TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>i</td>
</tr>
<tr>
<td>Summary</td>
<td>ii</td>
</tr>
<tr>
<td>Opsomming</td>
<td>iv</td>
</tr>
<tr>
<td>Consent</td>
<td>vii</td>
</tr>
<tr>
<td>Intended Journal and Guidelines for Authors</td>
<td>viii</td>
</tr>
<tr>
<td>Manuscript</td>
<td>xiv</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

My heavenly Father who has given me the strength, guidance and love to carry on. I thank him.

I wish to express my sincere gratitude and appreciation to the following people:

- My mom and dad who have stood by me and gave me motivation and love throughout this time.
- My husband, Lloyd. My inspiration and best friend. Thank-you for all your love and patience.
- Dr. Alida Nienaber who has given me the guidance, support and patience in the completion of my study. Thank-you for always believing in me.
- Mr. van Niekerk and all the children at Fikadibeng, thank-you for teaching me so much and for making my study possible. May God bless you all.
- Christine Terblanche for the language editing.
- Statistical Consultation Services for the statistical analysis of the data.
SUMMARY
THE DEVELOPMENT OF A PROGRAMME FOR THE
FACILITATION OF COPING SKILLS FOR RURAL
adolescents who have been exposed to community
violence.

Key words: adolescents, violence, violent exposure, coping skills.

Many children and adolescents in South Africa are being exposed as
witnesses or are direct victims of violence in today’s society. The purpose
of this study is to explore what violent exposure adolescents have
experienced and to develop a programme that includes coping skills,
expression of emotion and communication. The research formed part of the
FLAGH study. The research was done in the form of action research where
the adolescents took part in the whole process of developing the programme.
The study was done in four phases. In the first phase a random sample of 36
adolescents from Fikadibeng School in the North West Province were
selected. They completed the Coping Responses Inventory-Youth Form, the
Survey of exposure to community violence, Things I have seen and heard
questionnaire and the Self-expression and control scales. In the second phase the programme was developed using the results of the pre-testing and a literature study on the effects of the exposure of violence on children. During the third phase the developed programme was pilot tested on a randomly selected group of the children and the post-testing took place in order to evaluate and adjust the programme according to the results found. Suggestion for the adjustment of the programme was done during the fourth phase of the study. Adolescents were largely exposed to community violence. They also displayed tendencies to internalize anger and used looking for guidance and cognitive avoidance as part of their coping repertoire. The programme proved to benefit the children in their coping with violence. It is recommended that for the future, larger groups of adolescents should be evaluated and programmes should be presented to a larger community in order to assist adolescent in their use of coping skills.
OPSOMMING

DIE ONTWIKKELING VAN ‘N PROGRAM TER FASILITERING VAN COPINGVAARDIGHEDE VIR PLATTELANDSE ADOLESCENTE WAT BLOOTGESTEL IS AAN GEMEENSKAPSGEWELD.

Sleutel terme: adolessensie; geweld; blootstelling aan geweld; copingvaardighede

Baie Suid-Afrikaanse adolessente word in vandag se samelewing blootgestel aan geweld, as ooggetuies daarvan of as direkte slagoffers. Die doel van hierdie studie is om die geweld waaraan adolessente blootgestel word te ondersoek en om ‘n program te ontwikkel wat copingvaardighede, uitdrukking van emosies en kommunikasie insluit. Die navorsing vorm deel van die FLAGH-studie.

Die navorsing is gedoen as aksie-navorsing, waar die adolessente deelgeneem het aan die proses om die program te ontwikkel. Die studie is in vier fases gedoen. In die eerste fase is ‘n ewekansig-verkose steekproef van
36 adolessente van die Fikadibeng skool in die Noordwes Provinsie gebruik. Hulle het die “Coping Responses Inventory-Youth Form”, die “Survey of exposure to community violence”, die “Things I have seen and heard”-vraelys en die “Self-expression and control scale” voltoo. In die tweede fase is die program ontwikkel deur die resultate van die vooraf-toetsing asook ’n literatuurstudie oor die effekte van blootstelling aan geweld op kinders te gebruik. Gedurende die derde fase is die ontwikkelde program as ’n loodsstudie getoets op ’n ewekansige steekproef van die kinders. Die na-toetsing is gedoen om op so ’n manier die program te evalueer en aanpassings te maak. Aanbevelings vir die aanpassing van die program is in die vierde fase van die studie gedoen.

Adolessente was in ‘n groot mate blootgestel aan gemeenskapsgeweld. Hulle was geneig om woede te internaliseer en het soeke na leiding en kognitiewe vermyding as copingvaardighede gebruik. Die deelname aan die program het wel die adolessente gehelp om geweld beter te hanteer.

Daar word aanbeveel dat in toekomstige navorsing groter groepe adolessente geevalueer word en dat programme aan ‘n groter gemeenskap aangebied
word om so adolessente te help in die effektiwe gebruik van
copingvaardighede.
CONSENT

I, the co-author, hereby give consent that Chantal Waldeck may submit the manuscript for purposes of a mini-dissertation. It may also be submitted to the Southern African Journal of Child and Adolescent Mental Health for publication.

Dr. AW Nienaber
INTENDED JOURNAL AND GUIDELINES FOR AUTHORS

Southern African Journal of Child and Adolescent Mental Health

The manuscript, as well as the reference list, has been styled according to the above journal’s specifications.

(Guidelines for authors on the next page)

Instructions to authors

Review Papers

Review papers for the Southern African Journal of Child and Adolescent Mental Health will be considered for publication on condition that they bring together important information on a topic that is of relevance to contemporary child and adolescent mental health. Such review articles should indicate the primary purpose of the review, the sources of data, and how the papers were selected.

Abstracts

In the case of data-based papers, the abstract should be structured with the following information under the headings as follows: Objective * the primary purpose of the paper; Method * data sources, subjects, design, measurements, data analysis; Results * key findings; and Conclusion * implications, future directions.
Manuscripts Requirements

1) Manuscripts should be typewritten and double spaced, with wide margins, using one side of the page only. Sheets should be numbered consecutively. Three copies should be sent. The author should retain a copy of the manuscript for personal use. A floppy disc will be required only after the manuscript has been reviewed. Fax and electronic mail should not be used for initial submission of manuscripts, except in exceptional circumstances.

