers' attitudes and beliefs, were that domestic violence is a risk factor for child abuse, thus, impacting on their decision to remove the child. Often when domestic violence is uncovered, interventions are put in place to help the battered women or reconcile the partners while neglecting the possibility of child abuse occurring. The authors also made reference to the social entrapment theory and the coercive control theory, which sees the women being forced to stay in the relationship out of fear for her life and that of the children. The victims feel that the abuser may still find ways to abuse them even when they leave, by manipulating the victim into believing that if she leaves, the children will be taken away from her or she may not be able to support the children once she has left him. This indirect exposure to violence on children, has major implications on the child's emotional state leaving the child feeling traumatised by the actual violent incidents and the turn of events following the family violence.

The steering beliefs, attitudes and role of child and youth care workers are emphasised as meaningful in their work with traumatised children as they are expected to ensure that children are kept safe and are swiftly assisted to heal from their traumatic experiences in order to elude further damage to their development.

Effects of domestic violence

Yount, DiGirolamo and Ramakrishnan (2011: 1536) suggested that the different domains of violence, that periodically occur, may disrupt the child's 'stress-response biological regulatory system,' indicating that these systems that are fundamental for maintaining physical and mental health, may become vulnerable. Postmus and Merritt (2010) elaborated that exposure to violence may result in emotional, behavioural, academic and social problems. In many instances children often blame themselves for the violence and conflict in the home resulting in internalizing behaviours of feeling depressed and responsible and the added stress of being forced to choose sides. Externalizing behaviours are exhibited when children feel that violence and aggression is an acceptable way of responding to violent situations (Fortin, Doucet and Damant 2011, DeBoard-Lucas and Grych 2011).

According to DeBoard-Lucas and Grych (2011), children's perceptions for the cause of a violent interaction may also guide their coping efforts in the situation e.g. children who feel responsible for causing a fight may have stronger motivation to intervene or try to stop the violent interaction, thus placing children in physical danger. In turn, children also believe that aggression can be an acceptable or effective way to respond to conflict by means of violence and therefore may be more disposed to use violence themselves.

Though children and adolescents may not be directly involved in the episodes of violence, anger and aggression during family conflicts, the indirect effect on the child is demonstrated through the family settings and processes subsequent to the violent experiences (Milner 2010). Domestic violence and its harsh damaging effects, predicts the parent's interaction with the child. These interactions usually involve less warmth, aggressiveness and unpredictability. Consequently, this inconsistent and erratic relationship between parent and child often leave children with feelings of rejection, emotional instability, low self - worth, poor sense of belonging, vulnerability etc. thereby laying the platform for child abuse.

In the context of effective parenting ability being severely compromised during domestic violence, many professionals believe that it would be in the best interests of the child, to be removed from the violent family environment (Yount, DiGirolamo and Ramakrishnan 2011). However, a study conducted by Postmus and Merritt (2010), on child protection workers' views on child removal during domestic violence, found that participants who were older and more experienced professionals did not think it was necessary to remove the child from the home where violence occurred. It is thus, perceived that this would allow the perpetrator to think that he/she was in control. However, this may result in the child being further exposed to violence, whilst remaining in the abusive home. It is therefore, important for child and youth care workers and other professionals working in the best interests of children, to assist the child; other victims and the perpetrators to deal with and overcome the violence and trauma that is spilling over the entire family system.

Exposure to abuse of children by authoritarian parenting styles is also common in several homes. Various writers have indicated that violence in the home is not always

confined to abuse or violence between parents but also by parents on children (Austin *et al.* 2017; Hillis, Mercy and Saul 2017; Lansford *et al.* 2014; Wang and Kenny 2014). Most often when there is less warmth and a non-democratic style of parenting; children begin to feel worthless and inadequate and in turn display the same kind of abusive behaviour with their friends or siblings believing that this is the means to attain compliance.

Harsh physical discipline is associated with externalising behaviours, whereas witnessing home violence is associated with internalising behaviours (Margolin *et al*. 2010). The authors further posited that both marital aggression and parent to youth aggression are risk factors for internalising and externalising behaviour problems. The findings of a study conducted by Valentino *et al*. (2012) on intergenerational continuity of child abuse, revealed that 66% of adolescent mothers indicated a childhood history of sexual, physical or emotional abuse, demonstrated that mothers with a history of abuse as a child, were more likely to have children, with an increased risk to experience abuse prior to age 18.

The most commonly reported experience was alcohol abuse by a household member. Duke *et al*. (2010) found that adolescents portray various types of adverse childhood experiences in the form of abuse and household dysfunction. These are risk factors for internalising and externalising behaviour problems and moreover, indicate long term adult risk behaviours and poor physical health (Milner 2010). Shields, Nadasen and Pierce (2008) further indicated that social support, family organisation and family control reduced the effects of exposure for some kinds of violence and indicated that children who had high social support were least affected by gang violence. The child's good physical and mental well – being is necessary for healthy child development and if this is interrupted, children may experience deficits in emotion processing, social competence and further struggle to self-regulate their behaviours (Yount, DiGirolamo and Ramakrishnan 2011).

Walakira *et al*. (2014) suggested that violence suffered by children in the home setting is what pushes children to the streets, where there are further experiences of abuse and violence by other street children, law officials and community members. Violence in the home setting spirals other violent episodes for children. If children are not helped

to cope effectively with the violent situations that they are placed under, it may direct them to drug consumption, violent behaviours on themselves and others and becoming vulnerable to violence brought on by other children, which inevitably provokes further risky behaviours.

A strong need, therefore, exists to assist children in overcoming the violence at home before it thrusts children to more violent territories e.g. the streets or street shelters or in child and youth care centres, which ironically is meant to be a 'safe space' for children.

2.3.2 ***Violence in the community***

Since the turn of democracy in 1994, South Africa has attempted to address problems experienced in communities to alleviate violence and build communities of peace. However, several studies have indicated that sustainable peace has not been achieved (Kagee, Naidoo and Van Wyk 2003). Community violence, especially in rural areas, has played a major role in adverse effects on children's development. The concept of community within the field of child and adolescent development is considerably owed to Urie Brinfenbrenner's (1979) ecological approach to human development (Benson *et al*. 2012). Families are a complex social system influenced by the larger system, which is the community. Hence, families do not exist in isolation. They are, however, part of neighbourhoods and of larger communities that exert broad cultural and normative influences that offer both positive and negative possibilities to youth (Benson *et al*. 2012).

Neighbourhoods and communities provide additional or compensatory nurturance to children and youth although the family is widely thought of as the primary agent of socialisation. Benson *et al*. (2012) added that for families to operate out of strength, considerable societal and community engagement is necessary. In order for healthy child development to occur, the systems in the child's life such as the family, community and school, must be compatible as all systems operate in synergy. It is therefore evident that violent communities will ultimately have an impact on healthy development of children and youth.

Characterised by positive experiences, that offer meaningful opportunities and positive relationships with adults, the developmental assets framework, has tremendous benefit to protect youth from high - risk behaviour; enhance positive developmental outcomes (Jain *et al*. 2012) and support young people in their journey of overcoming adversities. Benson *et al*. (2012) further added that the framework includes various interactions and experiences over which a community of people has considerable control. This supported the notion that the family may be the primary agent of socialization, but, the community, through positive engagement, can provide compensatory nurturance and enhance healthy child development that can occur when the settings in a child's life are compatible. Marques, Lopez and Pais-Ribeiro (2011) suggested that interventions should not only focus on the child in efforts to enhance hope but should also include endeavours to transform environments.

Statistics in South Africa and abroad and a growing body of literature shows that community violence is extremely pervasive and frequent. Following South Africa's apartheid struggle, a decrease in political violence has ensued. However, the existence of domestic, community and other forms of violence, in rural areas, continue to have an effect on children on a daily basis (Staub *et al*. 2005).

Dinkha and Mitchell (2014) also drew attention to Albert Bandura's (1961) theory of modelling, in which they emphasised that unless children have witnessed violent behaviour, they are not likely to be violent. In their study on the prevalence of child and adolescent exposure to community violence, Stein *et al*. (2003) found that there was a high prevalence of weapon related community violence, while physical and crime related community violence exposure is also rife. Victimisation rates were found to be generally lower than witnessing rates. This study also found that children witnessing slapping/hitting/punching is relatively high.

The discussion above indicates that violence is escalating in all communities, among the rich and the poor, the educated and non – educated and across all cultures and gender. However, in some areas, such as, rural communities, violence and crime is more predominant than others. A discussion on violence in rural and poorly resourced communities is presented in the sub – sections that follow.

2.3.2.1 *Rural communities: Characteristics and effects of rural living*

Kubrin (2009: 226) discussed the social disorganisation theory, conceptualised by Park and Burgess (1925), as “the extent to which differences in economic and social characteristics” measured rates of delinquency. This theory can be applied to the view that communities with lower social and economic characteristics are likely to engage in violent behaviour/interactions, due to various reasons such as a lack of social skills and strong community bonds; less social support; high rates of unemployment; lack of resources to develop skills; less social support and several other ecological factors (Edwards *et al.* 2014; Lee, Becker and Ousey 2014; Donnermeyer 2015).

In a study carried out in Ethiopia by Erulkar (2013), the author documented that in many rural and poor resourced communities, such as sub - Saharan Africa, early age marriages still occur where the young women are generally poorly educated and have not reached a level of maturity to navigate through the marital journey. This places the young women at risk of being dominated by their male counterparts and further experience high levels of forced sex with their husband (Parkes *et al*. 2013). Given that these types of communities have limited resources, social support and minimal education, victims of violence and abuse have no place to seek help. Moreover, individuals lack the confidence to stand up and report their experiences of violence.

Kidman and Palermo (2016) reported that in countries such as sub – Saharan Africa, children are often orphaned due to the AIDS epidemic. Furthermore, the authors found that the loss of a father was associated with a higher risk of sexual violence in children. Food insecurity, poverty and being out of school, were presented as risk factors after the death of a father. In addition to this, there is an elevated risk for girls that compensate for the absence of a father figure by becoming dependant and more vulnerable to abuse by older men.

Children living in rural environments experience prolonged trauma due to the intense exposure to multiple types of violent acts and having little support to minimise or decrease the subsequent trauma These children report higher levels of, among others, post - traumatic stress, poor academic achievement, health problems, poor social skills and suicidal tendencies (Clarke *et al.* 2016). Further to this, Clarke *et al.* (2016) emphasised that poorly resourced settings present violence in several contexts in which the child exists. This underlines the notion that victims of cross - contextual

violence may have poorer mental health. Children living in poverty have fewer resources for dealing with trauma (Carlson 2006) and therefore require interventions that assist in healing and further strengthening their own coping mechanisms.

Effects of community violence

Community violence is a public health concern, since witnessing or hearing about violence within one's community is intensely traumatic and just as detrimental as being the victim. The study undertaken by Shields, Nadasen and Pierce (2008), showed the high levels of effects of community violence on children in South Africa, and further implied that hearing about violence from others, had the same harsh effect on children as both actually witnessing it. In addition, hearing about violence appeared to make children feel unsafe by creating distress.

Furthermore, prolonged and repeated trauma may have a profound impact on a child's holistic functioning and this is shown by two diagnostic concepts i.e. complex post - traumatic stress disorder (CPTSD) and developmental trauma disorder. Both these concepts indicate that a child's entire developmental trajectory would be compromised and not just one fragment of functioning (Ford and Courtois 2009). Whilst traumatic, violent incidents have an effect on, but not limited to, the mind and brain, it is important to highlight that these experiences may condition a child to use such responses in their interactions, thereby producing violent, anti - social and delinquent children.

Witnessing violence or being victims of violence in the community presents internalising problems (depression and anxiety) and risk taking behaviours (externalising behaviours) in many children. However, a child from low conflict family may be protected against the negative influences of the community (McKelvey *et al*. 2011; Jain and Cohen 2012). Several studies have demonstrated the relationship between community violence and externalising behaviour problems, like aggression and antisocial behaviour (McKelvey *et al*. 2011; Benson *et al*. 2012; Shields, Nadasen and Pierce 2008). In addition, the authors posited that community violence has also been linked to internalising problems such as depression and anxiety of having witnessed violence or feelings of being unsafe (Jouriles *et al.* 2014; Heleniak *et al.* 2017). Effective spiritual healing and peace – building interventions are therefore

imperative to moderate or diminish these problems. Such strategies must be holistic in nature and strive to empower the child, family and community to be able to manage and deal with the challenges that they face.

Shields, Nadasen and Pierce (2008) hypothesized that exposure to community violence produces psychological stress and results in deficits in internalising and externalising behaviours. Further, the results of their findings showed that children were exposed to a significant amount of community violence in the form of school violence, neighbourhood violence, gang violence and police violence.

2.4 EARLY RESPONSE STRATEGIES TO ADDRESS IMMEDIATE HEALING NEEDS OF CHILDREN AND THE ROLE OF CYC WORKERS

Boothby *et al*. (2012) discussed effective response strategies for children living outside of family care and further indicated that, in order to assist children with overcoming their difficult situations, the initial step of an intervention must be to carry out an assessment. This would assist child and youth care workers to understand the circumstances surrounding the trauma experienced by children and the extent. Assessments are important to identify and recognise the needs and the unmet needs of the child and their family or community as this will allow for the preparation and development of appropriate response strategies to help with healing. This practice of conducting assessments further enables child and youth care professionals to engage a focused approach in responding effectively to the needs of children (Boothby *et al*. 2012; Artz and Riecken 1997).

Conducting assessments often reveal that relationships between family members have become distorted as a result of adverse experiences. In addition, this environment can be harmful to the well – being of children resulting in the removal of children from the family. Boothby *et al*. (2012) construed that the reintegration of children with their families must be a priority. Bernard *et al.* (2012) and Kirk and Griffith (2004) also indicated that children's bonds and attachments to a primary caregiver are more important to their immediate welfare needs. Holistic healing can transpire when child and youth care workers integrate and restore children's relationships with other family members (Bonell *et al.* 2016).

Boothby *et al*. (2012) added that Western approaches to deal with trauma, such as counselling, should be avoided, as it focuses on treatment of the individual unlike psychosocial interventions that treat and intervene in the context of family and further enhances community and familial support. Empowerment of families and communities is crucial, as this would not only respond to the immediate needs of children, but ultimately enhance and improve their living conditions and interactions. Moreover, it would minimise violence in their surroundings. Separation of children from families must be avoided at all costs; instead, assessments should identify ways to transform the current difficult situation that the child is living with. Transformation from situations that cause trauma is essential and can occur if a sense of hope is instilled in children and their families (Wall, Higgins and Hunter 2016; Walsh 2015; Figley and Kiser 2013). It is thus, important that they feel a sense of safety, security, hope and determination to transcend their adversities.

2.4.1 *Building hope in children*

Young children are usually enthusiastic and display a great sense of autonomy. They are not born with hopelessness; it is the environments that they are reared in that bring feelings of hopelessness. McDermott *et al*. (1997) also stated that children's unfortunate circumstances and unpredictable environments, unmet needs and insufficient resources to grow and develop positively, are what thrust them in the face of hopelessness.

In the cross cultural investigation of hope in children and adolescents McDermott and colleagues (1997) found that children that come from schools where there is a smaller teacher and student ratio, posed higher scores on the hope scale. To this end, there is an indication that interventions by child and youth care workers should also be individualistic and relational. The closeness of the interactions will display more empathy and attentiveness from the child and youth care worker towards the child and their individual families. With this approach, the child and youth care worker would be able to respond to the child's sense of hopelessness and further advance the development of hope in children.

It appears that violence has become a norm for South African children, irrespective of race, religion or abilities. Although it may not be easy to end or prohibit their exposure to violence, child and youth care workers must encourage children to make use of positive opportunities and relationships to live life beyond their adversities and develop to their full potential (Masten 2011). The model developed in this study may achieve this as it incorporates essential elements that may provide support, nurturance, and comfort in troubled times. Such elements are, among others, a caring family and community that engage in spiritual practices that foster hope and motivate children to emerge resilient. When children are resilient, future experiences of violence may be easier to deal with, allowing the trauma suffered to be minimised and healing and recovery to transpire (Sanchez, Carrillo and Garber 2016). Resiliency and a sense of hope are significant protective factors that would support the healing process henceforth the discussion below grounds this notion (Fritz 2015).

2.5 PROTECTIVE COMMUNITY FACTORS THAT MITIGATE VIOLENCE AGAINST CHILDREN

While an increasing body of literature has documented several effects of violence on the well - being of children, a substantial discussion on protective factors have been established and is significant to address the healthy developmental needs of children (Benson *et al*. 2012; Jain *et al*. 2012).

Bronfenbrenner's Ecological Systems Theory (1979) depicts the settings in the child's life and its' significance to the shaping of the individual child. This eco – systems theoretical paradigm, reflects all the systems in which the child is embedded viz. individual, family, community, spiritual systems etc. and displays that all these systems are in continuous dynamic interaction. Further, they affect and influence each other, indicating that an individual (child) does not exist in isolation (Bjorklund and Blasi 2011). The theory further reported the importance of understanding the impact that violence has on the child's development (Hardman 2012).

The family systems ultimately function through active engagement with the larger community and social system. Benson *et al* (2012), emphasised that communities compliment the strength of the family's functioning by providing additional support to

children by teaching pro social behaviours, enhancing parental support and child rearing, transmitting information and working towards the achievement of a common goal of providing positive experiences for children to develop to their full potential. Children are able to develop a sense of *hope* and subsequently become resilient when family and community engagements and interactions are positive and nurturing (Marques, Lopez and Pais-Ribeiro 2011; Filbert and Flynn 2010; Campbell-Sills, Cohan and Stein 2006; Sivilli and Pace 2014, Benard 1991).

The importance of the community and family settings in the child's life (Metz 2011; Ertl *et al*. 2011; Cohen, Mannarino and Iyengar 2011; Seedat *et al*. 2012; Scales *et al*. 2000; Benson *et al*. 2012; McCammon 2012) made it necessary for the current study to seek and engage in interventions that are community and family based to help children to heal from exposure to experiences of violence.

Violence exists and affects the child at an interpersonal and intrapersonal level and hence all systems such as traditional systems, the community and the family system, must be engaged in the healing process, through spiritual interventions. The chosen theoretical framework for this study, which is the Developmental Assets framework, will not only produce positive outcomes for children, but will strengthen communities and families as a whole. As such, the framework encourages positive interactions between primary settings in the child's lives. The framework may further provide a safe space for peaceful interactions and spiritual living within families and communities if there is a collective effort to transform difficulties and nurture positive experiences for all.

2.5.1 The Developmental Assets Framework

The Developmental Asset Framework (Search Institute 1990), chosen as the guiding theoretical framework for this study, is a framework that engages both the family and the community efforts. It comprises of assets that are essential for positive healthy development of children of all ages and serve as protective factors such as stable positive and consistent relationships within and across primary and secondary settings in the child's life. These are essential for overcoming adversities. Congruent to this,

studies have reported that the developmental assets have a positive impact on the development and well – being of children (Jain and Cohen 2012).

These assets, that nurture positive relationships and interactions, may provide a strong scaffold for supporting children through healing in the aftermath of hurtful circumstances. *Hope* was also found to be a protective factor that is linked to 'positive psychological' outcomes for the child and a strong predictor of well – being (Savahl *et al*. 2013). Child and youth care workers have an imperative task of instilling *hope* in children. In addition, literature has widely suggested that *hope* may yield 'positive psychological' outcomes, thus it is vital that our aim is to seek interventions that further advance protective factors and at the same time infuse a solid foundation of *hope* in children (Holt, Buckley and Whelan 2008). These interventions would assist children to gracefully manage future adversities of abuse and violence. Interventions that comprise of positive relationships with responsible adults; sociable interactions with peers and community members; positive school experiences; goal setting and mapping of dreams and increased pro social behaviours are fundamental (Benson *et al*. 2012; Hardaway, McLoyd and Wood 2012; Lannen and Ziswiler 2014).

The basis of the developmental asset framework is used for positive child development as it focuses on: (a) prevention of high risk behaviours; (b) the enhancement of thriving outcomes; and (c) resiliency, taking into consideration that resiliency will prove significant in assisting children in the process of healing from violent experiences and trauma that they have endured. The 40 developmental assets, within the framework, are divided into 20 external assets and 20 internal assets in which all of these comprise of: (a) the positive relationships and experiences that children have with responsible adults; (b) and the competencies and skills that children can develop through the nurturing and positive interactions with principled adults in the family and community (Sesma Jr, Mannes and Scales 2012; Benson *et al*. 2012). Its interrelatedness with spiritually based interventions was discussed in chapter one.

The internal and external assets within the developmental asset framework, thus, serve as important protective factors and are nurtured by families and communities by using the *strengths based approach*. This approach is commonly used by child and youth care workers to affirm children and give them a sense of empowerment, *hope*,

positive identity, goal orientated thinking and life satisfaction (Brownlee *et al*. 2013; Proyer, Ruch and Buschor 2013; Marques, Lopez and Pais-Ribeiro 2011*;* Green, McAllister and Tarte 2004; Brun and Rapp 2001).

The use of the *strengths based approach* allows child and youth care workers to build on the strengths of children and the families. These strengths comprise of skills, capacities and potential that individuals may possess which would be significant to overcome the challenges that life presents. In addition, tapping on strengths may prove valuable for instilling a sense of pride and accomplishment for children to overcome trauma and adversities (McCammon 2012; Scales *et al*. 2000).

The literature reviewed above pointed out two significant aspects that are necessary for overcoming difficulties viz: *Strengths based approach and resiliency*. Both these components are strong indicators for the development of *hope* in children that will warrant an effective healing process. The connection between strengths based approaches, resiliency and *hope* is entwined, likewise *strengths based approaches* and *hope* may also be thought of as powerful indicators for *resiliency*. These components are integral to the spirituality paradigm and healing.

2.6 STRENGTHS BASED APPROACH, HOPE AND RESILIENCY AS PREDICTORS FOR HEALING

2.6.1 Strengths based approach

McCammon (2012) and Brownlee *et al.* (2013) emphasised that the strengths based approach is an individualised intervention that focuses on the needs and potential of the individual child and moreover, promotes positive development in children and adolescents. Every individual possesses strengths that can be tapped into and utilised for prime functioning and for overcoming adversities. Hence, the child's strengths must be tapped into so that the child can, without much difficulty, heal from traumatic experiences.