2) The first page of the manuscript should give the title, name(s), and address(es) of author(s), and a concise but informative abstract.

3) Referencing

a. References in text

References in running text should be quoted as follows: Louw and Mkize (1990), or (Louw, 1990), or (Louw, 1990, 1991a,b), or (Louw & Mkize, 1992), or (Mkize, 1990; Louw & Naidoo, 1993). For up to three authors, all surnames should be cited the first time the reference occurs, e.g. Louw, Mkize and Naidoo (1990) or (Louw, Mkize & Naidoo, 1990). Subsequent citations should use
et al, e.g. Louw et al (1990) or (Louw et al, 1990). For four or more authors, cite only the surname of the first author followed by et al and the year, for the first and subsequent citations. Note, however, that all authors are listed in the Reference List.

‘Unpublished observations’ and ‘personal communications’ may be cited in the text, but not in the reference list. Manuscripts accepted but not yet published can be included as references followed by ‘in press’.

b. Reference List

Full references should be given at the end of the article in alphabetical order, using double spacing.

References to journals should include the authors’ surnames and initials, the full title of the paper, the full name of the journal, the year of publication, the volume and issue number, and inclusive page numbers. Titles of journals must not be abbreviated and should be in italics.

References to books should include the authors’ surnames and initials, the year of publication, the full title of the book (in italics), the place of publication, the publisher’s name.
References should be cited as per examples below:


4) Tables and Figures

These should be constructed so as to be intelligible without reference to the text. Tables should be double spaced. The approximate location of figures and tables should be clearly indicated in the text.

Refereeing and Publication

The Journal has a policy of anonymous peer review. Authors’ names are withheld from referees, but it is their responsibility to ensure that any identifying material is removed from the manuscript.

The Editorial Committee reserves the right to revise the final draft of the manuscript to conform with editorial requirements. However, the Editorial
Board and Editorial Committee do not accept responsibility or liability for errors or misleading data in the published material, or for the opinions or statements of contributors.
THE DEVELOPMENT OF A PROGRAMME TO FACILITATE COPING SKILLS FOR RURAL ADOLESCENTS WHO HAVE BEEN EXPOSED TO VIOLENCE.

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C. Word count: 6 689
THE DEVELOPMENT OF A PROGRAMME TO FACILITATE COPING SKILLS FOR RURAL ADOLESCENTS WHO HAVE BEEN EXPOSED TO VIOLENCE

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ABSTRACT

Objectives: This study examined adolescents’ exposure to violence, and a programme was developed to facilitate coping skills amongst adolescents in the North West Province.

Method: The study was done in four phases. Firstly a randomly selected group of adolescents were pre-tested. The results of this and a literature study was used to develop a programme. The programme was then pilot tested on a group of the selected adolescents and they were post-tested afterwards. In the final phase, suggestions were made on how to adjust the programme using the results of the post-testing.

Results: Adolescents reported a high level of violent exposure in the community, followed by violence in the home and being a direct victim of violence. The internalisation of angry feelings were prevalent. Looking for guidance and cognitive avoidance were some coping strategies the adolescents’ used. Using these results, suggestions were made for changes to the content of the programme to facilitate coping skills in these adolescents.
Conclusion: South African children are highly exposed to violence in community and home settings. A programme to facilitate coping skills would be to the benefit of these children. It would, however, be valuable to test bigger groups of adolescents and to evaluate the programme in the bigger community.

Key words: adolescents, violence, exposure to violence, coping skills.
INTRODUCTION

Violence can be defined as an act of great force, severity, brutality and savagery (Alswang & van Rensburg, 2001). It can also be viewed as physical force exerted for the purpose of violating, damaging or abusing (New Book of Knowledge, 1980). Exposure to violence includes both being a witness and/or victimisation. By witnessing the violent assault of another person, the witness becomes a victim on the premise that witnessing a violent act is traumatic (Warner & Weist, 1996). A child who is beaten or attacked is a victim to community violence, and a child who observes someone else being held at gunpoint by another who intends to do harm, is a witness to violence. Children who commit robbery or rape are accomplices to violent acts. Although each of these specific acts involve different experiences, each is likely to hold detrimental psychosocial consequences for the young person involved (Guterman & Cameron, 1997).

Witnessing violence is traumatic. Rosenthal (2000) found that victimisation and witnessing violence have an independent relationship with trauma symptoms. She found that exposure to recurring community violence during high school years is related to a wide range of psychological trauma symptoms including anger, anxiety, depression and dissociation in late adolescence (Rosenthal, 2000; Seedat et al, 2000). Adolescents who are involved in violence are vulnerable to many kinds of violent encounters, including acting violently themselves, witnessing violence or being victimized by the violence committed by others (Halliday-Boykins & Graham, 2001).
A study by Singer et al (1995) found that adolescent males from large city schools suffered great levels of victimization and witnessed severe violence. Their hypothesis was supported by the fact that violence has a positive and independent association with depression, anger and anxiety, amongst other things, and that exposure is associated with psychological trauma. Dawes (1989) (in Govender & Killian, 2001) state that continued exposure to acts of violence is likely to induce the process of learning and imitation, resulting in acceptance of violent conduct as a dominant and normal mode of conflict resolution. Some people may emerge from violent events with a hardened attitude of aggression and hatred, while other individuals may not.

According to Cooley-Quille et al (2001), adolescents exposed to high levels of community violence reported more trait anxiety than low-exposure adolescents. Youths that were exposed to chronic community violence exhibited more internalizing behaviour, in other words, withdrawn behaviour and somatic complaints.

The level of socialized or learned violence amongst young people has intensified in recent years, with devastating consequences (Netshiambo, 1994). Exposure to violence can have significant effects on children during their development and as their relationships with others develop.

The extent of children’s exposure to different types of violence varies. Some children, especially those living in low-income areas, experience “chronic community violence”, that is, frequent and continual exposure to the use of guns, knives, drugs and random violence in their neighbourhood (Osofsky, 1999).
Chronically traumatised youths often appear to be deadened to feelings and show restricted emotional development (Osofsky, 1999). According to Pynoos and Spencer (1986), the effects of long term trauma could include pessimistic life attitudes, alteration in personality, diminished self-esteem and disturbances in interpersonal relationships.

In a study done in America they found youth violence not only a problem in urban areas, but in rural areas as well. The researchers found that the most common aggressive behaviour tend to be violent in an oppositional and verbal manner, rather than in a physical way. Violent behaviour in rural schools included truancy, lying, alcohol and drug abuse, deliberately annoying others, verbally and physically threatening others and suicide threats and attempts (Srebalus & Swartz, 1996).

Jansen van Rensburg (2001) found in her study that children in the North West Province have been exposed to high levels of violence. Most of the violent incidents took place in the community, followed by violence in the home and lastly children being directly exposed to violence.

The real concern remains the effects of violence on the individual psyche. Many of those who have experienced and lived with violence are psychologically bruised and have come to accept violence as a way of life and an appropriate means of conflict resolution.

The question arises as to how adolescents respond and cope with the stress, violence and trauma they have been and are being exposed to. If they have
strong support systems, they will be less likely to develop Post Traumatic Stress Disorder (Barlow & Durand, 1999). A popular hypothesis is that children’s resilience can be attributed to the social support they receive from their families (Zeidner, 1993).

Coping behaviour is seen as an essential component of psycho-social maturity that places adolescents in a state to deal with stressors found in this life phase (Freydenberg, 1997). Coping includes the use of social relationships to blunt stress, as well as a repertoire of behavioural strategies to avoid, reduce or tolerate stress. The coping strategies used by youths to manage exposure to community violence may be avoidance (meaning to approach the stressor in an attempt to decrease or eliminate the stressor) (Rosario et al, 2003).

Problem-focused coping is directed at changing the stressor. It includes problem solving or active attempts to lessen the stress of the external situation. This attempt is directed at the change or control of the problem that is the cause of distress (Lazarus & Folkman, 1984).

Emotion-focused coping strategies is directed at the regulation of emotional states associated with the stressor (e.g.: crying). These coping strategies attempt to lessen the tension and psychological stimulation that is associated with the emotional reaction to stress.

A problem-focused coping strategy is predominant when an individual utilises his/her coping ability and coping resources in order to overcome the demands of the stressor. If an individual sees the situational demands as
susceptible to change, he or she adopts problem-focused coping strategies. If such an individual discovers that the demand of the stressor surpasses their ability to cope, emotional coping strategies are adopted in an attempt to decrease the impact of negative emotions (Folkman & Lazarus, 1980). In their study on children and adolescents, Spivack and Shure (1985) found that both problem- and emotion-focused coping strategies are important for successful adaptation.

In Muller’s (2000) study, adolescents used strategies such as investing in friends and seeking spiritual and social support as means to cope. They tended to use these strategies to increase their sources and manage stress such as involvement in various activities. Freydenberg (1997) found that young adolescents tend to use emotion-focused coping strategies, while older adolescents use more tension alleviating strategies, like the use of alcohol, drugs and other forms of tension relief. Older adolescents are inclined to blame themselves for their problems and use less functional strategies than the younger adolescents.

Using life skills can be seen as coping behaviour, which is fundamentally important to an individual’s effective functioning in the modern world (Ebersohn & Eloff, 2003). Research by Rudenberg, Jansen and Fridjhon (1998) showed that black South African children from particularly high violence areas showed more distress to trauma than white South African suburban children. The use of coping styles and defence mechanisms appeared to influence the effect of stress on these children. Social support and denial appeared to assist in coping.
The above mentioned serves as a premise to the proposed research. Little research has been done on how individuals cope with community stressors (Zeidner, 1993). Furthermore, little is known about coping amongst "normal adolescents" (Govender & Killian, 2001). One may wonder how adolescents that have been exposed to violence cope and whether it affects the way they interact with others. Another question raised is whether an intervention programme designed to address issues of constructive coping, conflict resolution, improving communication skills and life skills could influence their way of dealing and coping with everyday life situations.

Understanding the mental health sequelae to violence is essential in developing treatment strategies for violence-exposed youths as it may assist in primary and secondary prevention efforts. Basic mental health services should be designed to address violence-related trauma symptoms (Singer et al, 1995). According to Jaffe and Baker (1999), aspects considered in a violence prevention programme should include social skills development as alternatives to violence. This comprises problem solving, anger management, mediation and conflict resolution.

In a study by Howard, Kaljee and Jackson (2002), it was found that there is a high prevalence of youths that witnessed violence and that they showed a lack of expression of distress. An aspect that could then be considered in the proposed programme is the verbalization of feelings and emotions. In another study by Sweatt et al (2002), results showed that adolescents did not discuss issues of violence among themselves or with adults. Effective communication and role play could be an aspect considered in the proposed programme. According to Jansen van Rensenberg (2001), community...
programmes should be developed at macro level to prevent violence and to assist children exposed to violence.

Muller (2000) found that the possibility exists that “violence begets violence” and could lead to the development of violence. She suggested that adolescents should be taught non-violent coping strategies to break this cycle of violence. This exposure was associated with the occurrence of trauma symptomatology with the adolescents included in the study. These adolescents showed tendencies to become aggressors, which could lead to the increase of violence. This increase in violence could possibly be prevented by teaching adolescents non-violent coping strategies and constructive resolution strategies. The relatively higher levels of trauma symptoms these adolescents have experienced and the fact that a majority used avoidant coping strategies, could be an indication that their ability to cope was lacking or that their ability to cope was exceeded by great stressors, and that interventions that strengthen coping skills could be useful in an attempt to improve the life quality of the adolescents.

This research will consequently evaluate the types of violence adolescents have been exposed to and what coping skills are adopted to cope with everyday life. The expression of anger will be considered and all these facets will be included in a programme designed to facilitate the coping skills of adolescents.
METHOD

DATA SOURCES

The effect of exposure to violence was evaluated, as well as the effect that violent exposure, witnessing or being a victim has on an adolescent. The need for the development and applications of programmes for adolescents who have been exposed to violence was assessed.