Intervention programmes that were reviewed by Brownlee *et al*. (2013) have presented the notion that the strengths based approach has shown a positive impact on the

young person's functioning. Thus the authors concluded that while strengths based interventions are significant in the optimal development of young people, it must be measured against other interventions to further prove it's' efficacy. However, after reviewing a substantial amount of literature, the strengths based approach, is beneficial to the young person's journey to overcome adversities. Proyer, Ruch and Buschor (2013) likewise, maintained that interventions that are strengths based will most likely contribute positively to an individual's well – being. Similarly, Marques Lopez and Pais-Ribeiro (2011) further indicated that individuals may benefit from the subsequent life satisfaction for up to a year and a half later from being part of a strengths based intervention.

The philosophy of interventions that focus on augmenting strengths rather than attempting to mend deficits will contribute to effective long - term outcomes for children and families and therefore the use of the strengths based philosophy would seem as a more effective intervention (Green, McAllister and Tarte 2004). It is also important to note that when service providers, such as child and youth care workers, use the strengths based approach in their interventions, children and their families tend to benefit entirely from such a programme and have a propensity to cooperate better with the service providers. Further to this, they ultimately work effectively and collectively within the larger society (Green, McAllister and Tarte 2004). Decisively, this yields a positive response from others allowing the child and family to feel and be more valued and respected in society. The family, thus, has the opportunity to become optimistic about overcoming their problems. They then tend to develop a sense of *hope* that empowers them to face presenting and future challenges with the notion that they are strong enough to emerge resilient.

Literature has pointed out that people in rural communities often boast strengths in singing, dancing, drumming etc. (Gridley *et al.* 2011; Katz 1984; Hanna 1995; Monteiro and Wall 2011) due to their rich cultural and traditional values and beliefs. These spiritually based activities cohere with the strengths perspective. Engaging in these practices usually give these communities a sense of peace, satisfaction and togetherness. For this reason, child and youth care workers must identify such strengths owned by children, families and their communities and further encourage such exercises to assist in their healing.

2.6.2 Hope

With limited literature focusing on *hope* as an important facet for positive development in young people, Taylor *et al.* 2014 added that *hope* has on the development of goal orientated thinking, among school children. Possessing high levels of *hope* ultimately allows children to feel happier and wish to achieve more in their lives despite adversities and unfortunate experiences. Even children and their families with identified signs of hopelessness and the desire to surrender to their problems are able to rise and face adversities with the assistance of 'rediscovering their abilities.' It is therefore useful for child and youth care workers to start the strengths based interventions by identifying and enhancing the capabilities of individuals within the family (Gander *et al.* 2013).

Children and families have to embark on a spiritual journey in which they believe that they can transcend their difficult situations. This will ultimately give to rise to a sense of hope. This emphasises that interventions to address trauma must nurture a person's spiritual sense. Filbert and Flynn (2010), consistent with other authors, highlighted that hope and resilience are more likely to emerge in individuals that possess a large number of developmental assets and furthermore a strong spiritual sense. It is, thus, imperative that spiritual interventions seek to strengthen family and community bonds within the developmental assets framework.

2.6.3 Resiliency

Resilient individuals possess qualities of empowerment, competence and a strong mind – set while boasting good coping skills and problem solving ways of thinking.

Sivilli and Pace (2014: 5), in an extraordinary perspective, described resiliency as "adapting to change" rather than "bouncing back." Masten (2014) also suggested that the interacting ecological system of the child will determine the functioning of the individual child and their capacity to adapt in presenting situations. Furthermore, the child's spiritual sense is heightened in the event of attempting to cope adequately with difficult life situations. The resilient child is therefore able to avoid future problematic behaviours (Clauss-Ehlers 2008, Ungar 2004). This once again draws our attention to

the assumption that positive interactions of the developmental assets, which have the capacity to develop confident and empowered individuals who have a strong spiritual sense.

Clauss-Ehlers (2008) further stated that resilience may depend on the strengths of an individuals' culture and its ability to support the individual child through overcoming adversities. For example, a girl child will be able to deal with difficulties and become resilient in a culture where the female gender is supported and seen as having independent and strong characters. Resilience in children may be easily achieved in a family that have strong relational values and authoritative parenting. In addition, the author found that the achievement of resilience was dependant on three attributions:
(a) Cultural variables, (b) ecological contexts including individual facets and (c) the individuals' insight and understating of the difficult situation encountered. These three facets are important to take into consideration, for the development of a healing intervention, as it provides a solid base, for ensuring that the needs of the individual child is met.

As recognised earlier, assessments are important to identify the depth of children's trauma. Additionally, children's existing developmental assets must also be identified through an assessment process. This approach will produce the best – suited intervention for the traumatised child, significantly start the process of healing and further harvest positive long - term resilient outcomes (Filbert and Flynn 2010).
The development of children may always be compromised by unavoidable adversities; therefore, it is essential that a focus is placed more on assisting them to heal from the adversities. Additionally, service providers must ensure that in future children are able to cope adequately with presenting problems and be able to move forward from it (Masten 2014). Some people succumb to their adversities and burrow in trauma while others are able to emerge from difficulties and move on. This is merely due to the fact that people who are able to bounce back from difficulties are believed to be resilient and are able to negotiate their stressors and overcome its harshness.

Authors such as Thompson (2014); Smith *et al.* (2013) and Richardson and Chew-Graham (2016) pointed out that while it is impossible to avoid difficulties that life presents, an individual still has the capacity to prepare for future difficulties and react

to it in positive ways. Resiliency must not only be seen as focusing on the ability to overcome adversities but it must be seen as learning experiences that will equip an individual for imminent struggles. Hinton and Kirmayer (2013) noted that ongoing stress and progressive childhood trauma leaves individuals vulnerable to unrelenting distress. Among others, this should be the reason for emphasis to be placed on the fostering of children's resiliency. In their paper on '*The human dimensions of resilience'*, Sivilli and Pace (2014), presented the practices of *yoga* and *meditation* as significant in developing qualities that may contribute to resilience. While yoga and meditation is seen as a more westernised practice, it has emerged, from the responses of participants, that for centuries people have engaged in meditation when connecting with a higher power or heightened sense. Such practices and traditions are discussed further in the sections that follow.

Thus far the literature review has described varied forms of violence experienced by children, the impact it has on their development and the contributing factors, such as hope, resilience and strengths based approach that are significant to develop an effective spiritual healing intervention for traumatised young people. It has emerged that resiliency and spirituality are significantly linked and furthermore, important in developing a sense of hope in children. These three components are evident in the developmental assets framework and fundamental for the development of an appropriate healing model. The review has further revealed that healing can transpire if the selected elements (as depicted in chapter 1) of the developmental assets framework exist in a child, and are further strengthened.

Staub *et al*. (2005) emphasised that distressful trauma symptoms are likely to emerge when the impact of intense violence on survivors is immense. Along with these immeasurable consequences, the normal ways and means of victims' living become severely dislocated. Similarly, this highlights the fact that children must be healed in order to grow and develop adequately. The principles of spirituality and the child and youth care profession may collectively achieve a nourishing and healed community, which in turn may adequately develop healthy and strong children. The philosophies of both these fields of work are discussed below and is substantiated by a review of current spiritual and traditional methods that are practiced by communities, following violence and trauma.

2.7 SPIRITUALITY AND CHILD AND YOUTH CARE

South Africa presents a valuable example of an attempt to move from conflict and violence to a democratic and spiritual community. Research on spirituality has reflected its positive and significant impact on families and communities and ultimately children (Mnyaka and Motlhabi 2005; Kruidenier 2017). This has thus provided one with an understanding that in a society or community where people are nurturing spiritual interactions – trust can be rebuilt, relationships can be restored, forgiveness is possible and healing can transpire. For this process to transpire, interventions must use a “bottom up approach” with communities. The “bottom up approach” focuses on empowering communities to take charge, in rising above their adversities. Moreover, the child and youth care profession also engages this type of approach by empowering children and youth within their primary settings. It is thus, the task of the child and youth care worker to engage the child, family and community in spiritual interventions that strengthen bonds and nurture a collaborative effort to work through adversities.

Child and youth care workers come into contact with children and youth from rural communities and impoverished environments where there is very little or no formal resources for support. These communities have minimal formal support to assist in physical, mental or cognitive health care, therefore in the event of traumatic experiences, communities and families rely on their own informal support networks such as knowledgeable human resources within the community to assist in the healing of individuals. Thus, child and youth care workers need to identify these practices and utilise it in their work with children and youth. This will engage the child and youth care principle of normalisation in which children are made to feel most comfortable in a familiar environment. This would alleviate further trauma of interventions by unfamiliar individuals and anomalous practices. In this way, the journey to healing becomes easier on the child.

Since child and youth care workers and other professionals, who intervene to assist in the healing process, cannot solve the problems of people or impose solutions on them, it is important that the community themselves, are empowered. Individuals must be capacitated to find their own solutions that best suit them and their lifestyle while using trained professionals as scaffolds to achieve this. For this reason, child and youth care

workers must identify common practices that families and communities value and believe in and further strengthen and incorporate these practices into their interventions.

The next section identifies some practises that were found to be valuable in enabling healing following exposure to violence.

2.8 SPIRITUALLY BASED METHODOLOGIES FOLLOWING VIOLENCE AND TRAUMA

Currently both developed and under developed communities, worldwide, embrace and maintain traditional practices and indigenous approaches to healing whilst some communities and families employ western methods, such as counselling and consults with therapists etc. The children and youth that enter the child and youth care system most often come from communities with fewer resources and poverty-stricken environments. Therefore, these communities practice traditional 'home grown mechanisms' as approaches to dealing with adversities, such as prayer and rituals (Moodley and West 2005; Mayer and Viviers 2016; Sodi and Bojuwoye 2011; Ren 2012). A combination of both western and traditional approaches was therefore included in the development of the current model, as it may prove valuable in addressing deep seated and expanding trauma in a diverse society.

Interventions within the community are fundamental for building spiritual well – being among individuals where the altering of negative behaviours and attitudes of people is imperative. Through spiritual interventions, people must change to attain a spiritual living and peaceful interactions among all (Steinberg 2013). This is necessary for healing. Clark (2011: 346) indicated that the "creation of tolerant and non - violent societies will facilitate psychosocial well - being in individuals" therefore psychosocial interventions are feasible to address deep psychological and emotional wounds. Zambara (2015) stated that the wounds of individuals are not always external and visible but are emotional and psychological and these are the deepest wounds with the deepest pain that remain etched in collective and individual memories.

Several families and communities have benefited from spiritual interventions that have documented positive influences on the well - being and healing of children, families and communities (Schultz, Tallman and Altmaier 2010; Hodge 2011; Doucet and Rovers 2010; Moules *et al*. 2007; Tan and Dong 2001; Ayalon 1998). Interpersonal relationships between groups may be influential to spiritual peace and a global community thus enhancing community bonds (dos Santos Santiago 2013; Steinberg 2013). Through various forms of spiritual interventions, individuals can be encouraged to identify their role in creating negative attitudes, as this would be significant to helping people understand the impact of their behaviours on others within the community.

It is perceived that open minded, spiritual and positive interactions and relationships could give rise to feelings of empowerment for individuals from violent communities. In addition, perpetrators too can benefit from a changed mind - set of violent behaviours, when they experience a spiritual reawakening. Staub *et al*. (2005) also posited that victims of extreme violence are likely to become perpetrators themselves since their experiences have made them become more aware and sceptical of new threat and are therefore compelled to respond to conflict in violent modes even if there is no direct threat to them. Perpetrators often feel this way if they are surrounded by or living among those individuals or groups that were initially unjust to them. Thus, the cycle of violence in communities continues.

The need for spiritual interventions in communities is becoming more urgent as it is essential for families and their children to learn to maintain positive interactions within significant relationships and further unlearn destructive and desirable behaviours. This valuable skill will provide a foundation for coping with future adversities. Quota, Punamaki and El Sarraj (1995) also viewed this as important to advance psychological well - being of children, families and communities. Personal and political issues may have had and will in future have an impact on the well – being of children living in violent milieus, thus it is important for child and youth care workers to advance the child's psychosocial resources such as those depicted within the developmental assets framework, through the use of spiritual interventions. The developmental assets framework has displayed that positive relationships between families and communities will ultimately create a harmonious developmental environment in which they live. Therefore, it is significant to build strong and healthy communities that would

create ripple effects on the well – being and positive growth of families and children and youth. Subsequently, individual healing can transpire through a spiritual and nurturing environment. For this reason, the family and community's relationships must be strengthened and encouraged, through the use of spiritual interventions.

2.9 BUILDING SPIRITUAL COMMUNITIES FOR INDIVIDUAL HEALING

The community, as understood by Edwards and Jones (1976: 12), 'is a grouping of people who reside in a specific locality and who exercise some degree of local autonomy in organising their social life in such a way that they can, from that locality base, satisfy the full range of their daily needs.' Hence, interventions must allow the community to be empowered so as to provide the means for meeting individual needs. In addition, child and youth care workers can engage the family and community in a process of healing where it is required. This would serve as a means to "conceptualise support for victims of trauma" (Seedat and Lazarus 2014: 274). Kumsa *et al*. (2013: 851) similarly wrote that, "violent relations of power are held together and defended through intense emotions not only in interpersonal and intergroup relations but also in inter-community and inter-national relations."

Landau (2013) also stated that the family is an important unit of society and their well - being and resilience, and that of their communities, are indivisibly connected and should therefore be at a fundamental balance in order to deal with difficult issues. To attain this balance, the cultural and spiritual beliefs of families and communities must be integrated. He further stated that the individual, family or community may unconsciously develop coping strategies that filters through adaptive behaviours of others and thus provides the individual, family or community the armour to safeguard the family or community from the anguish. Thus, the concomitant relationship between families and communities must be positively enhanced. Kumsa *et al* (2013) stated that individuals attempt to heal from violent encounters, by means of responding to a situation in an attempt to deal with it and comfort themselves, even though the response or reaction may be violent itself. This inevitably spirals a roller coast events of violent reactions. This notion underlines the need for interventions to focus on community healing in which people heal from their own negative perceptions and begin to become more of tolerant and accepting of one another.

Community healing is significant for the reconstructing of families and communities that have been destroyed as a result of violence. Zambara (2015) expressed that the restoration of a normalised everyday life can restore people's sense of belonging in which the spirit of healing, forgiving and reconciliation can be invoked. The author further added that while healing should be addressed at an individual level, it should be connected to the social context. Community healing should therefore be holistic to address both the individuals' and community's psychological, spiritual, social and other needs. Community healing will inspire reduced strain on individuals and further contribute to the widespread calming effect on the national temperament (Zambara 2015; Maynard 1997).

Knowledge of community healing was significant to this study in order to understand how communities function and how this holistic healing would serve as a protective factor for the development of young people and their recovery from trauma. As indicated earlier in the literature, the family together with the community serves as the primary agent of socialisation and should therefore be continuously developed and uplifted to enhance social harmony. Being in daily contact with a community that thrives on spiritual interactions allows an individual to feel protected in the neighbourhood that may be seen as a safe haven for the development of their mental, physical, emotional and spiritual health (Jipguep and Sander-Phillips 2003). Further to this, Clark (2011) also emphasised that religious peace building may play a potentially important role in building peaceful and spiritual societies.

Given that child and youth care workers most often encounter rural communities and that South African literature has made reference to the Zulu culture, the focus of this study was intentionally aimed at Africans in rural communities. As such, a discussion on African Spirituality follows:

2.10 AFRICAN SPIRITUALITY

The African culture emanates a deeply rooted philosophy of family and community healing. Spirituality and kinship networks are significant elements that underpin the philosophies of African culture. In other words, cultural centeredness, ancestral

connectedness and the spirit of Ubuntu are the guiding strengths during times of celebration or difficulty (Pellebon 2011). Furthermore, in the African culture, children are perceived as a gift from the spiritual world and resembles the presence of God (Kruidenier 2017), hence, in their spiritual living; Africans must continue to show gratitude to the spiritual world, through rituals, for receiving this gift.

Grounded in the rich culture of prayer and rituals, Africans have a steadfast belief in a Supreme Being or higher power, which guide their daily living. This is the philosophical view of spirituality among the African culture.

2.10.1 Ancestors and the Supreme Being

The departed relatives are seen as more important, on a daily basis, to the Zulu people, as God or the Supreme Being. The ancestors bestow protection and guidance and are guardians of the Zulu family and community. For this reason, Africans pay homage to the ancestors daily and especially during celebratory gatherings. Ancestors become the messengers of the Creator and associates of the physical world as they are near to God (Bonsu 2016). It is a belief of Africans that the human body may die, but the spirit or soul never perishes and therefore plays a part in protecting, healing, rewarding or punishing. Opoku (2012: 3) affirmed the significant role of the ancestors by stating that “humans are directly linked to the Creator by the possession of a divine spark that never dies, hence the belief in the continued existence of the ancestors and their active participation in community.” In addition, Essien (2013: 239) recorded that “God created the universe and is believed to be, in control of society through its delegation to the ancestors.”

2.10.2 UBUNTU

The spiritual beliefs of many Zulu people are connected to the philosophy of Ubuntu. Washington (2010: 34) also wrote that Ubuntu is the overall life source that connects all things and forms the “spiritual essence” of all beings. Ubuntu is a concept that is expressed by being human (Mayer and Viviers 2016). Humble togetherness and a portrayal of behaviour that benefits others and respects the essence and dignity of life and all things living, is the underpinning principle of Ubuntu (Mabovula 2011; Swanson

2007). Further to this Gathogo (2008) links the spirit of Ubuntu to African hospitality, which is vital and significant to the African way of life. The author stated that African hospitality and Ubuntu expresses compassion and respect for others without expecting anything in return.

2.11 RELIGION AND SPIRITUALITY IN HEALING

Religion

According to the author of the current study, religion or a religious notion involves a set of spiritual beliefs that will assist people to attain peace within them. It is also perceived that the role of religion may be described as the foundation of non - violent living and peacefulness. According to Bonta (2013), peacefulness is defined as interpersonal harmony. Moreover, peacefulness may be more constant and everlasting in societies where there is a predominant religious belief that underpins the reasons to remain peaceful. Bonta (2013) further articulated that peaceful societies are characterised as such, because the people of these communities refuse to engage in violent or aggressive behaviours. Thus, peacefulness becomes a way of life for them. On the other hand, some societies accept violence as normal and inevitable perhaps because they tend to ignore their religious beliefs that embrace peaceful values.

A religious notion may therefore empower individuals to repair, restore relationships and rebuild trust by facilitating psycho - social healing thus giving rise to human culture as a way of living (De Villiers 2008; Kagee, Naidoo and Van Wyk 2003). De Villiers (2008) also indicated that a spiritual journey will inspire a revolution of a moral lifestyle through religious living. The author further added that spirituality will assist in healing and hence prevail over violence and its' damaging effects, making it possible for people to nurture peaceful relationships.

Spirituality

Vaillant (2013) stated that spirituality is "all about emotion and social cognition" and that it refers to the psychological experiences and connection that a person holds

with a higher power or something that is greater than the self. Similarly, Senreich (2013) quoted the concept of spirituality in social work from the works of Canda and Furman (2010).

According to Canda and Furman's (2010: 75) textbook, *Spiritual Diversity in Social Work Practice*, spirituality is:

- A process of human life and development,
- focusing on the search for a sense of meaning, purpose, morality, and well-being;
- *in relationship* with oneself, other people, other beings, the universe, and ultimate reality
- however understood (e.g., in animistic, atheistic, nontheistic, polytheistic, theistic, or other
- ways);
- orienting around centrally significant priorities; and
- engaging a sense of transcendence (experienced as deeply profound, sacred, or
- transpersonal)

Other authors such as Day, Silva and Monroe (2014) have posited that ‘paying attention to our holistic, spiritual selves contributes to our well – being, meaning that spirituality is an awareness of one’s complete self. Spirituality is a strong belief in an individual’s personal growth and restoration of their personality through the connection and guidance of a higher being (Currier *et al.* 2016). Through blissful experiences, the individual attempts to search for meaning in life whilst nurturing their soul through their faithful belief in a higher power. Similar studies done by Gall, Malette and Guirguis-Younger (2011) and Edwards (2012) showed that participants viewed the concept of spirituality as a restoration (Sharma 2014) of their inner self and a sense of being ‘connected with God.’ Further to this the themes that emerged in those studies indicated that spirituality represents the (a) ‘core self and a process reflection, (b) life journey, (c) conscious living, (d) self-awareness, (e) discipline, (f) tolerance, (g) a guide to peaceful living and (h) the nurturance of humble relationships.’ Spirituality is a structure that may guide individuals in their daily

actions, decisions and words and is therefore a union between the core self and the divine or higher power (Gall, Malette and Guirguis-Younger 2011; Edwards 2012). It is evident that spirituality may play a significant role in the journey to healing as it embraces and envelops the concept of peace within oneself. A study done by Beagan, Etowa and Bernard (2012) documented that spirituality is fundamental for coping with stress. The study found that a sense of spirituality allowed participants to believe that the pain and suffering endured would come to an end and it is there because of an eminent purpose. In addition, spirituality assisted individuals to make sense of their adversities and overcome their miseries. Thus, a sense of 'community' is likely to emerge when individuals practice spiritual living by means of shared values, morals and spiritual community gatherings (Edwards 2011). Furthermore, healing can transpire when there is support from all settings in an individual's life (Waldram 2013).

These findings have indicated that the spiritual sense within individual children must be invoked, through interventions that enable children to feel a sense of hope and belief in some higher power. Sideroff and Angel (2013) emphasised that the development of self – trust and a reconnection with one's true self is a path to healing and personal growth. However, it is important to ensure, where possible, that the interventions include the family or community that have a set of spiritual of beliefs too and if this is not evident, child and youth care workers have the responsibility to assist in the development of their spirituality. In Sharma (2014), the Ghandian philosophy of truth and non – violence is emphasised to promote 'peaceful co-existence.' In addition, emphasis is placed on the fact that truth and non – violence is not meant for individuals but for entire communities too.

Thus far the review has described the significance of a religious and spiritual set of beliefs that would promote healing in families and communities. Following this, the next part of the review explores the various spiritual and cultural practices of healing that can be used by families and communities to deal with adversity.

2.12 TRADITIONAL METHODS OF HEALING AND BUILDING PEACE

Indigenous healing refers to local, traditional and cultural ways used by local people based on their local knowledge of how to survive (Edwards 2011. 2013). It is believed that it is the practices of indigenous culture that promote mental, physical and spiritual well - being. According to the International IDEA (Institute for Democracy and Electoral Assistance) in Zambara (2015), a community deals with a violent past by influences of its customs and culture by using 'home-grown mechanisms' to bring about healing. Home grown mechanisms are methods or tools of addressing issues or responding to situations by means of using age old traditions that have been passed on from generation to generation or have been understood as workable to the current living conditions of families and communities.