DATABASES CONSULTED: ERIC database, PROQUEST, EBSCO Host and PSYCH INFO.

SUBJECTS

Thirty six learners in total were randomly selected from Fikadibeng School at Klipdrift in the North West Province. The participants chosen were between the ages of 13 to 17 years of age, being 14 girls and 22 boys.

GENDER DISPERSION IN THE GROUP

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**AGE DISPERSION OF PARTICIPANTS IN THE GROUP**

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<td>5</td>
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**GRADE DISPERSION OF PARTICIPANTS IN THE GROUP**

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<tr>
<td>7</td>
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**DESIGN**

The design of this project is Action Research. This research is directed toward social change; that means its purpose is to try to involve the actors being studied in a manner that can lead to improvement in their social situation. It is focused on the outcome that might result from the research being done. Its purpose is both to engage the subjects being studied as participants and to lead to practical outcomes (Baker, 1999). The researcher will only be discussing the first phases of action research.
PROCEDURE

MEASURING INSTRUMENTS

The Self-Expression and Control Scale (SECS), developed by Van Elderen et al (1994), is a 64 item scale with 4 subscales of 10 items each, measuring the internalisation of anger, externalisation of anger and the control of internalisation and externalisation of anger. Respondents evaluate themselves on a 4 point scale with choices being 1 - Almost never to 4 - Almost always. For the purpose of this research, 40 questions were utilized. The questionnaire is scored by adding the “anger in, anger out, control anger in and control anger out” scores according to questions relating to each specific category.

The measure, “Things I have Seen and Heard”, developed by Richters and Martinez (1990), was adapted into a self-report format and was used to assess children’s exposure to violence. The 20-statement questionnaire probes children’s exposure to violence and violence-related themes. The participants were requested to indicate how often they have either witnessed or have been victimized by a specific form / theme of violence. They were instructed not to consider violence seen or heard on television, cinema or the news. Answers were columnised to range sequentially from “never” to “many times”. For purposes of this study, questions were divided into scales to reflect 1) exposure to violence in the community, 2) exposure to violence in the home, and 3) being a direct victim of violence.
The survey regarding exposure to community violence based on Richters and Saltzman (1990) is in a self-report format that identifies the violence experienced, seen or committed by an individual. It does not include violence heard or seen on TV, radio, newspapers or movies. For the purpose of this study the 22 questions were divided in scales to reflect 1) physical violence at home / school 2) sexual abuse at home / school 3) drug use or trade at home / school. Answers were columnised to range sequentially from “never” to “everyday”.

The Coping Responses Inventory-Youth Form (CRI-Youth Form) developed by Moos (1992), measures the focus of coping and divides the coping responses into approach and avoidance responses. These two responses are divided into two categories that reflect cognitive or behavioural orientated coping. The goal of the questionnaire is to get an indication of coping strategies used and to determine if it is an approach/avoidance response or cognitive/behaviour orientated response. The questionnaire consists of two parts, the first consisting of 10 items, describing a stressor and how it is evaluated and the second consisting of 48 items, which considers the action taken to deal with the stressor. The total score for each dimension gives an indication of which coping strategies are utilized. High scores are indicative of frequent use of a particular coping strategy and low scores indicative of less frequent use of a particular coping strategy.
PHASE 1

Permission was obtained from the principal of Fikadibeng School to perform the research. The researcher was given class lists from Grade 5 to 7, with the learners ranging from 12 to 18 years. Every second learner was selected, provided they fall within the 13-17 year age group. A total of 36 learners were selected to take part in the study after receiving the letter of informed consent signed by the guardians/parents of the adolescents. All the participants completed the measuring instruments after school hours.

The desks were spread evenly so that each learner had privacy whilst completing the questionnaires. Masters students in psychology were present to assist and a translator was present to assist learners if they had difficulty understanding the questions. Every second adolescent who completed the questionnaires was selected to take part in the pilot study as part of the experimental group, and the remainder were placed in the control group.

PHASE 2

The programme was developed from literature that focused on conflict resolution, problem solving, communication and violence as well as the results from the questionnaires.
The development of the programme

Session 1: Getting to know you: an initial exercise for an introductory session and an information session about the programme.

The goal of this session was to allow the learners to learn more about each other. Another goal was to inform the learners about the programme and what it will entail. The outline for the programme was given, including a group motto and ground rules.

The definition of violence was explored to identify the meaning it has for them and a discussion ensued as to how they define violence. The adolescents were exposed to community violence more than to violence in the home or as a direct victim of violence. Table 1 reflects the different violent experiences / encounters they have been exposed to (see appendix).

The adolescents had witnessed someone being arrested (63.89%), seen someone being beaten up (55.55%), heard gunshots (80.56%), seen someone being stabbed (55.55%), seen someone being shot (38.89%), seen drug deals (19.45%) and seen someone being killed (47.23%).

Violence experienced in the home was related to seeing a gun in the home (38.89%), grown ups shouting at each other (25.00%), grown ups hitting each other (33.34%), seeing someone in the home getting shot/stabbed (33.33%) and grown ups threatening to stab/shoot each other (25.00%).
With regard to being a direct victim of violence, adolescents experienced being beaten (52.78%) and threatened to be stabbed (41.67%).

In the Survey of exposure to community violence (table 2, see appendix) it was found that in the home, 44.44% had been a direct victim of violence. 38.88% had witnessed physical violence at home, 30.56% had witnessed sexual abuse in the home, 22.23% had been the abuser, 22.22% had been a victim of rape, 11.11% had witnessed a rape in the home, and 11.12% had been the perpetrator.

In the school setting, 33.33% had been the victims of physical violence, 41.67% had witnessed physical violence, and 36.11% had been the perpetrators of physical violence. 19.45% had witnessed sexual abuse at school. 19.44% had been the abusers in the school setting. 19.45% had reported to having been raped at school. 13.90% had witnessed a rape at school and 5.56% had reported to having raped someone at school.

Regarding drug trade in the home setting 11.11% reported being approached with drugs, and 16.67% witnessed someone being approached for drug trade. 13.89% had approached someone for drug trade at home. At school 8.34% had been approached for drug trade at school, 11.12% had witnessed someone being approached for drug trade at school. 100% reported never approaching someone for drug trade at school.