Zambara (2015) also indicated that local traditions and indigenous knowledge systems may be necessary for both individual and community healing, as traditional spiritual peace building approaches encases the culture, ethics, principles and daily activities that the community engages in. Indigenous knowledge is defined by Wane (2005: 30) as "knowledge consciousness arising locally, local or traditional knowledge that have been developed outside the formal educational system." This reflects the dynamic way in which communities come to understand themselves and way of living in their natural environment and how they can organise and utilise this knowledge to enhance their lives (Govender, Mudaly and James 2013). Acquiring indigenous knowledge may not be taught through a formal curriculum but is learned through experiences and practices and information passed on from the older generation. People have the belief that the community and its traditional knowledge and resources are the powers in the ecosystem that can help individuals, families and communities to overcome their adversities (Jain and Cohen 2013; Zaff *et al*. 2015). Being aware of these traditions and having a belief in it allows communities and individuals to pass on this knowledge and teach others through ceremonies, rituals, songs, chanting, prayer, storytelling etc. (Zambara 2015). Subsequently the trusted indigenous beliefs and knowledge are practiced by present generations. Several studies have thus, shown that indigenous healing is easily accessible, affordable and accepted among many indigenous communities, also it has cultural significance to these communities. Furthermore, communities use their indigenous knowledge in which to practice indigenous healing

as these are the practices that they have understood, over several generations, to have helped individuals and family members through difficulties and healing as indigenous healing embraces the realm of spiritual interventions.

Although this study focused on healing interventions that would be useful to a diverse group of children, youth, families and communities; specific attention was given to the Zulu children that come from rural communities as the sample of students selected for the study were predominantly Zulu speaking. The majority of the child and youth care students at DUT are currently in contact with predominantly Zulu speaking children and were therefore able to share their experiences and knowledge of the culture. This study reflected on the beliefs, values, rituals and traditions of the Zulu people because their culture regards the community in high esteem. One of the guiding principles that is upheld by the Zulus is that of 'Ubuntu.' Ubuntu is a Zulu philosophy that 'regards the community as the cornerstone of the Zulu culture" (Adeyemi 2012) and further emphasises the belief that 'it takes a whole community to build a child.' The concept of Ubuntu is also linked to the developmental assets framework, which holds the community as significant to playing a part in children's healing and development.

It was, therefore, significant for the current study to explore the means that is employed by Zulu communities to effect traditional practices as this provided an insight into what families and communities view as valuable to them. These communities utilise their steadfast beliefs and values in their methods to triumph over their sufferings. Zulu people believe that *sangomas* are able to heal illnesses or adversities that have arisen as a sign from the spirits or ancestors and are able to initiate healing in an individual based on the ancestral transmissions that they engage in, sometimes with their own ancestors and at other times with the ancestors of the client (Cumes 2013). Therefore, traditional and indigenous healing in rural communities involves the wisdom of a *sangoma*, who imparts knowledge and guidelines for healing based on the spirit world or the ancestor's guidance.

In their trance state, the *sangoma* is able to translate messages to individuals from the ancestral or spiritual world and that information is "highly specific to that individual" (Cumes 2013: 58). Healing by *sangomas* involve the use of bones, roots, herbs and plants (Ramgoon *et al.* 2011; Semenya and Potgeiter 2014) and is used for healing

both physical and emotional illnesses (Olasehinde 2013). The appearance of the bones, when thrown by the *sangoma*, holds meaning as it contains messages for the patient or client from the ancestral spirit. In addition, the healer or *sangoma* often dreams about a particular plant that will serve as a remedy for the patient and is called herbal medicine (Olasehinde 2013; Wane 2005) this is also used as a method to heal or cleanse and individual from problems that they have faced.

Their steadfast belief in the ancestors and affordability are the reasons that many rural communities use this kind of healing. In addition, this method of healing focuses on holistic healing and well – being (Edwards 2011; Shankar *et al*. 2012). Semenya and Potgeiter (2014) also posited that traditional medicines are often considered by rural black households due to the high levels of poverty. Authors such as Moodley and Sutherland (2010) have further stated that people are more mindful of traditional medicine, as conventional medicine has failed to provide holistic treatment to individuals. Ramgoon *et al*. (2011) posited that indigenous healing has been used to heal and cure individuals prior to 'scientifically tested treatments' and is therefore a trusted method by African communities.

According to Olasehinde (2013), indigenous healing methods include consultation with the spirits, rituals, sacrifices, traditional psychotherapy (such as dancing, singing, and drumming), incantation and religious faith healing ceremonies). Waldram (2013) reported that a transformative or restorative healing process involves a renovation and developmental process in which there is an alteration in the individuals' physical, behavioural, emotional and spiritual functioning, hence the individual is returned to a state or condition such as there was no 'problem in the first place.' Based on the review of literature it is important to note that traditional healers most often focus on healing the sick by using medicines made from plants and indigenous roots, however, little attention is given to assist people with recovering from emotional trauma.

Some practices that aid in healing are embedded in the Zulu culture. These are practices that children are familiar with and have been part of whilst growing up. It is important to incorporate such practices into healing models and interventions as it most likely, would have therapeutic benefits.

The major healing practices, which include community gatherings, evident in Zulu communities are discussed below:

2.12.1 RITUALS

In the African culture, rituals are performed for the spiritual world by the living. It is perceived that healing and unity is achieved through ritualistic acts for purposes such as rites of passage - birth, initiation, marriage, death, thanksgiving (Bhagwan 2017). South African Zulus observe and perform many indigenous traditions, rituals and ceremonies and have an unfaltering faith in their ancestors, as pointed out above, to the point where they strongly believe in the presence of the ancestral spirit in guiding their day-to-day living (Johnson 2015). During significant times in their lives such as birth, puberty, marriage, death and hardships (Adeyemi 2012), Zulu people turn to communicate with their ancestors to request blessings, fortune, assistance, guidance and good luck. Furthermore, to offer gratitude for blessings received. In doing this, the Zulus give offerings such as home brewed beer (Zulu beer) and the slaughtering of animals in their request for the presence and direction of the ancestors. Much of the rituals are performed with the guidance of the 'Inkosi' (head/chief of a Zulu community) as the 'Inkosi' is responsible for the interests and well - being of the people.

2.12.1.1 Cleansing

Cleansing ceremonies are conducted to rid a community, family or individual of bad luck and negativity and hence can be used for various reasons such as the cleansing of the community when violent crimes have taken place such as rape, murder etc. Other cleansing practices include cleansing of the perpetrators of violence and cleansing of the victims (Zambara 2015). These customs and ceremonies, apart from their sacred beliefs, have a tendency to induce a positive mind – set and have a direct calming effect (Hinton and Kirmayer 2013). Traditional African societies believe that when there is a disruption of natural ways or being of any sort within the community or the individual, rituals or ceremonies are important to correct these disruptions. Furthermore, these rituals or ceremonies does not only benefit the individual but may prove beneficial to the community as it enhances communication, expression, positive

socialisation and maintains a harmonious balance between the community and the individual (Monteiro and Wall 2013).

2.12. 2 COMMUNITY GATHERINGS INVOLVING DANCE, MUSIC, DRUMMING

Edwards (2013: 269) recorded that community gatherings, for the purpose of marking major occasions such as birth, puberty, marriage, death, harvest etc., that call divine healers (isangoma) are 'far more fundamental than simply curing or the application of medicine.'

The author further explained that divine healing within the context of community gatherings is a force that allows for spiritual, social and physical growth and healing for individuals and the community as a whole, which he describes as "communal, social and cosmic transformation." These community gatherings that include music, drama, dance and song are in essence believed to be therapeutic and furthermore, allows for freedom of expression.

2.12.2.1 Dance

Leseho and McMaster (2011) described dancing as a reconnection to our bodies and a feeling of being physically showered with grace. The popular belief of the African culture is that dance is valuable for meeting the general welfare needs of both the individual and community and is therefore significant for healing. It allows for psychological catharsis. In addition, the distressed individual is able to experience triumph and dominion over their initial immense and anguished condition (Monteiro and Wall 2011).

2.12.2.2 Music

Music is a universal language that unifies the human, body and soul among people by functioning as a mediator between these (Olaniyan 2013). Music is also seen as a salutary tool for reinvigorating a troubled mind. In addition, music is found to affect mood, brain function and psychological processes (Sideroff and Angel 2013). Authors such as Lingerman (2014), viewed music as an agent for healing and a catalyst for expanding one's spiritual consciousness. Thomas (2014) and Thomas (2014) also

wrote that music is part of human culture since the time of early man and has been found to reduce anxiety and pain in children. In addition, he claimed that music is an affordable method of healing and can be used for all kinds of therapeutic treatments. Olaniyan (2013) regarded music as a cultural heritage and suggested that traditional music is capable of placing people in a trance like state. Listening to music and allowing oneself to be absorbed in its calmness and soothing sounds and words, would be beneficial for child and youth care workers to use in their interventions with children. This would allow children to experience a sense of hope after achieving serenity and contentment and further assist in their journey to healing.

The vibration of sound is said to transform the current mind - set of an individual thus practices that involve pulsating sounds is valuable to healing interventions. Sound vibration techniques and methods are also practiced in some western communities. As indicated by the Mirriam Webster online dictionary, vibration is a distinctive emotional feeling or atmosphere that is sensed, felt or experienced by someone. Sound is defined as the sensation stimulated in the organs of hearing by such vibrations. The atmosphere that provides these sensations provides a sense of calmness for a troubled mind which further enables an individual to concentrate on being relaxed while offering a reduction in an otherwise discomposed state.

2.12.2.3 Drumming

Hunte (2015) identified drumming as a powerful method to experience relief through heightened awareness and release of emotions. He said that drumming can be used for various kinds of therapy to increase the social and emotional development of children. Wood *et al.* (2013) pointed out that drum circles have been used as a healing ritual in many cultures and is also found to assist in behaviour management, team building, substance abuse recovery, increasing self – esteem, improved social and emotional behaviours and developing leadership skills. Drumming enables a person to tap into the unconscious and become aware of their negative feelings, thoughts and emotions and further allows for a release of this negativity through the vibrations of the drum beats (Sideroff and Angel 2013). Zulu people are known for using the pulsating sounds of rich drumming (Johnson 2015) during rituals and ceremonies (Olaniyan 2013) which gives rise to an astounding communal spiritual sense (Edwards 2011).

Drumming is said to invoke the ancestral spirits that are honoured during ceremonies and rituals. The high powered and energetic drumming done by the Zulus allows individuals to get in touch with their spiritual self and further expands their awareness to their lives beyond the suffering or adversities. In addition, the individual is able to reach a state of meditation, which allows for the heightened awareness of their inner thoughts and feelings.

While traditional methodologies appear to be valuable in assisting children and youth in overcoming trauma from violent experiences, consideration must be given to western methodologies. The non-traditional practices discussed below also reflect that such practices may be beneficial, if incorporated into a healing model. The desired healing model may incorporate the practices mentioned below with traditional methodologies for use in child and youth care work, with traumatised children, youth, families and communities.

2.13 NON - TRADITIONAL AND WESTERN METHODS OF HEALING

2.13.1 STORY TELLING METHODOLOGIES

When people have the opportunity to express themselves and retell their stories, their fear and pain linked to the harsh violent experiences gradually diminishes. Block and Leseho (2005) claimed that healing from pain transpires when individuals narrate their stories. A good listener allows for full freedom of expression of immense feelings suggesting to the victim that their stories of pain, suffering and strength is honoured and valuable as they may have been denied the chance of narrating their side of a story. These documented stories will serve as a foundation for realising the inner strengths of every child and empower other victims that share similar tragic experiences. Narrating stories allows the child to connect with their spiritual self by reflecting on the methods they used to deal with the acceptance of their traumatic situations.

The process of narrating stories allows for self - understanding in which children and youth will be able to integrate the traumatic experiences with their perceptions of it.

Listening, by child and youth care workers, is a “social action” that is bound to bring “the light of hope” to distressed children and youth (Block and Leseho 2005: 184).

2.13.1.1 Healing through ‘oral history’

Field (2006), in his article, reviewed the use of “oral history,” through the operation of the Truth and Reconciliation Committee, to help people in their healing. The author claimed that this method would assist people to restore their well - being by reflecting on their trauma through the supportive nature of the intervention and subsequently achieving self - composure. Oral history, through a trusting interaction between the interviewer and the interviewee, allows for freedom of reflection and may enable children, their families and communities, the opportunity to have people hear about their feelings while achieving emotional solace (Block and Leseho 2005).

Field (2006) also found that this method is viable since formal questioning may ‘distort people’s story.’ Unlike traditional therapy sessions that reflect on what the individual is saying, interviews consist of more direct questioning. Oral history uses the strategy of identifying emotions and feelings of the child, through both their verbal and non-verbal gestures allowing for further appropriate interviewing (Banks-Wallace 2002). However, in Field (2006), it is noted that cognisance needs to be given to the possibility that traumatised children may experience repeated feelings of hurt, anger, sadness etc. therefore, a response intervention is important.

Child and youth care workers may also adopt this approach in their interventions, as it will provide the opportunity for a safe and trusting interaction where children are able to narrate their painful experiences and lessen their emotional burden. Kuhn (2000) posited that, the use of memory and narration of their harsh experiences may enable an individual to overcome the pain. The role of the interviewer in oral history focuses on being a facilitator and not an invincible healer and this method may not guarantee healing but involves possibilities for ameliorated living. This suggests that sustainable methods for healing may therefore be expanded to other projects such as museums, memorial sites, school projects etc. By doing so, child victims of trauma are able to identify with each other and alleviate feelings of isolation (Block and Leseho 2005).

2.13.1.2 The talking or healing circle

The restorative justice practice is one that has been used by many westernised communities to overcome wrongdoings whereby the offender and victim face each other within a circle of their families and a mediator. The mediator plays a crucial role in the attempt to resolve disagreements; however, when one attempts to mediate interpersonal conflicts in an unequal society, the notion of mediator neutrality can be severely challenged (Henkeman 2010). Child and youth care workers must assume the role of mediator in their intervention and further make use of restorative justice practices to assist in times when there has been abuse of children by extended family members or community members.

Mediation is a powerful method of merging parties, restoring relationships and allowing individuals to come to an agreement. In a community or family with presenting problems with lack of effective communication and listening, dominating relationships, authoritarian parenting styles, stereotypes etc. some form of violence is likely to occur and therefore restorative practices will aid in restoring peace and harmony (Burford 2017; Bazemore and Schiff 2015).

The talking or healing circle is a process that aims to repair the harm that has been done and it further rehabilitates the offender to avoid future wrongdoing. Similarly, such a process is practiced in traditional communities and is called the talking or healing circle in which the head or chief of a community acts as a mediator to guide the process towards a consensus (Harden *et al*. 2015). The circle is found to spiritually empower individuals to speak their heart out. Further, it offers new possibilities for better understanding of self, others and the issues at hand, which subsequently improves communication, cooperation and relationships. Hence, the potential for healing. Similarly, the Truth N' Trauma (TNT) project, as reflected on by Harden *et al*. (2015), shared the philosophies of the talking circle, which aims to promote affirmation, build positive relationships and resilient communities. Further, the TNT practice enables individuals to nurture peaceful relationships and find alternate means to handle conflict.

2.13.1.3 Fambul tok

Other traditions, such as the Fambul Tok practice, share the same philosophy as the restorative justice and talking / healing circle. Sierra Leone, after an extensive 11 years of conflict, destruction and killing developed the Fambul Tok practice in 2008 to address the traumatised state of its people and to make the community whole again (Raghu 2015). Fambul tok was developed by John Caulker, a human rights activist. According to Kovac (2012), Fambul Tok means 'family talk' in Krio language. The Fambul Tok kind of initiative is significant and valuable to communities as is it involves practices such as a family circle of discussions. Additionally, it involves truth telling around a bonfire and cleansing ceremonies that are also rooted in African traditions and more familiar to people than the formal Truth and Reconciliation Committee proceedings (Graybill 2010; Raghu 2015). Further, this kind of practice may be welcomed and practiced by all people in their own particular way and for various reasons whilst using the same concept of story - telling around a bonfire. Following this, a cleansing ceremony is practiced inclusive of singing and dancing, to strengthen and reinforce relationships and solidarity (Graybill 2010).

The practice of the Fambul tok in the form of the ritual as explained by Kovac (2012) is the key to community reconciliation as reconciliation is a process and not a goal. Subsequently, reconciliation unfolds during the rituals of the Fambul tok practice. The success of Fambul tok, as indicated by Raghu (2015), is largely due to the fact that these ceremonies are planned and carried out according to local indigenous customs and represents all faiths and demographic factors.

This kind of practice may also prove beneficial to the work of child and youth care workers as it encompasses the traditions that children and youth within the child and youth care system are familiar with. Furthermore, it strengthens the family and community bonds allowing for reunification of children and their families and further reintegration into the community.

2.13.1.4 Narrative exposure therapy

Narrative exposure therapy is a short - term, trauma focused treatment developed for use in low-resource countries affected by crisis and conflict. Intended for survivors of multiple trauma, this therapy results in the detailed documentation of the patient's lives as part of the therapy process. (Ertl *et al*. 2011). The authors implemented this therapy for former child soldiers in Uganda where the individual narrates their descriptive life story to rebuild shattered feelings and thoughts arising from the trauma experienced. These sessions aim to assist the individual to attain an understanding of their experiences and how they have dealt with it cognitively, thus far. Subsequent to this, counselling is provided. Ertl *et al*. (2011) found that this therapy may be viable as a community based intervention. Although the authors have not reflected in detail on why such sessions should be implemented within the community, it seems that child soldiers who were previously abducted may experience anxieties and reluctance to have sessions conducted in unfamiliar surroundings thus a familiar setting such as within the community will be effective. Such interventions may pose limitations for child and youth care workers to apply, as the focus on child and youth care work, is to attain long - term reinforcement that empowers victims to cope with future presenting adversities. The narrative exposure therapy aims to reduce the post-traumatic stress disorders of individuals and does not guarantee that in future the individual will be able to effectively deviate from subsequent stress.

2.13.1.5 Healing of memories

The Institute for Healing of Memories takes a compassionate and relational approach to healing instead of a clinical methodology (Ward 2011). The Institute for the Healing of Memories, formed in 1998 in Cape Town, shared a common aim as other interventions such as narrative exposure therapy, healing through oral history and story - telling whereby victims are given the opportunity to share their traumatic experiences with others. This Institute however, unlike narrative therapy exposure, allows individuals to impart their encounters with the apartheid system with other victims and individuals in an attempt to relate and understand the stories and experiences of others. While the workshops conducted at the Institute concentrates on individual healing, individuals are able to connect with each other while

understanding the plight of others and recognise that despite their diverse cultures and backgrounds, others have similar experiences and feelings. The founders of this Institute suggested that this cause of action will bring people together permitting individuals to be more tolerant and perceptive of one another.

Staub *et al*. (2005) carried out an intervention to assist individuals with healing, reconciling and forgiving in an attempt to prevent future violence. In their article the authors have emphasised that violent experiences will teach individuals to be violent thereby creating a vicious cycle of violence with no hope for an end to it. However, this may be overcome if a process of forgiveness and reconciliation is undertaken. Moreover, if forgiveness and reconciliation is achieved individuals are able to experience a sense of healing.

The authors conducted two groups: Healing and Community building. The healing group shared feelings and thoughts whilst the community building group discussed ideas for community empowerment by brainstorming activities to generate income. Later the group facilitators administered questionnaires on trauma, trauma experiences and symptoms and the concept of forgiveness. The analysis of data received yielded positive results in that the authors found that the two groups were able to understand concepts comfortably and a reduction in trauma symptoms were also noted as a result of this.

Strengthening the relationships between community members and families are identified as important for the healthy development of children (Benson *et al*. 2012). Therefore, child and youth care workers, in their role as mediators, will be able to achieve several developmental outcomes for children's development. Bridging the gaps will create a better understanding between the parent - child relationships as both are able to identify with and relate to the personalities and needs of the other. Reinforcing relationships between community members also serve the same purpose and ultimately provides a safe and secure environment for children and its people to live in.

According to the popular belief of 'Ubuntu', defined as 'humanness', many researchers have reflected on the significance of this philosophy in the lives of children as it

suggests that the kind and compassionate interactions between people will teach children tolerance, acceptance and pro - social behaviours. The formidable mediation method share the same ethos as 'Ubuntu' and is proven when people are able to reach an agreement if there is some sort of humility shown towards each other. Hence, these methods / practices may be incorporated into interventions that heal a child, family and the entire community.

2.13.1.6 Drama

In addition to experiencing the expression of self and release of distress, Partab (2012) added that drama is an activity that allows children inner freedom to express feelings and envision their lives with optimism contained by a safe and secure milieu where there is no fear of being reprimanded (Sanjnani and Johnson 2014). Hence, this practice may also be seen as a story telling methodology. While drama is most often practiced in western gatherings, it is used in traditional communities to convey messages and tell a story. Individuals are able to show, in their drama, the events of difficulty experienced and further display how they dealt with it or how they wish to deal with the impediments.

2.13.2 YOGA AND MEDITATION PRACTICES

2.13.2.1 Yoga

Cognition is a term that is used by psychologists to "refer to the activity of knowing and the mental processes by which human beings acquire and use knowledge to solve problems" (Reddy and Kumari 2015). Violence may startle children to the point that they are confused on how to react, sparking various responses such as aggression, imitation or even plunging into a traumatic state. In their article, Reddy and Kumari (2015) examined the effectiveness of short - term yoga practices on children's cognitive function and their attitude towards school violence and found that there was a significant improvement in children's cognitive functioning. For this reason, the practice of yoga may prove beneficial in many ways to the work of child and youth care.

2.13.2.2 Meditation

Meditation is defined by Kundi (2013) as a method that makes one aware of reality and an inward method that leads one to the centre of consciousness further achieving concentrated inner awareness (Cardoso *et al.* 2016). This definition provides a valuable description of in – depth understanding of the problems one may have encountered and further put effort into ridding oneself of it. Greenberg and Harris (2012) indicated that meditation is also known as a mindfulness practice, which may avoid mind traps by reducing cognitive rigidity. Di Bartolomeo, Papa and Bellomo (2012: 5) added that meditation practices can "regulate the emotional and social considerations that may affect personal behaviour in the ways one interacts with others by affecting emotion, attention and personal stress" and moreover, synchronizes the left and right side of the brain. Yoga practices is said to unite the mind, body and soul, thereby releasing tension from the body. Hence, yoga assists individuals to cope better with 'emotional and mental biases' and are less influenced by stress and fear (Desikachar, Bragdon and Bossart 2005; Galantino, Galbavy and Quinn 2008).