The reactions individuals had to violence were explored, with the aim of providing the members with an awareness of a particular life problem (in this case violence and reactions on it) and to provide tools for them to cope
with it better. The central process during the initial stage of the programme includes orientation and exploration (Corey & Corey, 2002).

Members should get acquainted and group norms should be developed. It is important that the learners discover that it is a safe place for them to come to and discuss issues of concern for them. The establishment of trust is a central factor in the starting of the group process. The initial session covered issues such as confidentiality, group norms, the establishment of boundaries and suggestions for applications outside the group (homework) as an essential part of the process (Corey & Corey, 2002).

**Session 2: Recognizing my emotions and coping with my anger.**

According to literature, many children have difficulty dealing with anger and resolving conflict without aggression. Children need to learn how to recognize feelings and behaviour pertaining to conflict. It should be clarified that it is alright to feel angry, but that it is not alright to hurt someone, oneself or to destroy property (Corey & Corey, 2002). According to Jaffé and Baker (1999), encouraging social skills development as alternatives to violence could include anger management. This forms part of the basis of a focused prevention program.

The Self-expression and Control Scale (pre-testing) indicated that the adolescents (experimental group) internalise their anger rather than expressing it (Table 3; see appendix).
The goal of this session was to identify the fears adolescents experience and to generate a discussion about anger and other emotions. Another aspect was to explore reactions to anger within themselves and others, and to identify healthy and unhealthy reactions to anger. It was important to explore alternatives to unhealthy reactions of anger, as it could cause temper tantrums, violent outbursts and acting out (du Toit et al, 1997).

The introduction to this session entailed explaining to the learners that adolescence is a difficult time, and that the experience of negative feelings can leave one feeling confused and unsure. In this session the researcher discussed “internal talking” and how events could lead to certain thoughts and how this in turn leads to a feeling that they experience. The researcher discussed negative self-talk and how the adolescents can assist themselves in identifying their feelings according to the following guidelines, followed by a discussion:

- To be aware of the feeling.
- To be aware of thoughts that causes anger.
- To identify how true negative thoughts are.
- To defy negative thinking and to replace this with positive thinking.

The “big six emotions” were identified to allow adolescents to reflect on times when they experience these emotions. To end the session the researcher allowed time for the group to reflect on what was done in the session and give them homework. The homework aimed at helping them identify how they react to anger themselves, how others react and how they can find healthier alternatives to dealing with angry feelings.
Session 3: Coping with my anger and alternatives to aggressive behaviour

The goal of this session was to generate a discussion about anger and how to handle difficult emotions such as fear, guilt and shame. Learners should recognize that having feelings of anger are normal as long as it is dealt with in a constructive manner. They should furthermore learn constructive ways of dealing with difficult emotions as well as that many children, adolescents and even adults do not know how to verbalize what they feel, and therefore feelings are displayed in their behaviour.

Adolescents may act out, withdraw or say inappropriate things when they do not know how to express their feelings. The questionnaires revealed that the adolescents use emotional discharge less frequently as a coping mechanism. Emotional discharge includes behavioural orientated attempts to express negative emotions in order to lessen the tension experienced.

Role-play was included in this session. The participants acted out constructive and destructive ways of dealing with anger. According to Corey and Corey (2002), role playing is an excellent way to keep the interest level high, to involve a lot of members and to give a “here and now” flavour to the work being done. It can also foster creative problem solving, spontaneity, intensifies feelings and can assist people in identifying with others. The implementation of new behaviour is also encouraged.
Jaffe and Baker (1999) stated that one of the aspects that should be taken into consideration in a violence prevention program is anger management. If participants are encouraged to partake and observe ways of dealing with a situation that may generate anger, it may lead to more constructive ways of dealing with the situation.

It is important to encourage learners to know when they feel sad, angry, upset or lonely. They need to know that expressing their feelings in a way that is not hurtful to themselves or others is ideal. One of the goals for children’s anger management and conflict resolution group is to increase their skills in recognizing and managing their anger (Corey & Corey, 2002).

**Session 4: Constructive versus Destructive coping strategies**

Coping can be seen as the “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984). This can be divided further into problem-focused and emotion-focused coping. The former considers strategies similar to problem solving and the latter is directed at lessening emotional distress and includes strategies such as avoidance, blaming others, denial and distancing.

Results from the CRI-Youth Form (pre-testing) indicate that both the control and experimental group looked for guidance and support as a coping strategy (Table 4 and 4.1; see appendix), as well as using problem solving, cognitive avoidance and seeking alternative rewards.
It was found that the experimental group used coping strategies such as looking for guidance and support, which is a behaviour orientated attempt to seek information, guidance and support. Cauce (1990) (in Muller, 2000), stated that seeking professional support is a coping strategy used by adolescents who have high trauma symptomatology. This coping strategy is viewed as a method to maximise the social support network, and is seen as a direct coping strategy. Social support correlates with positive psychological health. Another coping strategy used by the experimental group is problem solving in an attempt to try to solve the problem directly. Cognitive avoidance, which is a cognitive attempt to not think realistically about a problem, was identified as well. Suls and Fletcher (1986) explain avoidant coping strategies as encompassing the cognitive, emotional and behavioural attempts focused on avoiding the stressor in order to escape it. Examples of this include emotional blunting, distancing and ignoring the stressor. Lastly, the adolescents also sought for alternative rewards, which are behaviour orientated attempts to get involved in substitute activities.

The goal of this session was to explore the meaning stress has for learners, and to identify the constructive and destructive coping strategies they use.

Five ways of coping (du Toit et al, 1997) were discussed in the session:

- Problem solving, which includes brainstorming, planning, decision making and goal setting.
- Seeking social and emotional support.
- Avoidance (denial, ignoring the problem, etcetera).
• Antisocial coping and emotional discharge (aggressiveness, and the display of negative emotions).
• Positive reappraisal and growth, including considering the situation in a positive light and learning something from the experience.

According to Govender and Killian (2001, p 8), “It seems plausible that if adolescents can be trained to use more active coping strategies, they would have a mechanism by which to ameliorate some of their distress”.