2.13.2.3 African breath psychotherapy

Edwards (2012: 2) described conscious breathing as "a starting point for various forms of spirituality, mediation, prayer and therapy which liberate manifest, embodied soul into universal spirit." This type of practice allows healing to transpire as the participants of Edwards (2012) study reported that African breath psychotherapy is beneficial in allowing an individual to: (1) experience a deep connection beyond the physical space; (2) experience relaxation and 'one with an external force;' (3) travel a self-awareness journey; inner peace and calmness moreover, feel light and free of all physical restraints. These cosmic and intense experiences prove that using the African breath psychotherapy will be beneficial during the child's journey of healing. Edwards (2013) also reported that the use of breath (likewise in yoga practices) allows for penetration through the soul. During these consultations, the patient or client is asked to deeply inhale the bones that are used by the *sangomas* as this allows the client or patient to stridently inhale and benefit from the healing power.

2.13.2.4 Tibetan Singing Bowls

The Tibetan singing bowls have been used worldwide for centuries to restore an incongruent mind, body and soul in which the type of energy from the sounds created by the singing bowls can be curative for stress, trauma, depression and pain (Duhovska *et al.* 2016; Benedict, Mancini and Grodin 2009; Shrestha 2009). The bell metal bowl is struck on the side with a mallet or the mallet is rubbed around the rim of the bowl to create powerful invigorating and calming sounds. Used for healing on both emotional and spiritual levels, the singing bowls offer sound vibrations that impact the nervous system that engages relaxation and induces a deep meditative and peaceful sense. This method is used in response to the fact that when an individual is ill or depressed the flow of positive energy is hindered thus the singing bowls optimises the flow of energy and recreates equilibrium especially since music is said to decrease heart rate (Thomas 2014). Use of these types of sounds in interventions with children is useful to create the atmosphere for tranquillity in order to build a safe and secure environment which will optimise the chances of healing.

2.14.1 INDIVIDUAL HEALING METHODOLOGIES

2.14.1.1 Art as a therapeutic practice for healing

Art therapy is as an effective counselling tool for healing the wounds of the community (Berman 2011). In her personal experience, Berman (2011) found that art became a means to assist her through the trauma and additionally became a natural part of her journey to healing. For this reason, she recorded that art therapy would provide an ‘alternate language of communication’ to a community in the aftermath of apartheid in which the community would be able to express their overwhelming emotions through imagery (Baring 2013).

For young people art provides them with the opportunity to freely articulate themselves and their pain without experiencing the difficulty of verbally expressing it. It provides a space to explore the feelings relating to the traumatic experience within a less threatening environment (Stolk 2016). Verbal demonstration often neglects the full impact of the pain endured as young people become overwhelmed with emotions and struggle to continue whereas, art sanctions a child to become absorbed in the art work

and liberates the imagination to express deeper and explicitly. Gavron and Mayseless (2015) also reported that it is possible that children may battle to eloquently understand their experiences and therefore could experience complexity in verbally describing the experiences while Wilkinson and Chilton (2013) agreed that increased well - being through creative pathways (such as art) will invoke positive emotions and engagement. The authors further suggested that art making should focus on the positive and encourage people to create art work that concentrate on positive emotions as this would enhance their coping strategies.

2.14.1.2 Use of nature for healing

Chawla (2014) drew attention to the use of nature as therapeutic for children's healing in which the author emphasised that children require a space or place that is quiet and allows them to escape from their difficult life experiences. In this space, the child would be able to transform their experiences and rediscover themselves through art, music, reading etc. (Tamjidi, Hajan and Ghafourian 2016). A place within the tranquillity of nature beside a stream, on a mountain top or under a tree would allow for the regeneration of the child's self and once again this reverts to the spiritual realms in which healing can transpire (Burkhardt 2000; van der Riet *et al.* 2017).

2.14.1.3 Trauma focused child centred therapy

This intervention is described by Cohen, Mannarino, Iyenga (2011) as the establishment of a trusting and empowering relationship between therapist and client where the child and the parent is empowered to make decisions for themselves about their own lives and moreover, are free to discuss what they want to during therapy sessions. Although child and youth care workers do not carry out these traditional therapy sessions, their interactions with children and their families carry the same philosophies. Interactions between the child and/or parent and therapist are empowering, reflective, encouraging and emanate active listening. Likewise, child and youth care workers have a strong belief in the self – worth of individuals and trust that the child and parent have the innate ability to develop their own coping strategies.

This approach was designed for treatment of children's post - traumatic stress disorder symptoms, after they witnessed or were exposed to intimate partner violence. This approach, however, may be beneficial for addressing other trauma related matters in children (Cohen *et al.* 2004). Similar to this kind of therapy, *the trauma resilience model* is workable for child and youth care workers. This model, as described by Leitch (2010), seeks to reduce the likelihood of vicarious traumatisation on the part of the interviewer or re-traumatisation on the part of the victim.

In terms of neuroscience philosophy, this model acknowledges that trauma effects may activate senses in the nervous system that "dysregulates" (Leitch 2010) the nervous system causing several mental and physical health problems spiralling re-traumatisation. The Trauma Resiliency Model uses the concept of "titration" in which the researcher is able to gather information gradually to mollify stress reactions, re - traumatisation, escalating anxiety levels and other "nervous system dysregulation" symptoms. Instead, the process of titration emphasizes endurance of the traumatic experiences where the victim is able to place prominence on parts of the experience that they have mastered, providing the victim with a sense of contentment, pride and courage to face the rest of their story instead of wallowing in sorrow at the start of narrating their painful experiences.

The model uses the technique of starting with questions that prompts individuals to notice that they are resilient (even if unnoticed), have survived or have coped through the agonising experiences. Leitch (2010) explains that instead of commencing with questions that ask the individual to describe what happened to them, it would be worthwhile starting with the following questions as indicated in her article:

"Tell me about the moment when you knew you had survived".
"Tell me when you knew it was over".
"Tell me about when help arrived."
"Tell me what is helping you to get through this now".

Leitch (2010) further indicated that, when a survivor is helped to report information from a safe space and within the resilient zone, the survivor is most likely to report accurate information; hence, resiliency is most likely to be achieved.

Other studies have documented approaches that have also proved beneficial in its response to trauma. Below are two approaches that are similar to the philosophy of spirituality in a child and youth care context.

2.15 OTHER TRAUMA RESPONSE INTREVENTIONS

2.15.1 UKUPHEPHA – DEMONSTRATING AFRICAN SAFETY. THE SAFE COMMUNITY APPROACH.

The Safe Community approach called Ukuphepha was designed to address the risk factors of injury to community and family members and to promote preventative and health living with regard to safety, peace and health (Seedat *et al*. 2012). Trained professionals deliver appropriate intervention strategies through home visits, early childhood development centres, workshops and play parks in an effort to educate and empower individuals (Eksteen *et al* 2012). Over a 6-month period, home visits are conducted approximately 8 – 10 times for approximately 30-40 minutes per visit. Professionals complete an injury hazard checklist and offer knowledge and education on safety practices while engaging in discussions to make changes to reduce the identified risks in the home (Lazarus *et al.* 2012).

Borrowing from this idea, child and youth care workers may find it valuable to use this approach specifically for identifying (1) strengths in individuals, (2) trauma / healing needs, (3) level of resiliency and (3) methods for re – building. Although Seedat *et al*. (2012) have neglected to provide a discussion on the importance of initial relationship building between the trained professionals and the community; child and youth care workers may easily excel in this as the daily core work of child and youth care work is building meaningful relationships. This methodology provides a safe space for victims and sets the stage for welcoming and accepting interventions by professionals.

2.15.2 The psychotherapeutic model – SHIP

The Spontaneous Healing Intrasystemic Process is a psychotherapeutic model described by Steenkamp *et al*. (2012) as a model that focuses on ‘spontaneous

healing in action.' Unresolved traumatic experiences are reflected on by facilitating the release of trauma memories through the concept of reframing.
Reframing aims to provide the individual with positive alternate perceptions of their trauma thereby allowing the individual to modify their initial thoughts of their trauma and look beyond their suffering and rather focus on their innate ability to transcend the adversity (Steenkamp 2013; Sevenster 2008).

Thus far the review has presented practices, methodologies and interventions that may be significant to child and youth care workers for use in rural communities, to address their healing needs. This shows that, whilst communities use traditional methods of healing, several western methodologies may also be suited to the needs of the community and can strengthen the traditional and spiritual practices. With the infusion of culture and cultural integration, studies have shown that communities are becoming mindful of both modern and traditional practices to meet their holistic needs and for this reason, new healing methods should be developed to best meet individuals' social, cultural and spiritual needs.

2.16 SUMMARY AND CONCLUSION

This chapter reviewed various methods used in both western and traditional communities to address the catastrophes experienced by individuals and communities. Both traditional and western approaches were featured as approaches to healing. In addition, the chapter showed how these methods can be incorporated and used in the field of child and youth care work and peace studies to assist victims of violence who are reeling from its damaging effects. This chapter has also highlighted that an incorporation of traditional and western methods may be used in diverse settings to assist with addressing the needs of individual, community and the society at large.
The next chapter contains the research methodology that underpinned this study in order to achieve the objectives and the main aim of the current study.

CHAPTER 3

RESEARCH METHODOLOGY

The previous chapter provided a review of existing literature, current knowledge and fundamental findings of published work in relation to the current study. This chapter focuses on the methodology that was chosen to carry out this research study.
The chapter provides a detailed account of the research methodology and the specific methods used in obtaining the data.

This chapter also focuses on the sample of students registered at the Durban University of Technology, Ritson Campus. One sample of 4th year students of the BTech, Child and Youth Care programme was selected for the study. The methods employed in collecting and analysing the data is also highlighted. Issues of trustworthiness and ethical considerations are also discussed.

3.1 INTRODUCTION

The main aim of this study was to develop a healing model, underpinned by spiritual therapeutic interventions, that can be used within the child and youth care profession. This was to help children and youth family and community contexts, who have been exposed to violence. The study followed a qualitative research methodology and aimed to explore spiritual practices that could be incorporated into the development of a model, suitable for traumatised children and youth, within a child and youth care context. Hence, an exploratory study design was chosen, as it involved an understanding of what types of violence children are exposed to within family and community settings and its impact. Through the lens of students, the study also sought to understand which spiritual healing methodologies used by families and communities could be beneficial in a child and youth care context.

3.2 RESEARCH PARADIGM

A qualitative research paradigm was adopted for this study, as it plays a vital role in understanding people and the social and cultural contexts in which they live, through the words and records of the participants (Creswell *et al.* 2007; Myers and Avison 2002). Flick (2008) described qualitative research as the study of social relations. Holloway and Biley (2011) added that this approach is an aspect of human interaction. The researcher was able to explore the contexts of communities and families that children come from, through meaningful interviews with child and youth care students that work within children's communities. Hence, valuable information was obtained regarding the traditions that are commonly practiced in rural communities. According to Willis *et al.* (2007), qualitative researchers are able to construe a social phenomenon and further provided insights that the qualitative approach is flexible (Willis *et al.* 2007). The flexibility of this approach allowed for probing during the interviews, in order to obtain a richer understanding of the contexts of violence experienced by children. The data collected is qualitative in nature and is derived primarily from conducting interviews and focus groups sessions and observations to gain understanding (Cohen 1999).

Denzin and Lincoln (2011)) asserted that a key feature of qualitative research is the level of involvement that the researcher has with the process of data collection. This indicates that a linear and rigid approach, which is aligned with quantitative research, was not suitable for this study as qualitative research, entails the aspect of human interaction (Creswell 2013). Moreover, the field of child and youth care work involves relational work with vulnerable persons, which require flexible relationship building. Based on this statement, the current study was therefore most suited to the qualitative paradigm as it allowed the use of interview sessions to collect data. Qualitative research also allows for exploration, discovery and induction (Creswell 2013). One of the key advantages of qualitative research methodology is that it is useful in generating insights for improvements, and understanding the underlying factors that influence behaviour (McMillian and Schumacher 2010). McNeil and Chapman (2005) highlighted that qualitative research involves a substantial degree of flexibility, indicating that this allows for a more solid grasp on the subjects being studied. The researcher is therefore able to extract more probable answers to questions that is

presented to the participants. The data collected through interviews, is most desired by the researcher as valuable insights emerge, that could possibly be missed by other research methods. Using interviews as the data collection method, allowed the researcher to collect detailed data that participants were able to provide in their capacity and from their experiences. In this case, data was collected from 4th year students, who were currently studying and practicing in the field of child and youth care work.

3.3 RESEARCH DESIGN

After developing carefully conceived research questions, the researcher develops a research design. This is a fundamental component of any research project. The research design is a plan that details how the researcher will systematically collect and analyse data in order to answer the research question or the main aim outlined in the introductory chapter. For this study, an exploratory study design was used because it entailed exploring the: (a) nature of violence experienced by children and youth in rural communities; (b) current spiritual healing methodologies used by rural communities to help children and families heal from violence; (c) students' personal perceptions of spirituality and (d) child and youth care students' views of spiritual interventions that can be used in a child and youth care context.

de Vos *et al*. (2011) indicated that exploratory research is most often used in a study about which little information exists and will therefore form a foundational background for further studies. Through the review of literature, the current study has identified that little or no research has been undertaken in the development of spiritual interventions that can be used in a child and youth care context. Hence, this kind of design will provide valuable information regarding the need for such interventions. Furthermore, this will enable future researchers to explore the efficacy of similar interventions.

3.4 RESEARCH TOOL

Qualitative data is derived from many sources, for example, interviews; observations; documents and reports; field notes, etc. (Cohen 1999). Interviews are a more prominent method in qualitative research and this tool is described as a social relationship designed to exchange information between the participant and the researcher (de Vos *et al*. 2011). Therefore, for the purposes of data collection in this study, semi-structured, one-to-one interviews were used with child and youth care students.

3.4.1 Interviews

Interviews are described as flexible tools for generating data. Brinkmann (2014) maintained that interviews allow for intimate and prolonged involvement of the researcher with the research participants. This allows the researcher to get into the core of: (1) what is being researched, (2) a person's knowledge and likes and dislikes and (2) the person's attitudes and beliefs with regards to a specific phenomenon. de Vos *et al*. (2011) outlined two types of interviews as data generating methods viz. one-on-one and focus group interviews. Questions in qualitative interviews are open-ended and intended to reveal what is important to understand about the phenomenon under study (Ritchie *et al.* 2013; Cohen and Crabtree 2006; de Vos *et al*. (2011). The use of one to one interviews in the current study, allowed the researcher to probe deeply into aspects related to the research questions and gaps in the field of child and youth care. Further, it assisted in bringing to the fore ideas, that would be important to bridge the identified disparities such as the non-existent practices and spiritual interventions that may suit the current healing needs of children and youth in the child and youth care system. Another advantage of one to one interviews is that it is salient in obtaining comprehensive information and generate data that is rich and stimulating (Ryan, Coughlan and Cronin 2009). However, Denscombe (2010) cautioned that interviews may sometimes be frowned upon since people respond differently depending on how they perceive the interviewer. This will therefore have the effect on the kind of information that interviewees are willing to reveal and their level of honesty in terms of what they reveal. Interviews can also be time consuming. However, in this study, the

advantages of the interviews outweighed the disadvantages and thus proved the most salient data collection tool.

3.4.2 Semi – structured interviews

According to Dearnley (2005) semi-structured interviews offer a versatile means to generate data because it allows the interviewer to probe for clarification and elaborate on the participant responses. Further, they allow participants to freely express themselves and enable researchers to observe the body language of participants. In addition, semi-structured interviews allowed the researcher the opportunity to elaborate and gain more information through probing due to the flexible nature of the qualitative methodology (de Vos *et al*. 2011). Further discussion related to semi - structured interviews is presented later in this chapter.

3.5 SAMPLE

Sampling refers to the process used for selection of the participants for the study. Purposive sampling allows researchers to carefully choose the participants that they wish to elicit information from (Patton 2005; Palinkas *et al.* 2015). These participants are known to the researcher to be knowledgeable and experienced and therefore may provide rich information that would add value to the study (de Vos *et al*. 2011; McMillan and Schumacher 2010; Creswell 2013). The qualitative paradigm focuses on smaller samples which emphasises experiences, events and settings instead of sample size (Sandelowski 1995). Hence, the researcher of the current study sought participants that are currently registered as fourth level Child and Youth Care students at Durban University of Technology. Some of these students are presently in training, or in practice, either part time or full time employment, due to the nature of the fourth level training i.e. part time studies. All twenty-five fourth year students have been in ongoing contact with children, youth, families and communities. The students were approached individually, to voluntarily participate in the study.

In comparison to Diploma students, fourth level B Tech students have had more exposure and practical experience in various child and youth care settings, specifically due to living or working in rural communities. Race, age or gender was not used as

criteria for sample selection. Therefore, all fourth year child and youth care students were approached to volunteer their participation in the study.

3.5.1 Data collection process

Step 1

To conduct the study, ethical clearance **(Annexure 4)**, was obtained from the Faculty Research Committee at Durban University of Technology and a permission letter, to utilise the students to participate in the study **(Annexure 1)**, was sent to the Dean of Students. Once these were obtained, all potential participants were informed of the proposed research and were further reassured that their participation is voluntary and they could exit from the study at any point. Once this was secured, participants were asked for their contact details and then given a letter of information **(Annexure 2 (a))** and consent **(Annexure 2 (c))** to sign, to confirm their voluntary participation.

Data collection commenced with twenty students that had confirmed their participation and duly signed the letter of consent. The letter also included the purpose of the study and its objectives.

Step 2

The 20 willing and enthusiastic participants were contacted telephonically. Interview times and dates were set up according to their individual availability. In addition, the participants were informed of the discretion of their participation and contribution and once again reassured of their freedom to withdraw from the study at any point.

3.6 DATA COLLECTION

Data collection is undertaken in a research project to obtain information first hand from participants (Taylor, Bogdan and DeVault 2015). Data collection allows for obtaining specific information relevant to the research study and collected by means of attitudes/opinions, awareness/knowledge, intentions, motivations and behaviour

(Silverman 2016). The data, in this research, was obtained through the use of qualitative techniques, more specifically through conducting interviews with fourth level child and youth care students.

3.6.1 The interview schedule

Semi structured interviews with open – ended questions were used to guide the interview process. de Vos *et al*. (2011); Cohen and Crabtree (2006) conceded that semi-structured interviews allow for the emergence of rich data, as it allows participants to express themselves and to talk freely and reflectively on experiences and ideas, which they may not have thought of in a structured interview. This allows for newer and greater depth to the study phenomenon, also it allows the researcher further exploration of the comments from different participants (Patton 2005).

According to de Vos *et al.* (2011: 352), a pre – constructed interview schedule, yields many benefits in the data collection process. It enables researchers to think clearly about what they hope the interview might cover. Furthermore, the researcher is able to consider difficulties that might be encountered in terms of “question wording or sensitive areas.” A semi – structured interview schedule also allows the researcher to carefully arrange questions in a logical sequence and further ensures that they cover the topic thoroughly.

The predetermined questions allowed participants to reflect on their experiences with being victims and witnesses of violence and further enabled the researcher to gain an in-depth understanding of the common experiences of children and youth in similar environments. In addition, an interview schedule allows the researcher to think carefully about what they hope the interview might cover (de Vos *et al*. 2011).

3.6.2 The interview setting

Arrangements for the interview venue were made with the post graduate subject librarian at both the Steve Biko and BM Patel libraries on the DUT campus. Subsequently, participants were reminded of the scheduled interviews, 3 days prior to the meeting.

The seminar rooms were booked and chosen for interviews, within the libraries and were preferable as it is quiet, serene and private. In addition, students are familiar with this environment and therefore felt comfortable during the interviews. de Vos *et al*. (2011) also highlighted that a quiet setting, with no interruptions facilitates the interview process.

3.6.3 The interview process

At the time of the interviews, participants were respectfully welcomed and treated to coffee and biscuits. They were duly informed that the interview would be recorded and used specifically for the researcher's use to capture important information that can be later analysed. A semi- structured interview schedule **(Annexure 3)**, used to collect data, consisted of open ended questions. The interview sessions explored traditional and indigenous methods that are used for healing individuals, families and communities and lasted between 45 minutes to an hour. Child and youth care students also narrated their individual experiences of violence and healing practices within communities and further provided their perceptions of the experiences of troubled children and youth with whom they work. During the interview process, the researcher conferred with participant's experiences of working with children and youth that had been victims of violence and further explored what interventions would be suitable for these children within the scope of child and youth care work. Although interviews were digitally recorded, the researcher also took notes occasionally to record emotions, expressions and tone of the participants.

3.7 DATA ANALYSIS

Davies and Hughes (2014) described qualitative data analysis as a continuous and iterative (non-linear) process that entails data organisation and explanation. In essence it is, sense making of data in terms of participants' responses, noting categories, patterns and themes (Creswell 2013). In this study, data analysis was conducted in accordance with the two methods of generation employed in the study. The two methods were namely; digital recording and note taking.

The interviews were digitally voice recorded. This allowed the researcher to focus on the process of the interview and not on just taking notes to avoid losing important information revealed by the interviewee (de Vos 2011). This also assisted the researcher in the transcription of the interview verbatim for analysis purposes. For analysis to take place, the data must first be transcribed (Bailey 2008; Gibbs 2008). In transcribing data from its raw form, the researcher can engage with the research and therefore recognise important themes and areas of relevance to the research. To draw findings from emergent data, qualitative research must undergo the processes of summation, categorization and structuring of information.

After the interviews were voice recorded, all interview transcriptions were subjected to thematic analysis by generating themes, derived from the research questions guiding the study (de Vos *et al.* 2011). In other words, common threads derived from the participants' answers were identified through a categorisation of common words, phrases, comments etc. Vaismoradi *et al.* (2016) posited that the process of thematic analysis requires the researcher to have an intense awareness of data in which the researcher is able to identify salient classifications and meanings held by participants. Braun and Clark (2006) added that thematic analysis involves identifying and analysing patterns presented in qualitative data in which themes emerge. A theme is the main product of thematic analysis, where the grouping of ideas enables the researcher to answer the research question or aims Vaismoradi *et al.* 2016; Ryan and Bernard 2003). The emergence of themes in the thematic analysis process demands that the researcher raises the participants' perspectives to an abstract, which will allows for a conceptualisation of underlying significance in the participants words.