**Session 5: Conflict management and communication**

The relationship between conflict and violence is apparent if one considers that violence is one of the consequences of the inability to resolve conflict effectively (Sathiparsad, 2003). Children who are taught to think decisions through clearly, may move beyond the prevailing assumption that one has no choice but to fight.

Skills related to handling conflict verbally, as well as compromising skills, should be taught instead of physical violence (Muller, 2000). That is why conflict resolution should be included in a violence prevention program.

Effective communication is a prerequisite to every aspect of human functioning, as it includes the ability to resolve conflict effectively. Problem solving (discussed in session 6), forms the basis for effective conflict resolution (Jaffe and Baker, 1999).
The goal of the session was to allow learners to develop an understanding of interpersonal communication, conflict, how different methods are utilized to solve conflict, and lastly how important clear communication is. Sathriparsad (2003) stated that it is important to see how different resolutions to a conflict may have different consequences. Corey and Corey (2002) stated that it is important to let children know that conflict is a natural part of everyday life, that conflicts occur because people have different opinions, feelings, needs and beliefs and that there are different ways of viewing a conflict situation and a range of acceptable solutions.

**Session 6: Problem solving and stress management**

The goal of this session was for learners to learn an effective and simple anger management technique (making of stress balls), as well as to assist them in understanding the concept of problem solving. Productive problem solving focuses on finding the most economical way to produce the most beneficial solution to a problem (Life skills for self-development, 2003). The steps to take when dealing with a problem were discussed with the learners:

- What is the problem?
- Why is it a problem?
- For whom is it a problem?
- What can be done to solve it, which includes generating alternative solutions by brainstorming, choosing a preferred solution, applying it and evaluating
Even though it was found that the adolescents use problem solving as a means of coping, the researcher felt it was important to stress the steps taken in dealing with a problem. As it was found that they use cognitive avoidance in an attempt to not think realistically about a problem, the researcher felt it was necessary to make the adolescents aware of the steps to be taken when dealing with a problem in an attempt to teach them to actively consider the problem at hand and so not to avoid it.

“The world may be a laboratory for problem-solving, but the skills needed to optimize learning in this lab should be taught, they are too important to be left to chance” (Egan, 1998, p 53).

**Session 7: Relaxation Techniques**

Children's teenage years are a turbulent period. They are probably the most stressful years of a person's life, because they are filled with unprecedented change, and change in turn produces stress (Woodbridge, 1998).

Relaxation is a very important stress management technique. Little can be found in literature about relaxation included in a programme for adolescents exposed to violence, but the researcher felt it could make a valuable contribution. The adolescents use behaviour orientated attempts to get involved in substitute activities to assist in coping. Consequently, relaxation can be a constructive manner for adolescents to deal with problems. Duncan (1996) (in Muller, 2000) states that coping strategies adopted in violent communities include the use of distraction and positive redefining. Temporary escape from the chronic trauma through cognitive or behavioural
distraction - through doing something else or thinking about other things - can be a positive strategy, provided that it does not lead to the extreme and total denial of the stress and emotional distress.

Relaxation can reduce adverse physiological effects induced by psychological stress, and it can help children and teenagers to cope with increased levels of physiological arousal associated with experiencing stressful life events (Forman, 1993). According to Forman (1993), the ability to relax is a coping skill that can help children and adolescents control their physiological responses to potentially stressful situations. It can help them reduce their anxiety response to stressors.

The goal for this session was to administer and teach a relaxation technique and to emphasise the usefulness of relaxation during stressful periods.

**Session 8: Ending and evaluation**

The final phase of the group process is critical, for this is when members consolidate what they have learnt. The learners need to be able to express what the group experience has meant to them, to put it into a meaningful perspective, as well as to say where they intend to go from here. The ending of a group can involve a grieving process and those feelings need to be explored within the group (Corey & Corey, 2002).

The goal of this session was to revise the previous session’s topics and to identify what each adolescent can take from the group. Feedback is provided in that the adolescent can express what the group meant to them.
and what their future goals are. The discussion of various ways in which they can use what they have learnt in other situations can be valuable because it can consolidate the group experience.

Homework and evaluation were included throughout the group process. It is valuable to evaluate what happens in a group, as it can assist in producing change to future sessions. Teaching participants to evaluate is important since it can teach them to appraise the movement and direction of their group. Homework is one of the best ways to maximize the value of any group experience and members can implement what they have learnt (Corey & Corey, 2002).

**PHASE 3**

The developed programme was presented to the experimental group. The researcher met with the learners once a week, for approximately one and a half hours after school for eight weeks. After completion of the pilot study, the control and experimental group completed the CRI-Youth Form and SECS again in order to make adjustments to the programme.

**PHASE 4**

Due to the results found in the CRI-Youth Form and SECS questionnaire the researcher will adjust the programme as follows:

As mentioned earlier, adolescents in this study look for support and guidance as a means of coping. A prevention and intervention programme
for violence-exposed adolescents should focus on strengthening the constructive, structural social support system (Muller, 2000). That is the reason why the researcher will include a session with the guardians, dealing with communication skills, discipline and conflict resolution. A session could be included in which both guardians and adolescents are present, with an activity where the guardians and the adolescents guess one another's emotions about a specific situation. They could be asked to volunteer scenarios that arouse specific emotions. This could be regarded as a communication session in which the core focus is the recognition and expression of emotion.

Rudenberg, Jansen and Fridjhon (1998) found that social support and denial appear to assist coping, while feelings of helplessness and internalisation of anger, appear detrimental to development. The researcher will adjust the programme by including two more sessions on the constructive expression of emotion because post-testing revealed that the internalisation of anger tends to take place (Table 3; see appendix).

Post-testing indicated no change in the coping strategies used by the adolescents (Table 4.2; see appendix). As mentioned earlier, this group uses cognitive avoidance as a coping strategy. A session which focuses on avoidance and its consequences could be included. In the process the adolescents can explore wider varieties of dealing and coping with problems. Social support and externalisation of emotion are seen as coping strategies and they have been discussed above.
Further adjustments made to the programme will include limiting the amount of homework given to the group. The group rarely completed the homework. This could be due to difficulty in understanding the task or not having the motivation to complete it. The researcher will work the homework into the sessions and will provide assistance to those who may have difficulty understanding the task.

Language is another factor influencing the programme. It was noted during the course of the programme that some adolescents may have had difficulty in understanding the language used by the researcher, which was English. This can be adjusted by having an interpreter available during the course of the programme to interpret during each individual session if a language problem is noticed. In addition to language, the cultural aspect behind the expression of emotion and anger will be investigated more thoroughly. Such research will be aimed at a better understanding of the way in which the adolescents have been brought up with regard to this issue or their cultural beliefs regarding these aspects.

A further adjustment will include another session educating the learners about stress. It was noted that some of the learners did not grasp the concept of stress and had difficulty understanding what it was.

Lastly, a change that may contribute to the success of a group may be to divide the adolescents into two age groups, 12-14 years and 15-18 years. Corey and Corey (2002) found that 10-14 year olds are more prone to denial and externalisation. They tend to be more concrete in thinking, more self-conscious and may not show great interest in the process of self-awareness.
They function better in all male or all female groups. It is critical for the older group (15-18 years) to learn how to interact with both sexes. It was noticed that the older adolescents in the programme (15 and 16 years) may have felt awkward being in a group with younger peers. The researcher will extend the eight original sessions to fourteen sessions, including the above mentioned changes.

**CONCLUSION**

The study investigated the effect of exposure to violence, witnessing violence or being a direct victim. The basic aim of this study was to develop a programme that includes the facilitation of the development of constructive coping skills amongst adolescents. The types of violence that the 36 adolescents in this study were exposed to and the coping strategies which they utilised, was explored. The participants were administered measures of “The Self-Expression and Control Scales” questionnaire, “Things I have seen and Heard”, “Survey of exposure to community violence” and “The Coping Responses Inventory-Youth Form”. It took the form of pre and post-testing sessions in order to first evaluate the subjects' experience of exposure to violence and the coping strategies they utilized, and secondly to make adjustments to the developed programme.

It was found that the adolescents were to the greatest extent exposed to community violence, followed by being a direct victim of violence and lastly experiencing violence in the home. Witnessing an arrest, physical assault, seeing someone stabbed/shot were the most common exposure in the community, followed by a shocking number of children witnessing a
murder. The adolescents reported having seen a gun in their home and witnessing physical violence at home, whilst a relatively high number reported seeing someone get shot / stabbed in the home. Being a direct victim of violence had a high prevalence. Pelser and de Kock (2000) (in Jansen Van Rensenburg, 2001) stated that poverty and deprivation play crucial roles in violence and crime, especially in poor rural areas. Such conditions can result in children being exposed to high levels of violence, and even be the perpetrators themselves. It was found that the adolescents looked for guidance and support as one coping strategy, as well as using cognitive avoidance. It was reported that the adolescents tend to internalise their anger rather than expressing it.

The procedure was divided into four phases. The first phase consisted of selecting the learners and placing them into control and experimental groups and applying the pre-test questionnaires. The second phase involved the development of the programme, which consisted of eight sessions with topics including amongst others coping strategies, conflict resolution and anger management. The third phase comprised of presenting the programme and administering the post-test questionnaires. The fourth phase consisted of adjusting the programme.

The researcher felt that the programme did assist the adolescents in learning to cope with stressful situations and was an opportunity for the adolescents to have a place that provided them with the space to share unique experiences and perhaps learn more constructive ways of dealing with difficulties. According to Corey and Corey (2002), groups are suitable because adolescents can identify and experience their conflicting values,
discover that they are not unique in their struggles, learn to communicate with peers and adults, learn modelling from the leader and learn how to accept what others offer and give of themselves in return. All these above factors were noted during the course of the programme.

The sustainability of the programme is unknown as no follow-up questionnaires were completed. This could be considered a limitation in this study. However, from objective experience the group provided a place where the adolescents could safely experiment and express themselves. It gave them an opportunity to be heard and to interact with peers. According to Corey and Corey (2002), it is important to have defined goals within a group, to have relevant themes and to provide a structure that will enable members to develop trust in the group. The participants in the programme developed a degree of self-awareness as they were able to discover what they had in common with others and that they were able to identify emotion and how it can affect them. They also learnt that there is more than one alternative to solving conflict and approaching a problem situation.

**Limitations**

A limitation to this study is that it was tested on a small number of adolescents. The questionnaires may have been difficult for the adolescents to understand, and to simplify the questionnaires in future will be ideal.
Recommendations

South African children are highly exposed to violence in their communities, their homes and as direct victims of violence (Jansen van Rensburg, 2001). The hypothesis is that these adolescents tend to internalise their anger and this can result in them becoming violent perpetrators themselves. For future research, it may be valuable to test bigger groups of adolescents and to test programmes within bigger community settings. This can assist them in learning more effective ways of coping with living in a possibly violent community.
1. **REFERENCE LIST**


APPENDIX

Table 1: Things I Have Seen and Heard
Table 2: The Survey of exposure to community violence
Table 3: The Self-expression and Control Scale
Table 4: CRI-Youth Form: Pre-testing-experimental group
Table 4.1: CRI-Youth Form: Pre-testing-control group
Table 4.2: CRI-Youth Form: Post-testing-experimental group
# Table 1