Through this rigorous process of thematic analysis, themes emerged and furthermore sub – themes surfaced from the data. The sub – themes provided the researcher with an in depth understanding of the theme and furthermore, allowed for the specific aspect of the theme to become intensely prominent (Braun and Clarke 2006).

3.8 TRUSTWORTHINESS

Trustworthiness is referred to as the ability to trust research results and to have confidence in its potential success (Padgett 2016). Research may be considered

trustworthy if it can ascertain how conclusions are made and that research participants are real (de Vos *et al*. 2011). There are four principles of trustworthiness which are transferability, credibility, dependability and conformability (de Vos *et al.* 2011). The use of various research participants and different data generation methods would ensure trustworthiness of findings in the current study.

3.8.1 Credibility

Credibility is referred to as the measure of the researcher's confidence in the findings of the research. Credibility of the study was enabled by allowing research participants access to interview transcriptions. The principle of credibility denotes member checks where the researcher gets participants to check the accuracy of the written transcripts of the recorded interviews (Noble and Smith 2015; Houghton *et al.* 2013). All participants were called in individually and asked to read over the transcripts. No participant disagreed with the transcriptions or indicated that it was not what they had articulated.

3.8.2 Transferability

Transferability refers to the applicability of findings to other settings or groups (de Vos *et al*. 2011). The current study utilised the developmental assets framework as a guide to developing the healing model as it is used theoretically and practically in the field of child and youth care. Since the universal framework made a significant contribution to the healing model, the model may be used with all children, irrespective of age, race or gender. The healing model may also be practiced by individuals with any cultural belief or value as both western and traditional practices were incorporated. Furthermore, the study group used for the current study was registered child and youth care students, that work in similar contexts as other individuals across several other social service professions viz; social work, community development, youth work and peace building. Likewise, students of these professions may also provide valuable insight from their perspectives of working with rural communities.

3.8.3 Dependability

Dependability according to Shaw (2013) refers to an attempt by the researcher to focus on methodological rigour and ensuring that the research community can accept with confidence, the findings of the study. In a more simplified definition, Cope (2014) stated that dependability is associated with the findings of the research and its consistency if the study was repeated with similar subjects in a similar context. The findings of this study may be replicated by various allied professions such as social work, peace building, and community development that work in similar contexts. Furthermore, students from these fields may also be able to present similar experiences and knowledge, hence, the findings of this study will be applicable in their work with children, families and communities.

3.8.4 Conformability

de Vos *et al.* (2011) explained conformability as the point where findings of the research are confirmed by the data. Conformability is the practice that the researcher conforms to in order to keep their perspectives in check (Dalal and Priya 2016). This process ensures that findings of the research are unbiased and a result of the participants experiences and perceptions and not the subjectivity or preferences of the researcher's (Pandey and Patnaik 2014). To ensure conformability in the current study, records of the raw data generated through individual interviews, tape recordings, transcriptions, summaries and condensed notes are available for any individual to analyse holistically.

3.9 ETHICAL ISSUES

The aim of ethics is to prevent harm, therefore, researchers describe ethics as a set of moral principles (de Vos *et al.* 2011). Silverman (2013) asserted that researchers must be mindful that whilst they are conducting research they inhabit the private spaces of the research participants. Therefore, Creswell (2007) stated that the researcher is obliged to respect the rights, needs, values and desires of their informants. There are several aspects that researchers should be wary of. These aspects are getting informed consent from participants, investigating if the research

may cause harm to participants and being honest in presenting the data. Confidentiality and anonymity must be strictly adhered to and lastly looking into intervention and advocacy strategies should the research participants display behaviour that is illegal or harmful in any way.

The researcher informed participants of the nature and purpose of the research and provided the participants with the opportunity to refuse participation. Further, the researcher explained to participants their roles in the study, which was to provide information that will be relevant to the current study. Informed consent, in writing, was obtained from students while ethical clearance was sought from the Durban University of Technology Research Committee to conduct the research study.

3.9.1 Non - Maleficence

The principle of non-maleficence (do no harm) was employed as the researcher guaranteed that there will be no physical harm done to participants' consequent to their participation (Walker 2007; Mishna, Antle and Regehr 2004). This also related to the issue of privacy, confidentiality, and anonymity hence, pseudonyms of participants were used to ensure anonymity in this study.
*A*dhering to all ethical considerations served as trustworthiness of the study. All participants were notified that the research was being carried out for the researcher's personal academic development and thus participation was voluntary.

All participants, other upcoming child and youth care workers and academics will be informed of the value of the study verbally and perhaps be workshopped on the newly developed intervention. The workshop will present the value of the developed healing intervention and further discussed how it enhanced the child and youth care field by providing a healing intervention that can be universally used to assist children in healing.

3.10 VALIDITY AND RELIABILITY

Noble and Smith (2015); Golafshani (2003) and Pandey and Patnaik (2014) articulated that researchers make clear judgements of the application and appropriateness of the

methods undertaken in the data collection and furthermore, in the integrity of the final conclusion. For this study, the themes that arose from the interviews were presented to the group of BTech child and youth care students who validated them.

3.11 CONCLUSION

This chapter provided a discussion on the design that was used to collect data supported by the works of other distinguished researchers. The design was described in detail and showed how data was collected to achieve the aims mentioned in the introductory chapter. The reasoning for using the mentioned qualitative research paradigm was also provided in this chapter. The following chapter offers the presentation of the findings and a discussion thereof.

CHAPTER 4

PRESENTATION OF RESULTS

4.1 INTRODUCTION

The data collected from this study is presented in this chapter. The study aimed to develop a spiritually based model with healing interventions for children, families and communities. It also sought to understand the nature of violence experienced by children and youth in rural communities. This was revealed through the lens of personal and professional experiences of child and youth care students registered at the Durban University of Technology. Through the students, the study also investigated the various healing methodologies that are currently used by rural communities to transcend difficulties and help children overcome exposure to violent experiences. Further, the participants of this study were asked to identify spiritual healing interventions that they perceived to be valuable in their work with traumatised children and youth and their families and communities. Through an interview, each participant was also asked to identify Western therapeutic methodologies that may be incorporated into the healing model. To this, a holistic framework incorporating both traditional and western methodologies was developed.

Digital recording was used and notes were taken by the researcher to supplement the interviews. Subsequently, a thorough scrutinization of data was undertaken and through thematic analysis, common themes were derived. Following the thematic analysis process, a workshop was held with other registered B.Tech students. During this discussion, the themes derived from the interview responses and proposed healing methods were presented to the B.Tech students for validation. This resulted in a spiritual healing model, that is appropriate for use in a child and youth care context.

The following sub - sections within this Chapter are as follows:

4.2 Demographic data of participants
4.3 Relationship between objectives and interview questions
4.4 The process of analysing and validating interview responses

4.5 Themes and sub – themes derived from interviews
4.5.2 Western and traditional methods for healing
4.6 Relationship between themes, the developmental and elements of the healing model
4.7 Elements of the spiritually based healing model
4.8 Conclusion

4.2 DEMOGRAPHIC DATA OF PARTICIPANTS

Table 4.2.1 Demographic data of participants

Pseudonym	**Gender**	**Age**	**Duration of work experience**	**Tradition or faith**
Participant 1 (P1)	Male	21 years old	3 years of practical work experience	Zulu Christian
Participant 2 (P2)	Female	21 years old	3 years of practical work experience	Coloured Christian
Participant 3 (P3)	Female	23 years old	7 years of practical work experience	Zulu Christian
Participant 4 (P4)	Female	21 years old	3 years of practical work experience	Shona
Participant 5 (P5)	Female	22 years old	5 years of practical work experience	Zulu Christian
Participant 6 (P6)	Female	27 years old	11 years of practical work experience	Zulu Christian
Participant 7 (P7)	Male	24 years old	4 years of practical work experience	Xhosa Christian
Participant 8 (P8)	Female	54 years old	18 years of practical and informal work experience	Zulu
Participant 9 (P9)	Female	38 years old	6 years of practical work experience	Zulu Christian

Participant 10 (P10)	Male	21 years old	5 years of practical and informal work experience	Zulu Christian
Participant 11 (P11)	Female	25 years old	4 years of years of practical and work experience	Swazi Christian
Participant 12 (P12)	Female	25 years old	8 years of practical and work experience	Zulu Christian
Participant 13 (P13)	Female	21 years old	5 years of practical and informal work experience	Zimbabwean Christian
Participant 14 (P14)	Female	23 years old	7 years of work experience	Zulu Christian
Participant 15 (P15)	Female	26 years old	5 years of work experience	Zulu Christian
Participant 16 (P16)	Male	24 years old	11 years of practical and work experience	Swazi Christian
Participant 17 (P17)	Female	22 years old	4 years of practical and informal work experience	Zulu Christian
Participant 18 (P18)	Female	23 years old	4 years of practical and informal work experience	Zulu
Participant 19 (P19)	Male	25 years old	9 years of practical and work experience	Zulu Christian
Participant 20 (P20)	Female	22 years old	6 years of practical and informal work experience.	Zulu Christian

4.3 RELATIONSHIP BETWEEN THE OBJECTIVES AND INTERVIEW QUESTIONS

In order to elicit rich information from participants, the interview questions were carefully designed to enable the researcher to achieve the main aim of the study and further, shed light on the objectives of the study.

Table 4.3.1 Objectives and interview questions

Objectives	**Interview questions**
1. To explore the nature of violence experienced by children and youth in rural communities. 2. To inquire about the impact of this violence on children and youth, their families and communities.	1. Can you tell me about what forms of violence children and youth are exposed to in your community? 2. Can you tell me more about how this violence has affected children, youth, their families and the community?
3. To investigate the traditional healing methodologies used by rural communities to help children and families heal from violence.	1. What are some of the spiritual methodologies used by your community to heal? 2. To your knowledge, what alternate methods for healing are currently used by child and youth care workers in the field?
4. To explore child and youth care students' perceptions of alternate healing interventions, that can be	1. Can you share with me your personal understanding of what spirituality is?

used by all child and youth practitioners.	2. Considering the methods used by yourself, families and communities, which of these would you consider appropriate for use in a child and youth care context?

Table 4.3.1 above mirrors some of the interview questions presented to the participants. It reflects that the data collection met the objectives of the study and assisted in achieving the main of the study. The latter was to develop a spiritually based healing model for a child and youth care context.

The semi – structured interviews, thus enabled the researcher to delve into the spiritual beliefs of students' and rural families, and what they viewed as valuable to them. This information proved beneficial in developing a model that met the healing needs of children, families and communities living in poorly resourced conditions.

4.4 THE PROCESS OF ANALYZING AND VALIDATING INTERVIEW RESPONSES

The process of analysing the interview responses involved carefully scrutinizing the responses of participants and then formulating themes. This was possible through the researcher reporting as accurately as possible by means of tape recording interviews and note taking during the interview sessions. The tape – recorded responses were transcribed and read and themes were then identified. The researcher validated the responses by presenting the data to another group of B.Tech participants during a workshop. During this workshop, the researcher presented a list of the themes to this group. The researcher also presented the healing methods that the participants viewed as a valuable model for use in child and youth care work.

The workshop discussion allowed participants to validate the responses from the interviews by confirming that those were also their experiences in rural communities. Moreover, the discussion enabled the researcher to decide on the interventions that would be best suited for meeting the healing needs of individuals and communities.

The next section presents the analysis and findings gathered from the data collected during the interview sessions.

4.5 THEMES AND SUB – THEMES DERIVED FROM THE INTERVIEWS:

Table 4.5.1 Themes and sub – themes

Themes	**Sub-Themes**
Nature of violence	• Intimate partner violence • Domestic violence • Sexual violence • Community violence
Impact of violence	• Trauma • Anxiety and fear • Depression • Feelings of neglect and isolation
Spiritual healing methodologies for different forms of violence	• Individual prayer • Sacrificial prayer • Cleansing rituals • Family and community support • Consultation with traditional healer
Personal understanding of spirituality	• Belief in the unseen • Prayer • Ancestral beliefs • Spirit of Ubuntu • Meditation and calmness • Connection with nature

Spiritual healing interventions for child and youth care work.	• Prayer • Use of nature • Drumming • Song • Dance • Drama • Cleansing

4.5.1 THEMES AND SUB-THEMES

Theme 1: <u>Nature of violence</u>

Sub – themes:

- Intimate partner violence
- Domestic violence
- Sexual violence
- Community violence

Theme 1 related to the nature of violence that is predominant in rural communities. The aforementioned sub - themes were identified by participants through their experience of violence within families and communities and indicated specifically the different types of violence that children and youth are exposed to. Intimate partner violence is defined as domestic violence by a spouse or partner against the other spouse or partner (Vu *et al.* 2016; Bidarra, Lessard and Dumont 2016; Izaguirre and Calvete 2015). Intimate partner violence is perpetrated in the form of physical, verbal, emotional and sexual violence and is, thus, connected to the two subsequent sub – themes viz: domestic violence and sexual violence. These sub – themes were captured in the following responses of some participants:

Intimate partner violence was identified by most participants as a common form of violence in rural families due to various familial factors that serve as predictors for this type of violence. The responses below reflected the view of several other participants:

Intimate partner violence

P7: *"In the Zulu community, girls are married young and are vulnerable to their husbands and are therefore abused. The young wives don't have the maturity to stand up to their husbands."*

P16: *"…Many women in the Zulu culture have children early and get married early, they don't educate themselves so men take advantage and dominate the women by abusing them."*

P20: *"In the Zulu culture, men are dominant and it is a known fact to all, which is why there is intimate partner violence. It is just ok and acceptable for men to beat up women to meet all their needs."*

Many participants identified domestic violence as violence by partners and in laws and further indicated that this is due to the nature of extended families. This is especially common in Zulu families where extended families live together. Moreover, the participants also viewed abuse of children or harsh disciple, as domestic violence. Below are a few excerpts that reflect the responses of most participants:

Domestic violence

P13: *"In rural communities, families live together, like uncles, aunties, grandparents etc. the domination of the male figures due to cultural beliefs, is why the women and children of the family are abused harshly."*

P2: *"Abuse is a form of discipline and dealing with problems amongst Zulus that live in rural communities. They beat up their wives, sons, daughters and other family members, like uncles and younger brothers. It is also ok to beat your sibling's children."*

P7: *"When the male person is very dominating and traditional and believes that the man is the head of the house and the women is not equal, she should be beaten up. My dad was brought up in this way and followed the same kind of tradition from his*

father and grandfather who also dominated their wives. I will never do that to my wife because I know what my mother felt. She was always sad and didn't talk much."

P10: *"…when violence is within families, it is difficult to open up a case amongst family members. Alcohol is a major problem in families. This leads to domestic violence and abuse of children by their own family members. Often women are abused by their mother in laws. This is common in Zulu families and kind of acceptable."*

P9: *"…domestic fights would happen in the home and no one else would know. Beating up children was common discipline so it was not seen as abuse. Even if a women is abused by her mother in law, the husband would not do anything about it, she is supposed to accept that"*

P14: *"Male dominated community. Men are taught to beat up women. Children and wives are beaten up. Women are seen as inferior to men and have to always treat men as their king, while they are treated badly by the same men."*

P12: *"Domestic violence and child abuse. Child abuse is not widely talked about. Common discipline has escalated to child abuse."*

Sexual abuse

Sexual abuse against women and children was also documented in some of the participants' responses. Few participants indicated that sexual abuse is common in male dominated, rural communities, when husbands force their wives to have sex with them. However, other participants alluded that it is mostly uncles and male siblings of young girls who sexually abuse them. This is reflected in the responses below:

P8: *"African men are dominating, they demand sex from their wives or girlfriends and abuse them if they don't get it. They feel that they own their women."*

P10: *"Sexual abuse of wives are also common. When men are drunk they demand sex and beat up their wives if they don't get it. People are scared to let their family down and report such cases. If they do, they get beaten up and abused some more."*

P12: *"There is also child rape, which family members do know about but turn a blind eye. Cases are not opened because family members are involved."*

P14: *"Girls in the family are mostly exposed to sexual abuse, especially by uncles and often by their brothers too. Boys are also sexually abused but not as often as girls."*

Discussion of preceding sub – themes

The excerpts shown above, within each sub – theme, indicates that children in rural communities are exposed to various forms of violence within their families. Empirical studies have also documented that intimate partner violence, domestic violence, and sexual violence are rife in rural communities and within families worldwide (Baring 2013; Finkelhor *et al*. 2009). Violence within rural families may be linked to several family factors such as gender constructed roles and attitudes, ethnicity, income, number of people in the family and level of education (Bidarra, Lessard and Dumont 2016; McDonald *et al.* 2016). Hatcher *et al.* (2014); DeKeseredy *et al*. (2016) and Torchalla *et al.* (2015) added that masculinity and traditional male roles and the use of alcohol in low – income, settings are predictors for intimate partner violence, domestic violence and sexual violence. Further to this, economic insecurity and housing instability are reported to render women vulnerable to abuse by their partners, as they fear losing their partners due to the financial challenges, they may face once they leave (Breiding *et al.* 2017). Langstrom *et al.* (2015) also reported that familial aggression and a history of generational abuse are motives for violence. However, the issue of intimate partner violence is not solely about violence against partners but about the role it plays in the lives of children (Izaguirre and Calvete 2015).

According to the data, violence and abuse of children and women is frequent in Zulu families. Akanade (2000: 63) wrote that in South African Black families, in rural dwellings, children are culturally socialized with emphasis on obedience and being involved in the families "productive activities." Hence, children, as early as six years of age, are expected to work in the fields, perform household chores and run errands. The author emphasised that poverty is a significant part of this expectation and further suggested that "being poor to a South African child means living in a poor and violent

environment." Violent family environments are ultimately aggravated by anger and stress of living in poor conditions (Schwartz, Theron and Scales 2017; Cole *et al.* 2015; Edwards *et al.* 2014; Carlson 2006).

De Stone *et al.* (2016) posited that poverty stress and parenting abilities are closely connected and further indicated that the mental health problems of parents impact on the ability to provide consistent and pleasant parenting. Similar to the participants' responses, De Stone *et al.* (2016) reflected on the role of extended families in rural families and wrote that elder caregivers among the extended families, experience high stress levels and subsequently play a part in harsh discipline of children. Moreover, in rural families the father is seen as the breadwinner, while the mother is the primary caregiver and he may, therefore, know little about parenting. (Makusha and Richter 2016).

Participants also reported that child sexual violence is prevalent among rural families. Some studies indicated that child sexual violence is mainly due to cultural and social factors and furthermore linked to poor education and harsh discipline among rural families (Meinck *et al.* 2015; Bailey, Powell and Brubacher 2017). Consistent with the participants' responses, studies also conceived that sexual violence occurs frequently between family members (Daly and Wade 2017). This further places the child in a compromising position to report such cases (Bailey, Powell and Brubacher 2017). In many instances, there is a lack of support from other family members or the community, especially the mother, due to fear of her husband.

Community violence emerged, from the participants' responses, as a predominant social issue that affects children. Due to its frequency, violence in rural communities has become a lifestyle for community members and is always expected and accepted. The participants' responses below illustrates some forms of community violence:

Community violence

P3: *"There are lots of mobs in the community. As I walked home I saw that people were beating up someone and it was very violent and scary because people had big sticks and knives. So it's a usual thing in the community. People in our community believe in mob justice."*

P5: *Recently I heard about a community member that had her private parts cut because people thought that she was bewitched. In rural communities there is a belief that black magic is common."*

P11: *"Fights in the community are due to class, caste and xenophobia. People start to hate each other then, victimise one another. They also steal their cows and damage vegetable gardens. This is where problems begin and fights start."*

P19: *"People in rural communities are poor and frustrated by the conditions that they are living in, so they beat up each other, women and children. People are very aggressive in the community and their interactions with each other are very destructive and violent."*

Discussion of sub – theme

The data together with the literature reflects that community violence appears to be pervasive and children's exposure to this violence appears to be frequent in rural communities (Little 2017; Chen, Voisin and Jacobson 2016; Anderson 2014). Almost all participants, in this study, identified varied types of violence that they have experienced within their communities. At least 11 participants had been victims of community violence and almost all participants have witnessed various forms of violence in rural community contexts. The participants interpreted the following experiences as violent: witnessing and hearing shooting and stoning, watching a sibling being driven away by an angry partner, hearing about a murder, watching someone being beaten up, stumbling across a dead body, having knowledge of weapons being made at home and noticing sticks and knives in people's possession. Similarly, several authors have also reported that community violence is characterised by drug deals, alcohol and drug abuse, robberies, stabbing, shootings and physical violence (Johnson *et al*. 2016; Fowler *et al.* 2009). This is particularly true in rural communities where poverty, poor education, social disorganisation and overcrowding are major struggles for community members (Naeger 2014; O'donnell, Schwab-Stone and Ruchkin 2006). Authors, such as Jipgeup and Sanders-Phillips (2003) and Mykota and Laye (2015), have documented that the risk of exposure to violence is higher in low – income communities. In addition, the participants responses also indicated that

rural communities lack essential resources and furthermore, people are poorly educated and under skilled and are thus more likely to engage in anti – social interactions. Erulkar (2013) and Hatcher *et al. (*2014) also emphasised that male dominance is high and a common problem in rural communities. Other research studies found that women in rural communities are uneducated and lack proper skills and knowledge to stand up for their rights and that of their children (Jewkes 2002; Rada 2014; Odero *et al*. 2014). As a result, women are vulnerable to all kinds of abuse by community members. Moreover, women lack support and education on how to report such incidents should there be resources available to do so. Poor living conditions and poverty are factors that cause stress in adults, who in turn abuse women and children to release frustration and engage in negative interactions with other members of the community (Carrington *et al*. 2013; Ahmed 2014).

Growing up in rural communities, characterised by the above – mentioned factors, make it almost impossible for children to elude being victims or witnesses to community violence or to experience the community as a safe haven for positive development. Furthermore, as reported by many of the participants, being a victim or a witness to community violence is equally traumatising for any individual.

The following sub – themes explores the impact of this violence on children.

Theme 2: <u>Impact of violence</u>

Sub – themes:

- Trauma
- Anxiety and fear
- Depression
- Feelings of neglect and isolation

Theme 2 related to the impact that varied forms of violence have on children. The participants identified the above sub – themes as having specific effects due to children's exposure to violence. These are captured below, in the responses of some of the participants.

Trauma

P8: *"These children also don't have anyone in the families to help them. They just end up becoming withdrawn. I've seen this happen to my friends too"*

P12: *"I've seen children battle to develop relationships with others. They seem sad all the time and this is probably because of the trauma that is sitting within them."*

P9: *"…After that she was just distanced from everyone and always got busy with her own stuff. She would be nervous around people all the time but stayed to herself. I think this is what helped her with her trauma."*

Anxiety and Fear

P12: *"Children are scared to develop friendships or even get close to any adults like child and youth care workers."*

P11: *"Often people become fearful of other people, they don't want to trust others or open up to people. They are even scared of getting into relationships because they have not got over their bad experiences."*

P2: *"….its heart breaking because we know what it feels like. Sometimes I feel depressed hearing their stories because I know that it is common and not much can be done about it besides us comforting them when we listen to them."*

P14: *"We used to be very scared of things that can just happen but we never shared our worries with anyone. We just knew that we always had to comply with everything and not voice our opinions, that's if we didn't want to get a beating."*

P20: *"I was raped by my uncle and I was scared to tell anyone. Eventually I opened up to my friend and I was shocked to know that she and her younger sister were also sexually abused by a family member. It is so common, there are so many girls out there, even the children in the child and youth care centres experienced this repeatedly*

and they only get to talk about it when they come to us as child and youth care workers."

Depression

P1: *"…you still remember what happened to you and it makes you sad."*

P3: *"…..it depressed me for a long time just from hearing about it. I feel like it can happen at any time and to anyone and when I think about the kind of society we living in, I get depressed."*

P9: *"……they don't talk much to anyone, keep to themselves and sometimes you find them crying for no reason. I think they reflect on the bad experiences they had."*

P16: *"I have noticed with children and my peers that some of them are very quiet and shy and they also don't like to participate much. Sometimes when a topic comes up during class discussion or when we have an activity with the children, then some people become uneasy. Then you will know that they are dealing with some bad experience of violence or of abuse."*

Feelings of neglect and isolation

P8: *"…no one was there to comfort us or solve our problems."*

P9: *"…keep to themselves and sometimes you find them crying for no reason."*

P14:*"….we never shared our worries with anyone."*

P20: *"I was raped by my uncle and I was scared to tell anyone…. and they only get to talk about it when they come to us as child and youth care workers.""*

Collective discussion of sub – themes

The excerpts above reveal deep feelings of anxiety, fear, being neglected and isolated as a result of exposure to violence. These effects have been also documented by

authors who discussed how experiences of violence exacerbated trauma, depression and anxiety (Margolin and Gordis 2000; Fowler *et al.* 2009; Jenkins, Wang and Turner 2014; Hart *et al.* 2013; Sternberg *et al.* 2006). Furthermore, these effects can collectively create post – traumatic stress disorder. Post – traumatic stress disorder (PTSD) is a set of reactions that occur as a result of an extremely traumatic experience or event (McLaughlin *et al.* 2017; Alisic *et al.* 2014; Derivois *et al.* 2017).

Abused children, generally, have difficulty developing a positive perception of the world, as they are easily vulnerable to stress (Derivois *et al.* 2017; McDonald *et al.* 2016; Hart *et al.* 2013). When stressful situations occur such as exposure to violence, children internalise and externalise the situation in unpredictable ways leading to sadness and depression (Moylan *et al.* 2010). According to Hart *et al.* (2013), children suffer internalising problems by experiencing feelings of anxiety and depression, which involves repeated recollection of the traumatic event. Furthermore, they have a reduced ability to cope with any stressful situation as they struggle to forget the hurt and pain endured during the traumatic event. Moylan *et al.* (2010) added that such emotional problems present children with low – self – esteem and the inability to become completely happy about any situation. Subsequently, it is possible that many children may continue to be vulnerable to violence, because they have not healed and learned to deal with traumatic encounters in appropriate ways (Fowler *et al.* 2009; Wolfe *et al.* 2003; Guerra, Rowell Huesmann and Spindler 2003). While exposure to violence continues, children may continue to isolate themselves from others. The participants indicated that, in order to avoid further exposure to violence, they chose to deal with their feelings on their own. Similarly, Edwards *et al.* (2014); Lee, Becker and Ousey (2014) and Donnermeyer (2015) also documented that children are often left to their own devices, due to the poor conditions that prevail in rural contexts. It is these contexts that there is almost fear of reporting abuse or poor support and available resources to assist in overcoming the trauma.

Several responses from participants indicated that participants had a sense of fear when they heard about or witnessed violence. Suggesting that, fear continues when people have not healed from violence, invoking feelings and thoughts of mistrust (Ngwenya and Harris 2015). Many participants reported that children become fearful of people and incidents that may cause them harm. Feelings of fear and anxiety are

exacerbated through exposure to violence, as they become suspicious of adult interactions and relationships (McDonald *et al.* 2016; Thornton 2014; O'donnell, Schwab-Stone and Ruchkin 2006; Litrownik *et al.* 2003; Margolin and Gordis 2000). Re-building trusting relationships are difficult for children that have had bad experiences as a result of it. Moreover, children become overly anxious when thoughts of their harsh experiences are recalled.

Izaguirre and Calvete (2015); Moylan *et al.* (2010); Sternberg *et al.* (2006) and Margolin and Gordis (2000) wrote that behaviour problems such as isolation and social withdrawal are common symptoms of exposure to violence. The participants' responses also reflected that children experience neglect and often isolate themselves when they have no ways of attending to their trauma. Deep – seated trauma, amongst children, results in them not only internalising but also exhibiting externalising behavioural problems if their healing needs are not addressed (Fortin, Doucet and Damant 2011, De-Board-Lucas and Grych 2011). Externalising problems results in children modelling aggressive behaviour (Guerra, Rowell Huesmann and Spindler 2003), presenting negative behaviour problems (Litrownik *et al.* 2003), difficulty building and maintaining positive peer relations (Jenkins, Wang and Turner 2014), social competence (Margolin and Gordis 2000), dis-sociation (Guerra, Huesmann and Spindler 2003) compromised cognitive functioning and poor academic achievement (Izaguirre and Calvete 2015; Jenkins, Wang and Turner 2014; Thornton 2014; O'donnell, Schwab-Stone and Ruchkin 2006 and Wolfe *et al.* 2003).

It is evident that a growing consensus in the research community has densely documented the effect of family and community violence on the holistic development of children. Children's exposure to violence, as victims or observers, has resulted in children "exhibiting problems in their social and emotional adjustment" (Vernon-Feagans and Cox 2013; Levendosky and Graham-Bermann 2001: 172). Family violence, in the form of intimate partner violence, sexual violence and domestic violence affects the health, safety and quality of life for women, men and children. The burden of such types of violence are carried by children leaving them to deal with the damaging effects of trauma, a range of physical and mental ramifications and for some, death, brought on by living in violent milieus (Erskine *et al.* 2015; Milner 2010; Jipgeup and Sanders-Phillips 2003). Hence, spiritual interventions are urgently

required to mitigate future developmental problems in children (Copeland *et al*. 2013; Clarke *et al.* 2016; Yount, DiGirolamo and Ramakrishnan 2011). Attending to the healing needs of children will enable psychological healing. Furthermore, healing interventions are also crucial to assist individuals in violent prone communities, to learn new ways of interacting with each other, for relationships to be re-built and to help individuals and communities heal from the trauma, through a joint and collaborative effort.

Theme 3: <u>Healing methodologies for different forms of violence</u>

Sub – themes:

- Individual prayer
- Sacrificial prayer
- Cleansing rituals
- Family and community support
- Consultation with traditional healer

According to data collected those living and working in rural communities did not have any kind of space or available programme to assist traumatised victims. Most participants also agreed that traditional healing rituals were not widely used in communities for healing from traumatic experiences of violence. Moreover, participants indicated that healing from trauma due to violent experiences, had never been given any attention and children were expected to get over their grief without any assistance or support. Furthermore, the data revealed that traumatic encounters have left people feeling sad, anxious and fearful due to it not being attended to.

While many participants said that traditional rituals such as traditional wedding ceremonies; traditional funerals; coming of age ceremonies; traditional circumcision ceremonies, cleansing and sacrificial prayer still take place in communities, little is done to address trauma experienced through violence. The participants did however, reflect on some practices that are present in rural communities, which helps in healing from harmful experiences of difficult situations.

The participants reported that, despite knowledge of and awareness of these practices, community members fail to utilise these healing methodologies. Participants also revealed that people have become modernised and have neglected to follow these traditions and rituals. Moreover, although such rituals were practiced with families, extended families and communities, this has since diminished due to people's modern mind – set, where it is preferable to 'keep to yourself and live for yourself' **(P3, P9, P10, P12, P14** and **P17)**. This belief is apparent in some of the excerpts below. The excerpts below also reflect the sub – themes, which are, mentioned above.

Individual prayer

Most participants viewed individual prayer as practice that is comforting and healing in dealing with the aftermath of a traumatic experience. The excerpt below resonates the responses of **P7, P3, P8** and **P9.**

P4: *"Well we don't really have a specific healing intervention but we just pray. We talk to God and get relief from that and this we usually do individually. But it is important to us. Like if I am going through a difficult time about making a decision about something or if I am hurt about something then I just pray and talk to God and I know that he will listen to me. I feel comfort in the Lord. He always listened to me.*

Some authors have also documented that participation in prayer or private prayer enables an individual to experience a state of calmness after traumatic experiences (Ellison and Taylor 1996; MacGeorge *et al.* 2007). Using prayer as a healing methodology has shown that individuals benefit from displaying positive behaviours, increased self – esteem and higher control over their problems (ap Sion and Nash 2013). Furthermore, individual prayer allows the individual to adjust better to the problematic situation, while entrusting the divine with the responsibility to improve the difficult situation (MacGeorge *et al*. 2007; ap Sion and Nash 2013; Levine 2008). Similar to the participants' responses, ap Sion and Nash (2013) indicated that the divine knows best and is always accessible for listening and comforting. Prayer is used as a methodology to problem - solve, reduce anxiety and reduce the risk of various stressful events and conditions that undermine health and well – being (Harris *et al.* 2012; Ellison and Taylor 1996).

Sacrificial prayer

Some responses of participants revealed that sacrificial prayer was a ritual that summoned help from the ancestors in overcoming bad luck or bad experiences. Johnson (2015: 278) also affirmed that, “Zulus believe that there is no such thing as chance, misfortunes are believed to be due to some external agency that brought it on,” as such there is a strong belief in the ancestral spirit that has to be appeased through rituals. The excerpts below reflects the responses of many other participants.

P7: *“...and often also people slaughter to ward off bad luck. Slaughtering of cows is done to ask for forgiveness as well. When that close friend of mine was shot then his family and some elders in the community slaughtered a cow at the place that he was shot to sort of commemorate his death.”*

The participants contended that sacrificial prayer is useful as a healing methodology because it is a Zulu belief that sacrificial prayer is done to overcome a bad situation by appeasing the ancestors. Sacrificial prayer in the African culture entails slaughtering of goats and cows and serves as a medium of communicating with the ancestors during the offering (Govender and Ruggunan 2013; Mnguni 2006). Likewise, the participants indicated that seeking help from the ancestors for healing would mean engaging in sacrificial prayer. Hutchings (2007) also reflected the views of the participants by indicating that slaughtering and washing the individual with the blood of the cow is a practice of cleansing that is believed to heal a person and rid the individual of the bad luck or traumatic experience. Thabede (2014) conceded that help and guidance is sought from ancestors through sacrificial rituals and offerings. Hence, this confirms the participant’s beliefs in the use of sacrificial prayer. These findings lend support for the consideration of sacrificial prayer as a healing methodology. Furthermore, it may have special relevance for community related violence.

Cleansing rituals

Cleansing rituals are often performed by a traditional healer and the participants indicated that this practice is often carried out after a person has been ‘bewitched’ or after a traumatic death of a family member. Other participants said that cleansing

rituals are used for several other reasons and these are reflected in the excerpts below:

P7: *Cleansing is very important in the Zulu culture cleansing ceremonies. Sometimes we wash ourselves with the insides of a slaughtered goat, this is a form of cleaning if something bad had happened to us."*

P3: *"Well I know that they use cleansing methods when someone was raped or if someone is bewitched."*

P4: "*…people do cleansing prayer like if someone sinned and wants to repent or someone is troubled by a spirit then they would be cleansed to heal from it. People have different ways of cleansing."*

P14: *"Burning of wood and ash and then added to water for cleansing. This makes people feel like they have got rid of their problems."*

P18: *"Cleansing ceremonies are done for people. People also call isangomas to cleanse the house."*

Similar to the participants' views, Vinesett, Price and Wilson (2015) wrote that cleansing rituals are significant to the transformation of an individual from a stressful period. A cleansing ritual is intended to assist an individual to acknowledge their pain and move forward (Stark 2006). The cleansing ritual is one of the central rituals in the Zulu culture and is believed to not only transform an individual from a traumatic state but to 'rescue a community from aggression and destructive power" (Masoga 1999: 217). Further to this Nolte-Schamm (2006) viewed cleansing rituals as significant to promote the restoration and healing of individuals and communities. This is especially related to the participants' beliefs that a family and entire community is able to heal from negativity and in addition, restore strained relationships. Given its ability to heal, cleansing rituals should be considered as part of the spiritually based healing interventions.

Family and community support

Several participants' responses revealed that many families receive help from elders in the family, community members or the community Head/Chief in times of grief or difficult family situations. Kovac (2012: 13) also wrote that communities seek assistance from elders or local chiefs as "harmony in the community is practically equated with the respect for elders and local chiefs." Further to this, Kovac (2012: 13) indicated that, "every effort of community reconciliation or restoration of harmony has to involve the appreciation of the elders and the local chiefs." The responses below affirms this view and further reflects the responses of participants **P1** and **P11**.

P6: *When there is a death in the family then all community members and neighbours go to the house straight away and offer support. Sometimes people help with groceries or money to do the funeral. People from the family also go to gatherings held by families during rituals and sing and dance with them. And this brings families together and people feel happier."*

P12: *"Elders in the community help to mediate when there is conflict between people. They try to bring people together. Usually the Chief of the community holds a forum to listen to people's problems and then do something about it. Community members also try to help if there is a problem, like if someone from your family stole something from another family, then they will try to discipline the person or reunite families. This doesn't happen often because people still keep that hatred and revenge in them."*

The responses of the participants suggest that family support and community support are important during the process of healing. Literature has also documented that the family ties of the Zulu are significant to its people (Bell-Tolliver and Wilkerson 2011). Hence, kinship networks, being the extended family, are believed to be the primary strength within African families during times of need. The extended family is responsible for, not only, providing material support but also psychological support and usually guided by the oldest relative (Tshabalala 1992). People and families who benefit from the support of kinship networks feel a sense of connectedness, belonging, comfort and furthermore, enhanced holistic well – being. Thabede (2014: 238) also wrote that African people live by the basic principle of "collective identity as opposed

to individual identity." Similar to the beliefs of many of the participants, this also confirms that the philosophy of kinship is used as a basic means of survival for Africans (Wheeler, Ampadu and Wangari 2002). Hence, elders have a crucial voice when it comes to negotiating and preventing violence in families and communities. Moreover, they can listen with wisdom to where there has been trauma and violence and in addition, offer much needed support.

Consultation with traditional healer

Participants also said that consultations with traditional healers are common and occur frequently in rural Zulu families. Family and community members seek help from traditional healers who give home – grown medication such as herbs or ointments to calm a person and relieve a person from physical or emotional pain. According to Washington (2010: 26), a traditional healer is a "person of great respect in the community" and is thus, trusted by community members in times of adversity. The excerpts below reflect the beliefs of most participants with regards to traditional healers.

P8: *"Sometimes when people have problems they call the Inyanga to their homes late at night where the Inyanga will pray whole night and make medicines for them to take. But no one else must see it so the Inyanga goes very early before people get up."*

P15: *"Community turn to isangomas (traditional healer) for help. Zulu people believe that isangoma can solve any problems, like if you feeling sick or have body pains or you are worried about something. Especially when people have bad luck, they visit the isangoma."*

Traditional healers, among the Zulu, are believed to be powerful individuals who serve the community through the use of indigenous knowledge, to heal the ailments of the individuals, communities and families (King 2012; Essien 2013). These traditional healers receive a spiritual calling to serve the people (Holland 2012). According to the participants, the Zulu people are deeply rooted in their spiritual beliefs and traditional healing and therefore have an unwavering faith in healing through a traditional healer. Furthermore, the traditional healer is respected for helping individuals overcome several problems such a bad luck, restoring relationships, psychological problems and

not just physical ailments (Sodi and Bojuwoye 2011). Through the literature and interviews with the participants of the current study, it has been established that ancestral beliefs play an important role in the daily lives of Zulu people. For this reason, Zulus turn to traditional healers during times of need as they diagnose illness, determine problems and find solutions through communication with the ancestors (Jithoo and Bakker 2011). The use of animal bones, indigenous herbs and spiritual sense to assist people in healing has earned the traditional healer utmost respect from Zulu communities and is furthermore seen as equivalent to the Supreme Being (Essien 2013). This is mainly due to the fact that healing in the African culture is an inextricable component of their religion and traditional way of living. Hence, when faced with trauma, anxiety and depression, individuals and families can turn to traditional healers for help to transcend their difficulties. It is important that child and youth care practitioners be able to collaborate with traditional healers. Within the context of this study, it is important that these spiritual support systems be used to prevent and deal with violence.

Collective discussion of sub – themes

Writers such as Zambara (2015); Cumes (2013) and Edwards (2012), affirmed the importance of the above – mentioned practices with the Zulu community. As mentioned earlier, community members engage in community gatherings that aim to assist people in overcoming difficulties. However, there are individuals who choose to live modern and independent lives. Moreover, it is also evident in previous responses that people do not divulge information with regards to family hardships. This is perhaps due to the notion that people are poorly educated; there is a lack of available resources; embarrassment if a family member is involved or if the spirit of Ubuntu is slowly diminishing. Whatever the reasons may be, it is up to professionals, such as child and youth care workers to address these problems and ensure that healing takes place for individuals and the community as a whole. These excerpts have indicated, to the researcher that traditional practices do exist and can be revived for healing and building peaceful communities and well - developed children. Through the participants' responses, it appears that many of the above – mentioned practices help people to overcome difficult situations and can prove beneficial in response to healing from violence – related trauma.

Theme 4: <u>Personal understanding of spirituality</u>

Sub – themes:

- Belief in the unseen
- Prayer
- Ancestral beliefs
- Spirit of Ubuntu
- Meditation
- Connection with nature

The participants reported that their personal spirituality viz. personal spiritual beliefs and practices were helpful when dealing with difficulties. In addition, they were asked what they perceived spirituality to be, as many of them indicated that this spirituality had helped them cope with the hardships and anxieties they had endured. The following excerpts reflect participants' personal conceptualisation of spirituality:

<u>Belief in the unseen</u>

P1: *"You feel a sense of calmness if you believe that someone that cannot be seen is guiding you."*

P10: *"Seek comfort in the unseen. That is what it means to be a spiritual person."*
P13: *"A strong belief in the unseen. You can't see it but you know it will guide you. Ancestors guide you and if you are spiritual, you believe in them. When you believe in them you feel comfort."*

P18: *"Spirituality is having faith."*

<u>Prayer</u>

P1: *"Children and families must also be taught to pray. Prayer is very important for healing. And when families pray together they stay together."*

P8: *"Spirituality is believing in prayer. Praying for children is very important and helping them to learn how to pray is also very good. If child and youth care workers are spiritual themselves, they can encourage children to pray."*

P15: *"Prayer is important. It is what makes a person spiritual."*

P9: *"As child and youth care workers we must teach children to be spiritual and to believe that God will change their situation.*

P20: *"Praying together, singing together and even doing creative activities together is spirituality. When we are able to be among others and have positive interactions we feel spiritual."*

Ancestral beliefs

P16: *"A spirit that influences you and drives you. God is a spirit and ancestors are also spirits, to some people, this spirit is very important too. God guides you and helps you to make right decisions."*

P11: *"My grandparents believed in the ancestors and I've seen them feel peaceful after communicating with the ancestors. It helps people feel spiritual."*

P12: *"Ancestors exist within me. It is a passage to God. When I pray to the ancestors, I feel spiritual."*

Spirit of Ubuntu

P3: *"Gatherings of people can be a good support for families. Togetherness makes people feel spiritual."*

P11: *"I feel spiritual when I am with other people. Being kind and helping others makes you feel spiritual. Spirituality is doing good and being good."*

P6: *"A connection with others is spirituality, team work or working towards the same goal is spirituality. Because you will have to be tolerant of other people and their feelings."*

Meditation

P4: *"I think that when one meditates, they feel spiritual. Spirituality is getting in touch with your inner thoughts and feel a sense of calmness. So if one were to meditate, they would feel calm and spiritual."*

P17: *"Yoga and meditation is what spirituality is, when you can connect with an inner spirit or reawaken an inner spirit."*

Connection with nature

P2: *"We have used nature many times when working with children, and this has made children and us feel comfortable and peaceful. A calm environment is where one can feel spiritual."*

P14: *"Spirituality is embracing nature and caring about nature. It provides calmness that helps in communicating with something within yourself. In a quiet environment you can feel spiritual, because you look for guidance from someone or something that you can't see."*

P5: *"I have experienced nature as spiritual. When I am out in a quiet place, the sounds of the birds and trees helps me to feel calm. My thoughts are clearer and I can pray easily."*

P7: *"I also think that being one with nature helps the mind a lot. Like at work we take then children out early in the morning and we do exercises. Then we give them a chance to relax and just listen to the sound of the birds. This helps to free their mind and they feel good after that and energised."*

Collective discussion of sub – themes

The responses of participants' reflect that they viewed spirituality as something of a higher power that has the ability to help a person through difficulties. This higher power is the unseen, but to the individual it exists and is prominent in their lives. This unseen, higher power is perceived, by most participants, as God or the ancestors The perceptions of spirituality reflected in the participants responses is captured in the literature and other empirical work. Gall, Malette and Guirguis-Younger (2011) found, in their study, that most participants viewed 'spirituality' deep within a person, which is unexplainable or comprehensive and not as a higher power. Nevertheless, both participants of that study and the current, viewed the concept of 'spirituality' as a guiding force that connects one to others, nature and God. Spirituality lays a platform for an individual to sanction healing and furthermore to be open to peaceful interactions. Gall, Malette and Guirguis-Younger (2011: 176) stated that "spirituality is an important feature of how the self is seen; how the self relates to others and to the world and a guide for living and being with others." In addition, a sense of spirituality is perceived as connecting to an inner person, while an individual searches for meaning and purpose (Edwards 2013; Moore, Talwar and Bosacki 2012). Ross *et al*. (2014) also found that participants of their study, perceived spirituality to be a resource for attaining inner peace and harmony within, whilst feeling a sense of wholeness.
Furthermore, studies have found that the perception of spirituality is linked to the recognition of a higher power, be it God or the departed. Spirituality, as within the African paradigm, is connected to a sense of respect for the departed, who ultimately guides an individual and to God, who always listens (Edwards 2013; Moore, Talwar and Bosacki 2012; Wintersgill 2008). Praying to the higher power provides an individual with the sense of belonging and comfort in knowing that there is a spirit that is always available to listen. Similarly, the participants' responses revealed that engaging in prayer and a belief in God is what makes a person spiritual. In addition, the participants reported that belief in the ancestors is important to Zulu people and it is this belief that makes one spiritual. For many participants, ancestral beliefs and rituals appear to be a passage to God.

The participants also reflected that, togetherness with people provided them with a spiritual sense. Literature has shown that the spirit of Ubuntu is an African

philosophy and the essence of African spirituality (Okoro 2015). Known to the Zulu people, to be an essential element of humanity, the spirit of Ubuntu enables individuals to embrace a compassionate and humane living (Louw 2017; Okoro 2015). The spirit of Ubuntu can be described as an omnipresent spirit of caring, compassion, community, respect and hospitality (Viljoen and Laubscher 2015). When one feels connected to others, a sense of harmony and security is felt, hence, a sense of relatedness and kinship is what defines spirituality (Knoetze 2014).

Other perceptions of spirituality include an imaginative force or spirit that is passive but becomes active when an individual seeks it during troubled times (Wintersgill 2008; Ross *et al.* 2014; Kick and McNitt 2016). The responses of the participants and the studies cited above, reflect that spirituality is correlated with the individual's feelings of happiness when communicating with a higher power. Moreover, a sense of spirituality guides and comforts one when during troubled and lonely times. It is a source of strength that provides one with feelings of optimism, reassurance, relief and contentment (Karigan 2015; Herrera 2015; Pandya 2015). Several participants felt that meditation awakens one's spirituality and gives a feeling of calmness. Adiba (2014: 22) also indicated that, meditation will help "cool down the body" and help to "gather our thoughts."

A connection to nature was also found to be linked to individual spirituality. Similarly, Adiba (2014) suggested that a quiet surrounding would bring people closer to nature and provide serenity and calmness that is required for peace of mind, gathering of their soul and leading a meaningful life. Edwards (2013) wrote that an appreciation of the universe was a common perception of spirituality. A peaceful scene provides a nurturing space where one feels comfortable, secure and connected to other natural living things (Harris 2007; Greenleaf, Bryant and Pollock 2014). Thus, many believe that spirituality is felt through an experience with the natural world. Furthermore, connecting with nature is a spiritual fulfilment when one feels empathy towards other living things. A deep appreciation for the surrounding beauty is soul – nourishing that allows one to stretch their imagination and connect with their inner most feelings (Kamitsis and Francis 2013; Harris 2007; Howell, Passmore and Buro 2013). Likewise the participants' views on spirituality is largely associated with 'emotional resonance'

when connected to the world and in addition a place where the foundation for peace can be found, allowing for deep meditation and concentration to transpire (Trigwell, Francis and Bagot 2014: 242).

Theme 5: <u>Spiritual interventions for child and youth care work.</u>

Sub – themes:

- Prayer
- Use of nature
- Drumming
- Song
- Dance
- Drama
- Cleansing

The participants identified several spiritual interventions that are valuable for child and youth care work. These interventions were identified as part of the realm of traditional practices that are performed in rural communities and their perceptions of spirituality. Based on their experiences, these practices have helped them overcome any anxieties that they experienced. Kovac (2012: 15) also emphasised that rituals benefit individuals as part of an "emotional catharsis" and revives "forgotten tradition, joy and communal spirit."

Most participants provided practices that have helped them during their troubled times and have indicated that prayer, use of nature and cleansing are important to spiritual healing. Below are some responses of participants that mirrors the responses of several other participants.

<u>Prayer</u>

P3: *"Children and families must also be taught to pray. Prayer is very important for healing. And when families pray together they stay together."*

P7: *"if I am hurt about something then I just pray and talk to God and I know that he will listen to me. I feel comfort in the Lord. He always listened to me.*

P9: *"As child and youth care workers we must teach children to be spiritual and to believe that God will change their situation.*

All participants had a steadfast belief in prayer as being the ultimate strategy for recovery from any trauma or difficulty. The participants emphasised that children must be taught to pray to achieve a sense of hope. Most participants indicated that prayer is soothing. They also said that, when one believes in a higher power, they start to believe that their problems will be over soon. Jors *et al.* (2015) also indicated that people tend to engage in prayer during times of difficulty. In their article, the participants found that only God can heal as God is the closest during stressful times. The authors also found that participants experienced a sense of comfort and confidence when they prayed. Munoz and Chaplain (2015) similarly found that individuals felt better about themselves when they prayed. In addition, the closeness to God during prayer gives a sense of strength and courage to overcome adversities (Moore, Talwar and Bosacki (2012).

Nature

P2: *"We have used nature many times when working with children, and this has made children and us feel comfortable and peaceful. A calm environment is where one can feel spiritual."*

P7: *"I also think that being one with nature helps the mind a lot. Like at work we take then children out early in the morning and we do exercises. Then we give them a chance to relax and just listen to the sound of the birds. This helps to free their mind and they feel good after that and energised."*

Nature was mentioned as important for attaining peace of mind and some participants felt that nature should be used more often in child and youth care work as it creates opportunities for children to reflect and experience a state of calmness. Authors, such as Norton and Watt (2014), found that outdoor activities allowed for personal growth and self-efficacy. More importantly, the natural environment may provide a special

place or safe space for children to escape from usual life constraints and adult surveillance (Chawla 2014; Edwards 2013). Appreciation of the universe and acknowledging all other living things provides serenity to an individual and furthermore enhances their sense of empathy (Harris 2007, Greenleaf, Bryant and Pollock 2014).

Cleansing

P7: *Cleansing is very important in the Zulu culture cleansing ceremonies. Sometimes we wash ourselves with the insides of a slaughtered goat, this is a form of cleaning if something bad had happened to us."*

P4: "…*people do cleansing prayer like if someone sinned and wants to repent or someone is troubled by a spirit then they would be cleansed to heal from it. People have different ways of cleansing."*

Under theme 3, presented earlier, it is shown that the cleansing ritual is a common practice that helps people rid themselves of emotional burdens. The researcher is of the opinion that cleansing will aid an individual in renewing themselves and moreover, enable the person to diminish negative thoughts and feelings and look forward to a more positive life. Several authors also wrote that cleansing rituals may prove beneficial in the healing process. The cleansing ritual is a traditional method of healing that is performed to restore harmony and balance in an individual (Agyekum and Newbold 2016; Bhika and Glynn 2013). Traditional methods of healing are often practiced by communities based on their cultural beliefs, values and information passed on from generation to generation (Bhika and Glynn 2013). Through the use of herbal medication and spiritual support, the cleansing ritual assists in effecting and maintaining well – being. If a person is not cleansed, misfortune is likely to follow and affect not just the individual but an entire community (Awolalu 1976). Daniels (2016: 21) also reported that the cleansing ritual is significant to 'rid one's body of diseases, protect children from harm, sanctify a public place, repair broken relationships." Furthermore, as mentioned by participants, cleansing rituals helps individuals overcome trauma and bad luck experienced. Cleansing rituals may use water, plants, smoke / fire and mud," to effect healing.

The participants also viewed drumming, singing, dancing and drama as useful interventions for use in a child and youth care context and these are displayed in the excerpts below:

Drumming

Drumming was also viewed as an important spiritually based intervention. Participants felt that drumming was a way of getting in touch with a higher spirit. Moreover, the participants felt that drumming had therapeutic benefits for use with children and youth. The excerpts below echoes the views of several participants:

P11: *"African drumming will keep individuals rooted and connected to a higher spirit."*

P5: *"Also drumming is very soothing. When you drumming you feel that you are letting out your aggression and when you listen to drum beats you feel energised."*

Drumming is a common practice in the Zulu tradition, which allows the community to *call* on their ancestors. In addition, it fosters a spirit of togetherness with community members and family. Furthermore, people experience a sense of calmness and guidance, as they feel the presence and closeness of their guardian angels whom are believed to be their ancestors. Hunte (2015: 2) also wrote that, drumming helps to find "clarity of mind."

Apart from getting in touch with a higher spirit through drumming, group drumming is beneficial to reducing depression and anxiety (Wood *et al*. 2013; Fancourt *et al.* 2016). Drumming is believed to improve social resilience. Authors, such as Warrington *et al*. (2016), suggested that therapeutic drumming can emotionally stimulate participants and further enhance team spirit. Moreover, group drumming can provide a valued, safe and supportive space for children and a rehabilitation treatment approach for young people at risk. Drumming is fun for children, non-threatening and suited for children that are reluctant to attend other forms of therapy such as counselling (Wood *et al.* 2013).

Wood *et al*. (2013: 72) reflected on the DRUMBEAT (Discovering Relationships Using Music, Beliefs, Emotions, Attitudes and Thoughts) programme developed in Australia

in 2003, by a drug and alcohol treatment service called Holyoake. The theoretical concept of the DRUMBEAT programme indicates that the use of drumming may be a powerful, therapeutic and holistic intervention with children, youth and families in rural communities. The theoretical model underpinning the DRUMBEAT programme may yield the following benefits for children and youth: positive mood, feeling of belonging, building proactive positive relationships with peers, family and the community.

The philosophy of the DRUMBEAT programme suggests drumming rituals will enhance the positive well – being of a child and an entire community. While drumming may be a common practice in traditional rituals among Zulu people, it is evident that Western cultures can also benefit from this. The value of drumming does not necessarily address religious cultural needs but social needs too. Hence, such an intervention will be significant as part of a healing model in child and youth care work.

Singing and music

The excerpts below reflect that participants believed that singing and listening to music was therapeutic and invigorating. Singing at church was also mentioned as calming and satisfying, while some participants indicated that listening to music is relaxing. The excerpts below show that participants have faith in singing and music as a valuable healing intervention. Many participants expressed similar views to those below:

P4: ***"****If we engage children in song and dance, it allows them to feel happy and free spirited. They also have the opportunity to forget about their worries. Some songs have soothing words that will help the child to relate to the words and then feel a sense of comfort."*

P8: *"But the Zulu singing and dancing is also helpful to people because they feel a sense of calmness. People enjoy it and then they forget their problems."*

The literature resonates the views of the participants. Hwang and Lee (2016) wrote that music therapy has received attention as an effective intervention for children and people with mental disorders. This suggests that drumming would also be therapeutic for children who have endured some form of violence in their personal life. Fancourt *et al.* (2016) also stated that the use of music within mental health reduces the severity

of depression. Through an extensive review of literature, Hwang and Lee (2016) also pointed out that music has the ability to 'enhance body energy levels' and 'reduce physical and emotional tension.' Their study, found that, experiences with music helped healing to occur at four different levels: physical healing, emotional healing, social healing and transformative healing.

They also posited that physical healing is experienced through 'relaxed body movement' and when participants engaged in 'positive language' by using 'verbal expressions' to explain their experiences – such as "good" and "beautiful." During the study done by Hwang and Lee (2016), emotional healing transpired as participants shed tears during the musical encounter, while others indicated that they felt loved while sharing the musical experience with others.

Garrido *et al.* (2015) also indicated that participants in their study found that playing music with others is important and helped them to hear each other's experiences and develop a mutual bond. Social healing occurred as participants showed greater interpersonal relationships and further appeared more friendly and approachable and sociable. Transformative healing, according to the authors, were evident in the participants' aura as they seemed like a newer person and seemed more 'spiritual', 'gentle' and 'accepting of self and others.' Music is, therefore, potentially therapeutic and would help with coping with stress and trauma. Garrido *et al.* (2015) also reflected on other studies that have shown that musical activities such as 'musical improvisation,' 'song writing,' 'singing,' sharing stories,' and 'relaxing with music' would be beneficial to reducing stress, relaxation, community building and self – expression among many others. These should, therefore, be considered, as part of therapeutic interventions in a child and youth care context, particularly for children in distress.

Dancing

Almost all participants agreed that dancing helps an individual to express themselves and it helps in the release of anger, hurt and worry. These were recorded by most participants. The excerpts below reflects the views of other participants as well:

P8: *"….they must learn Zulu dancing. It is very important for children to dance because it keeps them fit and their mind will be involved in the dancing which they will enjoy. Dancing helps get rid of hurt and pain and allows the person to express their emotions"*

In the Zulu culture, dancing is also a common practice and facilitates expression of feelings. Further to this, Buis (2013: 58) indicated that singing and dancing are "deeply rooted in the cultural web of memories." It can, therefore be used as a means of expressing deep – rooted feelings that may otherwise be difficult to verbalise. Since such practices are culturally familiar to individuals, it allows for experiences of comfort and contentment when being practiced. The art of dancing may also be beneficial to spectators, as the individual, through the, beat of the dance moves may experience an escape from current stress and anxiety.

Participants have identified valuable spiritual interventions that would be suitable in their work with traumatised children and youth and their families and communities. According to Ross *et al.* (2014: 697) "the spiritual aspect of life is recognised as having an important part to play in health, well – being and quality of life." While this is true, community members who have become modernised have still integrated cultural rituals, ceremonies within western methodologies. Hence, interventions that accommodate both traditional and western approaches will be suitable for all children worldwide.

The preceding sub – sections focused on interventions that incorporate western and traditional practices may be suitable for all families and communities.

4.5.2 WESTERN AND TRADITIONAL METHODS FOR HEALING

The data collected and the literature reviewed has shown that it is possible to integrate western and traditional methodologies, into a model that can meet the healing needs of children and youth exposed to violence. Whilst ancient traditions can still be used to address the well – being needs of children, western methodologies, in a child and youth care context are also appropriate.

Most participants emphasised that their beliefs in traditional customs remain firm for them. Participants also indicated that although many individuals have adapted to western means of living, most still respect their traditions. Community gatherings also seemed to be important for most participants. This too can be incorporated into child, and youth care work, for children to benefit, from the closeness and support of members outside their family circle.

The developmental assets framework, the guiding theoretical framework of this study, encourages safe spaces and positive resources within communities to enhance the development and well – being of individuals. Adequate resources and safe spaces is not always possible for rural communities hence child and youth care workers must develop interventions that respond to the needs of communities and children. Chawla (2014) also indicated that effective programmes that address prevention of violence and effective responses to violence are scarce in many communities. Furthermore, communities lack necessary skills such as problem solving, effective parenting, conflict resolution, and communication skills. If these skills are enhanced, members of the community will participate in effective communication, shared goals and peaceful interactions. Differences become tolerated and people begin to understand one another (Baring 2013). Moreover, prevention of violence and re-traumatisation will be possible if harmonious relationships are nurtured (Seal, Nguyen and Beyer 2014).

Although participants spoke about the negative feelings and incidents they experienced in communities, there was a degree of community support evident in their responses. The support of the community and the spirit of coming together when families are faced with difficulties can be enhanced through spiritual interventions. This may be possible through teaching and encouraging positive interactions and peaceful problem solving. In addition to this, community gatherings must be encouraged to mend relationships and strengthen community bonds (Jain and Cohen 2012). Moreover, the responses from participants placed emphasis on the fact that people of the community enjoyed these rituals together. This indicates that people find solace in communal practices and these should be included in interventions with children, families and communities.

The data reflected that with the help and support of others, even during a celebration, people become happy. The coming together of people allowed people to feel invigorated as they participated and rejoiced together in an event. This affirms that the family is always affected by the larger system and a positive influence from the community can provide positive benefits in the strengthening of individuals, families and community bonds. The closeness of others and the gathering of people is comforting and healing can occur when people feel supported (Smokowski *et al*. 2014; Jain and Cohen 2013). Similarly, this can prevent community violence and strengthen communities.

A majority of participants said that interventions with children within communities and families is important because it addresses the holistic needs of the child and further brings healing to individuals and the community as a whole. Likewise, the aim of child and youth care work and spirituality is to reintegrate families and communities and is therefore empowering in terms of creating new bonds and strengthening old ones. A strong sense of a united community would serve as an effective and protective factor in the event of future adversities (Zaff *et al.* 2015).

Many participants indicated that relationship building needed to transpire first, before any interventions with children can take place. Participants emphasized that working with vulnerable children requires child and youth care workers to ensure that children trust them enough to confide in them and further allow child and youth care workers to help solve their problems. Therefore, child and youth care workers must build strong bonds with children, families and communities that they work with.

In order to build effective relationships, child and youth care workers must consider the elements and strategies required for healthy relationship building and moreover, identify the obstacles that would hamper this. A safe relationship must be established before change can occur. Hence, this would provide a foundation and platform for healing to begin.

Almost all the participants emerge from families and communities that have deep traditional techniques of doing things. Although participants have adopted a church going lifestyle and adapted Western practices, they have remembered and understood their roots and the significance of traditions. They have indicated that this is true in most rural communities. This also indicated that they still have an understanding of

children's traditional needs. With the knowledge that children, too, come from these kinds of traditional roots, it is significant to ensure that these interventions be used with children who have endured trauma. This would enhance their willingness to participate in familiar practices in their journey to healing.

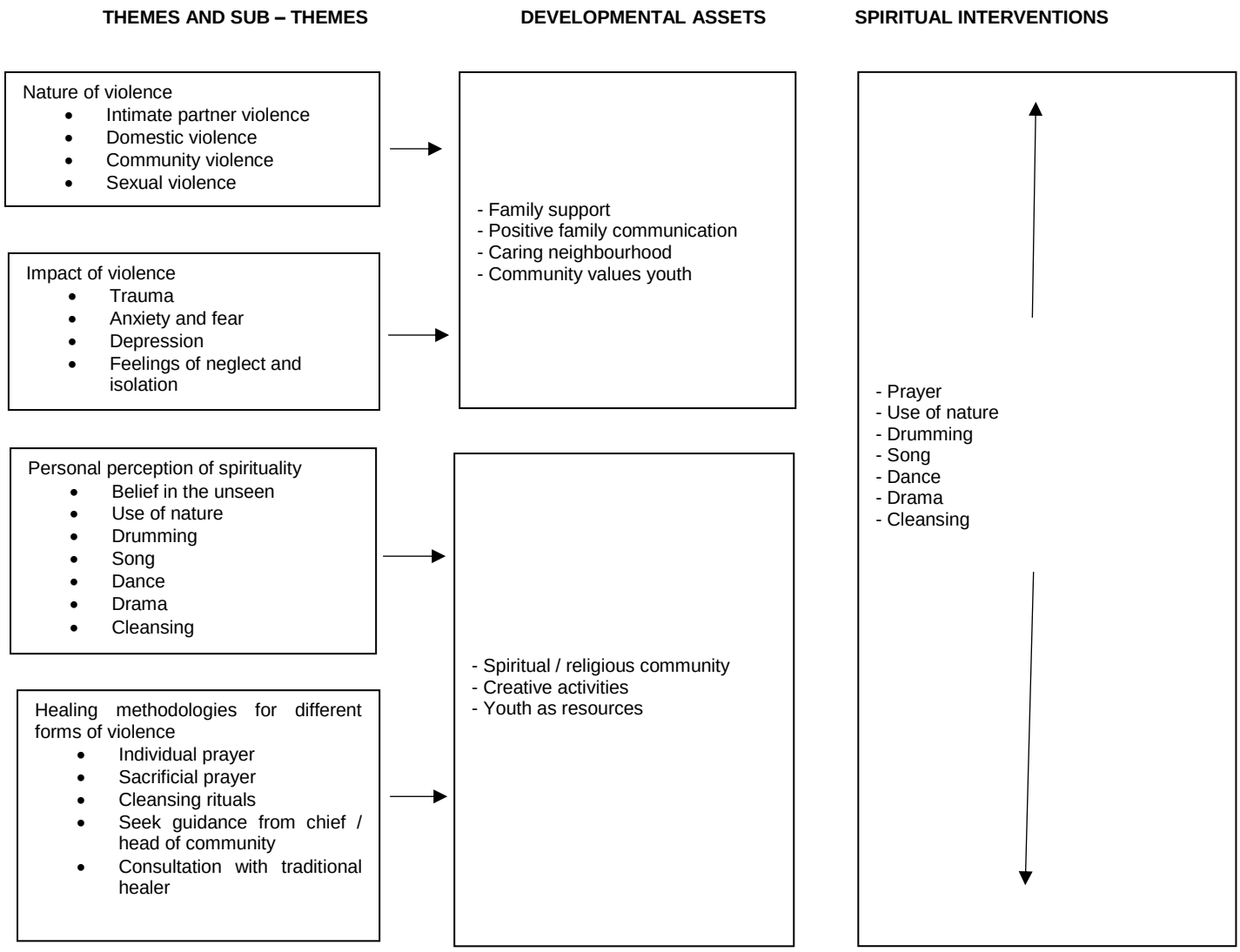
Holistically the data has enabled the researcher to conceptualise a healing model to meet the needs of children, families and communities and is presented in the section below. Furthermore, the next section reflects the relationship between the themes and the assets within the developmental assets framework and also identifies the healing intervention that is best suited to meet the holistic needs of traumatised children.

4.6 RELATIONSHIP BETWEEN THEMES, DEVELOPMENTAL ASSETS AND ELEMENTS OF THE HEALING MODEL

Figure 4.6.1 below depicts the various themes that emerged from the participants' responses as they: (a) spoke of their experiences of violence and that of children with whom they work; (b) recognised the current spiritual methods used in rural communities to overcome adversities and (c) identified suitable spiritual practices for children and youth within the child and youth care system. Moreover, the interviews revealed the gaps in the community's, family's and children's support systems. Hence, the developmental assets framework must be enhanced, in order to provide a safe scaffold for children to recover from traumatic experiences brought on by exposure to violence.

The elements identified for the healing intervention were obtained to: (a) address the gaps in support systems; (b) improve existing relationships between families and communities and mainly (c) to assist children to confront their trauma and work through overcoming it. The elements of the proposed spiritual healing model and its relationship to the developmental assets are displayed on the next page:

FIG 4.6.1 Themes and sub – themes, developmental assets and spiritual interventions for the healing model.



4.7 ELEMENTS OF THE HEALING MODEL

Building positive relationships with the child, family and community – Relationships are important to building positive bonds with children, youth and families as it sets the stage for a trusting and committed relationship (Swick and Freeman 2004). Children that have come into the child and youth care system have often come from families that have had unstable relationships and are therefore anxious when forming relationships. Children are usually suspicious of other adults and struggle to trust others. Building positive relationships enables children to put their faith in someone, that can help to transcend their current situation. Having established a positive relationship may significantly allow children to feel secure and trustful towards

the child and youth care worker and furthermore, provide a safe space enough to feel hopeful.

Furthermore, the difficulty of not being able to maintain positive relationships may have contributed to children's trauma. Hence, this element is incorporated into the healing model to strengthen the support system of the child, family and the community.

Nature and Prayer – The use of a natural and serene environment is important for concentration during prayer (Greenleaf, Bryant and Pollock 2014). Similarly, praying may achieve a serene and calming environment for an individual. It may be beneficial for child and youth care workers to choose or prepare an environment that is relaxing and free from distractions. Outdoor places such as forests, parks or the seaside are worthy places to pray as it exudes tranquillity and peace for an open mind (Adiba 2014). As it emerged from the responses of participants and the literature reviewed in this study, a person is able to connect with themselves and a higher power whilst in a peaceful and calm surrounding. This is important to achieve a peaceful and optimistic mind-set for children.

Drumming – The sounds of drumbeats are significant to heightening awareness of thoughts and further invokes people's fears and anxieties that may allow the individual to identify and overcome it through the penetrating sounds of drumming. Moreover, drumming is believed to help children to get in touch with their ancestors or a higher spirit, whom people believe to be their guidance and solitude in times of stress.

Song, dance and drama – As mentioned in the earlier chapters of this study, these three elements are common and familiar to rural communities. These elements enable individuals to engage with the activity and furthermore, come alive. The elements allow for freedom of expression, concentration and also intensify the awareness of their struggles. Partab (2012: 489) also emphasised that drama exercises would allow an individual to "act out his/her feelings without fear of repercussions or recriminations." Children are able to experience a safe and secure space to articulate their deep seated emotions through "less formal" and "enjoyable" situations (Partab 2012: 489).

Cleansing – Once the release of intense grief and fear has been achieved, the child may find it significant to, once and for all, wash themselves of the hurt, anger and torment that they have carried within them. Child and youth care workers may be

creative in their methods to allow for cleansing. E.g. a dip in the sea, a sip of 'holy' water or pouring of water over the individual etc. Kovac (2012) and Johnson (2015) also indicated that cleansing ceremonies are meaningful to the Zulu culture.

4.8 CONCLUSION

This chapter presented the findings from the data collected for this study. The interview responses were thematically organised and presented with similar thoughts of other researchers. Emerging from the themes, the concept of the healing intervention was also discussed in this chapter. A strong association between exposure to violence in childhood and later experiences or perpetration of violence, highlights the importance of interventions to help children and youth and families and communities to overcome and heal from trauma brought on by violent experiences.

The researcher also displayed the relationship between the themes, the developmental assets and the elements of the proposed spiritually based healing model. The researcher is of the opinion that this kind of healing intervention may be performed as a community or family ritual and may be done in familiar places such as rivers or open fields, where the benefits of nature can be obtained. Communities often carry out their traditional rituals in such places, therefore, children and their families will feel content with such an intervention instead of reluctance.

The next chapter provides a discussion, recommendations and displays an illustration of the healing intervention, named by the researcher as, "*A model for spiritual healing."* The next chapter also includes a reference list.

CHAPTER 5

DISCUSSION OF FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

The focus of this study was to develop a model that incorporates spiritual healing interventions for use in a child and youth care context. These interventions are designed to assist child and youth care workers in their work with children, youth families and communities, that had exposure to and experienced various forms of violence. The study focussed on (1) exploring the nature of violence experienced by children and youth in rural communities; (2) inquiring about the impact of this violence on children, youth, families and communities; (3) investigating the traditional healing methods used by rural communities to help children and families heal from violence and (4) exploring child and youth care students' personal perceptions of spirituality and (5) exploring spiritual interventions that can be used by all child and youth care practitioners.

The findings, in this study, showed that children endure various forms of violence in their personal, family and community contexts, which can easily bring about trauma, depression, anxiety and despair. Several types of violence were discussed in the literature review, which showed the impact it has had on children and youth. The rationale for this study was due to the fact that many children that come into the child and youth care system, are from rural communities where there are limited resources. It was therefore important to explore and understand the traditions and practices of rural communities, which would inform the development of a healing model that includes spiritual interventions, and is best suited to meet the needs of children and youth who have been exposed to trauma.

The data presented in Chapter Four reflected five major themes and twenty – six sub themes, that emerged from the responses of participants. It coheres with the literature reviewed in Chapter two. Below is a summary of the findings made with regard to the themes and sub – themes that were presented in Chapter Four.

5.2 DISCUSSION

The five themes that emerged from the data were as follows:

- Nature of violence.
- Impact of violence.
- Spiritual healing methodologies for different forms of violence.
- Personal understanding of spirituality.
- Spiritual interventions for child and youth care work.

The twenty – six sub – themes that emerged from the themes were as follows:

- Intimate partner violence.
- Domestic violence.
- Sexual violence.
- Community violence.
- Trauma.
- Anxiety and Fear.
- Depression.
- Feelings of neglect and isolation.
- Individual prayer.
- Sacrificial prayer.
- Cleansing rituals.
- Family and community support.
- Consultation with Traditional Healer.
- Belief in the unseen.
- Prayer.
- Ancestral beliefs.
- Spirit of Ubuntu.
- Meditation.
- Connection with nature.
- Prayer as a spiritual healing intervention.
- Use of nature as a spiritual healing intervention.

- Drumming.
- Song.
- Dance.
- Drama.
- Cleansing as a spiritual healing intervention.

The above – mentioned themes emerged from the experiences and perceptions of child and youth care students and further assisted the researcher to develop a model that incorporated traditional and other contemporary Western approaches to healing.

The first objective of this study was to investigate the nature of violence experienced by children in rural communities. In line with this objective, the data revealed that children and youth are mostly exposed to family, community and sexual violence. Several authors also documented that these types of violence are predominant in the lives of children and youth and may occur concurrently (Kallstrom *et al.* 2017; Burlaka *et al.* 2017; Gustafsson and Cox 2016; Turner *et al.* 2016; Chen and Chan 2016; Pieterse 2015; Edwards *et al.* 2014; Beyer, Wallis and Hamberger 2015). Furthermore, it seemed that exposure to violence is common in African, rural communities characterised by poverty, lack of education and skills. Culture and cultural views were also found to perpetuate violence.

A further finding from the views of several participants' achieved the second objective of this study, which was to inquire about the impact of violence on children and youth, families and communities. From their personal exposure to violence within their families and communities, and from their experiences of working with traumatised children and youth in child and youth care settings, the participants revealed that these forms of violence, consistently caused trauma and anxiety, fear, depression and feelings of neglect and isolation. These effects are similar to those reported in other research studies (Fong, Hawes and Allen 2017; Yu *et al.* 2017; Thornton 2014). In addition, Alizzy, Calvete and Bushman (2017); Fleckman *et al.* (2016); Liu *et al*. (2016) and McDonald *et al.* (2016) wrote that internalizing and externalizing behaviour problems are likely to occur, in children, immediately after a traumatic incident.

The third objective of this study, set out to investigate the traditional healing methods used by rural communities, to help children and families heal from violence. The data collected revealed that there is minimal interventions in rural communities that address the healing needs of individuals who have been exposed to violence. However, the participants strongly believed that the traditional rituals, gatherings and practices performed by families and communities in times of crisis and celebration, is helpful in addressing the healing needs of individuals, families and communities. The participants believed that such methodologies such as individual prayer, sacrificial prayer, cleansing rituals, family and community support and consultations with traditional healers, are known to have assisted families and communities in times of adversity. Edwards (2014); Edwards (2013); Cumes (2013); Shankar *et al.* (2012) and Washington (2010) have also reflected that these practices are frequent amongst the Zulus in rural communities.

The fourth objective of this study focused on exploring the participant's personal understanding of spirituality. What was interesting is that their perceptions reflected the views of other authors, who wrote that spirituality is linked to a belief in the unseen, or a higher power, praying, meditation, togetherness or humanness and a connection with nature (Canda and Furman 1999; Bhagwan and Chan 2014; Howell and Miller-Graff 2014). The participants, in the current study, also had a steadfast belief that spirituality is valuable to healing and should form part of any intervention when working with traumatised children, youth, families and communities. This notion lent significant support to the fifth objective.

The fifth objective was achieved through the suggestions of participants, where they provided insight into potential spiritually based, healing interventions for child and youth care work. Prayer, use of nature, drumming, song, dance, drama and cleansing were the most favoured spiritual interventions by the participants to address the healing needs of individuals, families and communities. These methodologies also received support from proponents of spiritually sensitive work (Vinesett *et al.* 2017; Edwards 2015; Munoz and Chaplain 2015; Edwards 2013; Canda and Furman 1999).

5.3 ROLE OF SPIRITUALITY IN CHILD AND YOUTH CARE WORK

Spiritually based interventions have a significant role in the field of child and youth care work. The literature reviewed showed that positive well – being of children and overcoming trauma is influenced by family and community support. Hence, a model that enabled family and community healing was developed by incorporating the themes identified above. de Viliiers (2008: 32) defined spirituality as healing that overcomes "brokenness, violence and division so that people nurture fulfilling, peaceful relationships." Furthermore, nurturing spirituality in children, families and communities, may yield positive outcomes for dealing with adversities. Crompton (2017) posited that children and youth will experience a sense of power when they get in touch with their inner self. This shows that a child may be able to build their coping mechanisms once they have identified a higher power that can guide them through the process of healing and overcoming difficulties. Other authors wrote that spirituality is necessary for coping with stress and enabling individuals to believe that their suffering can end (Canda and Furman 1999; Gall, Malette and Guirguis 2011; Beagan, Etowa and Bernard 2012). In addition, Sharma (2014) also highlighted that restoration will take place when a person becomes spiritual.

5.4 A SPIRITUALLY BASED MODEL FOR HEALING IN CHILD AND YOUTH CARE WORK

A *"Spiritual model for healing," (Fig. 5.4.1)* emerged from the data collected. Hence, the main aim of this study, which was to develop a healing model that includes spiritual interventions, that are relevant for a child, and youth care context, was achieved. The model displayed below in Fig. 5.4.1 may address the psychological and emotional problems amongst children, youth, families and communities and may assist in their healing. Moreover, the model will enhance community bonds and foster peaceful relationships thereby leading to spiritual well - being. This study was initiated, given the limited attention to spirituality in the child and youth care. It is therefore valuable to implement interventions within this model with children together with their families and their respective communities. Furthermore, the Developmental Assets Framework, which was the chosen framework for this study, grounded the development of the model as the framework focuses on community bonds and

development of the individual through a group intervention. The Developmental Assets Framework depicts the positive influences of various contexts in the child's life such as the community, family, school etc. In the same light, negative influences such as violence within each of these contexts, ultimately impact on the lives of children. For this reason, the entire community must be encouraged to practice spiritual interventions, to heal from violence. Such interventions will enable the family and community to provide nurturing and positive environments for children to grow and furthermore, create safe spaces for children, youth, families and communities to heal.

While most interventions within the child and youth care field emphasises counselling, behaviour management and reintegration of the child into the community and family, a spiritually based model for healing will address the holistic needs of children and their families and communities. The methodologies that emerged from the participants' responses such as prayer, singing, dancing, drumming and use of nature are customary for rural children in their home and community and would therefore be significant in their journey to healing instead of methods that are unfamiliar and would most likely cause children to be apprehensive and resistant to interventions. The relationship between child and youth care work and spirituality is strengthened within this model. Moreover, it has shown that it is necessary for spirituality to be positioned within the work of child and youth care workers.

A Spiritual model for Healing

Fig 5.4.1 A Spiritual model for Healing

5.5. CONCLUSION

Healing is a process that enables a person to overcome or recover from a traumatised state (Herman 2015). Canda and Furman (1999: 15) noted that "spirituality is the heart of helping through empathy, care, the pulse of compassion, the vital flow of practice-wisdom, and the driving force of action for service." This thus, suggests that spirituality has a significant role to support healing.
Through an investigation into various types of violence experienced by children and youth, the study discovered that children are at risk of being left traumatised due to lack of interventions that addresses this need. It was, further, revealed that rural families and communities have little resources to assist in the healing needs of children and individuals left traumatised by violent experiences. This has left a huge gap in children's, families and community's recovery from deep – seated trauma.

The study extracted valuable information, from participants on how this gap can be filled. Together with a substantial review of literature, the data collection methods assisted the researcher to identify an intervention that: (a) addresses the healing needs of children; (b) builds community bonds to mitigate future difficulties and (c) bridges the gap that exists within the field of child and youth care to assist children and youth to heal from exposure to violence and the subsequent trauma.

A *"Spiritual model for Healing"* emerged from the data. The principles of healing, resiliency, spirituality and strengthened relationships underpinned the model. The spiritually based model developed from the findings of this study, will be valuable for promoting healing, in which children, youth, families and communities will be able to overcome the deep emotional impact of exposure to violence. Moreover, the researcher hopes that this model will inspire spiritual well - being in the lives of children, youth, families and communities within the child and youth care profession.

The words of Swick and Freeman (2004: 8) below, resonates the researcher's quest to addressing children's trauma and providing a safe space for them:

"Let us seize the opportunities to enhance young children's chances for joyful lives and provide the children in our care the kinds of homes and communities that will help the actualise their potential to the fullest."

5.6 RECOMMENDATIONS

Future studies should focus on the following issues:

- Seek to understand the spiritual values, beliefs and practices of diverse communities.
- Seek to understand the impact of violence on children and youth.
- How spiritually can positively enhance individual, family and community well – being.
- Role of spiritual support systems

5.7 LIMITATIONS

This study concentrated on understanding children's experiences of violence through the perceptions of child and youth care workers and how the family and community plays a part in assisting children heal from this. However, future research should focus on gaining insight from children and youth and their families. This would provide significant input to effectively meet their individual needs.

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ANNEXURE 1

Faculty of Management Sciences
Department of Public Management & Economics
Durban University of Technology

Date: 31 July 2014

Student Services and Development
Durban University of Technology

RE: Permission to allow students to participate in research study

ATTENTION: Mr Amar Singh (Dean of Student Services and Development)

Dear Sir

I am a lecturer in the Child and Youth Care Programme at the Durban University of Technology. I wish to undertake research as part of my Masters degree in Peacebuilding at the Durban University of Technology, Faculty of Management Sciences, together with the participation of B Tech students within the Child and Youth Care Programme. My proposed topic of research is, "The use of action research to develop peace interventions in a child and youth care context. I wish to be granted permission to approach B Tech students to contribute to my study.

The study aims to develop an indigenous peacebuilding model that can be used by child and youth care practitioners to help children and youth deal with violence and trauma.

The data collection/study will be undertaken as follows:

1. The participants will be given a letter of consent to participate in the study. Further, a letter will be given to willing students to sign and confirm their consent for participation. Students will be made aware that participation is voluntary and that they can withdraw from the study at any time, also that confidentiality will be maintained and their names will not be used in the study.

2. Interviews will be conducted with individual students to explore personal experiences of violence, experiences in communities and in their work with troubled children and youth.

(Please note that my supervisor, Prof Bhagwan, will assist with counselling should there be a need for debriefing following the interviews).

3. The interviews, and later the focus group discussion, will also investigate diverse healing methodologies used by indigenous communities to help children and families heal from violence and trauma.

4. The data collected will assist me in developing a model that can be used to assist child and youth care practitioners in helping children and youth heal.
5. The model, will later be work-shopped with the registered 2015 B Tech students in the Child and Youth Care Programme.

Your permission to undertake the research with the B Tech students at the Durban University of Technology, will be greatly appreciated.

Should you wish to discuss the study further, please feel free to contact me or my supervisor.

Yours faithfully

_____

Charlene Singh
Masters student: Peacebuilding
Email: singhc@dut.ac.za
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_____

Prof R Bhagwan
Supervisor
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ANNEXURE 2 (a)

LETTER OF INFORMATION

Title of the Research Study: The use of action research to develop indigenous peace interventions in a child and youth care context.

Principal Investigators/researcher: Charlene Singh
Co-investigator/supervisor/s: Supervisor: Prof R Bhagwan

Brief introduction and Purpose of the Study: My study is an exploratory study to investigate and develop an indigenous peace intervention model that will assist child and youth care workers in their work with traumatised children and youth.
Currently the child and youth care programme at Durban University of Technology does not offer students with specific skills of working with children who have been traumatised from violent experiences.

Outline of the procedures:

The current study will unfold in two steps: Step 1, being the interviews and step 2 will consist of the training of the child and youth care students.

Step 1

A semi structured interview will be used to collect data consisting of open ended questions. The use of interview will assist the researcher in understanding the personal experiences of child and youth care students in their work with traumatised and troubled children and youth and their experiences of community violence. The interviews will also be used to explore what indigenous methods are used in these spaces for healing individuals, families and communities.

After informed consent from students to participate in the study, a meeting will be set up with students to conduct the interviews. A comfortable, serene environment free from noise and distractions will be sought to conduct the interviews. My supervisor, Prof R Bhagwan will assist with the counselling should there be a need for debriefing following the interview.
The interviews will be conducted using the interview schedule (attached) as a guide and a Dictaphone will be used to record interviews.
The recorded interview will be transcribed using the Nvivo software. The data will be used to develop a model to assist child and youth care students win their work with traumatised children and youth.

Step 2

In 2015, the newly developed model of healing interventions in a child and youth care context will be work-shopped with the fourth level students and staff and also made available to other students in the child and youth care programme. Participants of the 2014 registered B Tech students will also be invited to attend the workshop.
Risks or discomforts to the participants: My supervisor Prof R Bhagwan will assist with counselling should there be a need for debriefing following the interview.

Benefits: Presentation of a paper at relevant conferences.

Reason/s why the participant may be withdrawn from the study: Should participants wish to withdraw, there will be no adverse consequences as participation is voluntary.

Remuneration: There should be no form of remuneration, as participation is voluntary.

Costs of the study: Participants will not be asked to cover any costs for the study.

Confidentiality: Students names will not be included in the final write up of the study.

Research – related injury: No predicted injury due to study.

Persons to contact in the event of any problems or queries:
Charlene Singh (Researcher) 031 373 2670
Prof R Bhagwan (Supervisor) 031 373 2197 or
The Institutional Research ethics administrator on 031 373 2900. Complaints can be reported to the DVC: Tip, Prof F Otino on 031 373 2382 or dvctip@dut.ac.za.

General:
Potential participants may be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. Isizulu.

ANNEXURE 2 (b)

Faculty of Management Sciences
Department of Public Management and Economics

Date: _____

Dear Participant

Re: Invitation to participate in research study

The purpose of this letter is to request your support and participation in a research study. The title of the study is **"*The use of action research to develop peace interventions in a Child and Youth Care context.*"**

Your knowledge, experience and skills will be valuable to this study as you are currently employed either part time or full time as Child and Youth Care workers.

In this study I aim to develop an indigenous peace building model that can be used by child and youth workers to help children and youth heal from violence and trauma. I wish to do this by:

1. Exploring the nature of violence experienced by children and youth and child and youth care students and others in indigenous communities.
2. Investigating the diverse healing methodologies used by indigenous communities to help children and families heal from violence.
3. Exploring what other peace building interventions can be used by child and youth practitioners and finally,
4. To develop a model that incorporates indigenous healing strategies and peace interventions for specific use in a child and youth care context.

Should you wish to participate in this study, you will go through an interview process and later be part of a focus group discussion.
Please note that the information that you provide will be kept confidential and your name will not be used in the write up of the final dissertation.
You may withdraw from the study at any time that you wish to.

Your time and cooperation is greatly appreciated.

Sincerely

_____
Charlene Singh (Researcher)
Contact Details: 031 373 2670 / singhc@dut.ac.za

_____
Supervisor: Prof R Bhagwan

Contact Details: 031 373 2197 / bhagwanr@dut.ac.za

……
….

Kindly indicate your choice below:

☐ I AM willing to participate in the research study on *'The use of action research to develop peace interventions in a Child and Youth Care context'*

☐ I AM NOT willing to participate in the research study on *'The use of action research to develop peace interventions in a Child and Youth Care context'*

_____ _____

FULL NAME SIGNATURE

Please return completed invites to the Assignment box labelled *Charlene*, outside of the reception area of the Community Health Studies Department.

ANNEXURE 2 (c)

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher **Charlene Singh,** about the nature, conduct, benefits and risks of the study: Research ethics, Clearance no: **FREC No: 58/14FREC**
- I have also received, read and understood the above written information (participant Letter of Information) regarding the study.
- I am aware that the results of this study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into the study report.
- In view of the requirements of research, I agree that the data collected during the study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in this study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____
Full name of participant	**Date**	**Time**

_____
Signature / Right Thumbprint

I, Charlene Singh (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full name of researcher	**Date**	**Time**
_____	_____	_____
Full name of witness (if applicable)	**Date**	**Time**
_____	_____	_____
Full name of legal guardian (if applicable)	**Date**	**Time**

Please note the following:
Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level – use Flesch Reading Ease on Microsoft word),

selecting of a non-threatening environment for interaction and the availability of peer counselling (Department of Health, 2004).
If the potential participant is unable to read/illiterate, then a right thumbprint is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).
If anyone makes a mistake completing this document e.g. wrong date or spelling mistake a new document has to be completed. The incomplete original document has to be kept in the participant file and not thrown away and copies thereof must be issued to the participant.

References:

Department of Health. 2004. *Ethics in Health Research: Principles, Structures and Processes.*
http://ww.doh.gov.za/docs/factsheets/guidelines/ethics/

Department of Health. 2006. *South African Good Clinical Practice Guidelines.* 2nd Ed. Available at: http://www.nhrec.org.za/page_id=14

ANNEXURE 3

INTERVIEW SCHEDULE

1. Can you tell me about what forms of violence children and youth are exposed to in your community?

2. Can you tell me more about how this violence has affected children, youth, their families and the community?

3. What are some of the spiritual methodologies used by your community to heal?

4. To your knowledge, what alternate methods for healing are currently used by child and youth care workers in the field?

5. Can you share with me your personal understanding of what spirituality is?

6. Considering the methods used by yourself, families and communities, which of these would you consider appropriate for use in a child and youth care context?