Percentage of children who have been exposed to violence in different settings

**Things I Have Seen and Heard questionnaire**

<table>
<thead>
<tr>
<th>Violence in the community</th>
<th>Never</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 Times</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have seen somebody arrested by police</td>
<td>36.1%</td>
<td>22.2%</td>
<td>11.1%</td>
<td>5.6%</td>
<td>25.0%</td>
</tr>
<tr>
<td>I have seen somebody being beaten up</td>
<td>44.4%</td>
<td>11.1%</td>
<td>11.1%</td>
<td>0.0%</td>
<td>33.3%</td>
</tr>
<tr>
<td>I have heard gunshots</td>
<td>19.4%</td>
<td>30.6%</td>
<td>11.1%</td>
<td>5.6%</td>
<td>33.3%</td>
</tr>
<tr>
<td>I have seen somebody get stabbed</td>
<td>44.4%</td>
<td>25.0%</td>
<td>11.1%</td>
<td>8.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>I have seen somebody get shot</td>
<td>61.1%</td>
<td>16.7%</td>
<td>0.0%</td>
<td>8.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>I have seen drug deals</td>
<td>80.6%</td>
<td>5.6%</td>
<td>0.0%</td>
<td>5.6%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have seen somebody being killed</td>
<td>52.8%</td>
<td>13.9%</td>
<td>11.1%</td>
<td>5.6%</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Violence in the home</th>
<th>Never</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 Times</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have seen a gun in my home</td>
<td>61.1%</td>
<td>8.3%</td>
<td>13.9%</td>
<td>5.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Grown-ups in my home shout at each other</td>
<td>75.0%</td>
<td>13.9%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Grown-ups in my home hit each other</td>
<td>66.7%</td>
<td>8.3%</td>
<td>16.7%</td>
<td>2.8%</td>
<td>5.6%</td>
</tr>
<tr>
<td>I have seen somebody in my home get shot/stabbed</td>
<td>66.7%</td>
<td>13.9%</td>
<td>11.1%</td>
<td>0.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Grown-ups in my home threaten to stab/shoot each other</td>
<td>75.0%</td>
<td>8.3%</td>
<td>2.8%</td>
<td>11.1%</td>
<td>2.8%</td>
</tr>
<tr>
<td>I have seen drugs in my home</td>
<td>61.1%</td>
<td>8.3%</td>
<td>13.9%</td>
<td>5.6%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>
Table 1: continued

<table>
<thead>
<tr>
<th>Direct victim of violence</th>
<th>Never</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 Times</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somebody beat me up</td>
<td>47.2%</td>
<td>22.2%</td>
<td>2.8%</td>
<td>11.1%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Somebody said he wanted to kill me</td>
<td>75.0%</td>
<td>8.3%</td>
<td>2.8%</td>
<td>8.3%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Somebody threatened to stab me</td>
<td>58.3%</td>
<td>22.2%</td>
<td>11.1%</td>
<td>5.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Somebody said he/she wanted to shoot me</td>
<td>86.1%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>
### Table 2

**Percentage of children who have been exposed to violence in the home and school setting**

**Survey of Exposure to Community Violence**

<table>
<thead>
<tr>
<th>Violence in the home</th>
<th>Never</th>
<th>At least once</th>
<th>At least once a month</th>
<th>Almost weekly</th>
<th>Almost everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been slapped/hit/punched at home myself</td>
<td>55.6%</td>
<td>25.0%</td>
<td>8.3%</td>
<td>2.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have seen someone else being slapped/hit/punched at home</td>
<td>61.1%</td>
<td>11.1%</td>
<td>8.3%</td>
<td>8.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>I have sexually abused someone else at home</td>
<td>61.1%</td>
<td>11.1%</td>
<td>11.1%</td>
<td>5.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>I have been raped at home myself</td>
<td>77.8%</td>
<td>2.8%</td>
<td>11.1%</td>
<td>2.8%</td>
<td>5.6%</td>
</tr>
<tr>
<td>I have seen someone else being raped at home</td>
<td>77.8%</td>
<td>8.3%</td>
<td>0.0%</td>
<td>5.6%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have raped someone else at home</td>
<td>88.9%</td>
<td>8.3%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>I have been approached with drugs at home</td>
<td>88.9%</td>
<td>5.6%</td>
<td>5.6%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>I have seen someone else being approached for drug trade at home</td>
<td>83.3%</td>
<td>8.3%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>I have approached someone else for drug trade at home</td>
<td>86.1%</td>
<td>8.3%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Table 2: continued

<table>
<thead>
<tr>
<th>Violence at school</th>
<th>Never</th>
<th>At least once</th>
<th>At least once a month</th>
<th>Almost weekly</th>
<th>Almost everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been slapped/hit/punched at school myself</td>
<td>66.7%</td>
<td>25.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have seen someone else being slapped/hit/punched at school</td>
<td>58.3%</td>
<td>27.8%</td>
<td>0.0%</td>
<td>5.6%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have slapped/hit/punched someone else at school</td>
<td>63.9%</td>
<td>13.9%</td>
<td>11.1%</td>
<td>2.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have seen somebody else being sexually abused at school</td>
<td>80.6%</td>
<td>5.6%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have sexually abused someone else at school</td>
<td>80.6%</td>
<td>2.8%</td>
<td>8.3%</td>
<td>0.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>I have been raped at school myself</td>
<td>80.6%</td>
<td>5.6%</td>
<td>0.0%</td>
<td>2.8%</td>
<td>11.1%</td>
</tr>
<tr>
<td>I have seen someone else being raped at school</td>
<td>86.1%</td>
<td>5.6%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>I have raped someone else at school</td>
<td>94.4%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.6%</td>
</tr>
<tr>
<td>I have been approached with drugs at school myself</td>
<td>91.7%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>I have seen someone else being approached for drug trade at school</td>
<td>88.9%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>I have approached someone else for drug trade at school</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
### Table 3

**The Self-expression and Control Scale**

**Pre-testing-experimental group**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>The internalisation of anger</td>
<td>20.00</td>
<td>4.78</td>
</tr>
<tr>
<td>The externalisation of anger</td>
<td>20.05</td>
<td>4.34</td>
</tr>
<tr>
<td>Control of the internalisation of anger</td>
<td>25.53</td>
<td>6.96</td>
</tr>
<tr>
<td>Control of the externalisation of anger</td>
<td>24.05</td>
<td>5.69</td>
</tr>
</tbody>
</table>

**Post-testing-experimental group**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>The internalisation of anger</td>
<td>3.84</td>
<td>4.18</td>
</tr>
<tr>
<td>The externalisation of anger</td>
<td>-0.89</td>
<td>4.47</td>
</tr>
<tr>
<td>Control of the internalisation of anger</td>
<td>3.37</td>
<td>5.12</td>
</tr>
<tr>
<td>Control of the externalisation of anger</td>
<td>2.79</td>
<td>6.19</td>
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</table>
### Table 4

**Coping Responses Inventory-Youth Form**

#### Pre-testing-experimental group

**Approach coping response**

<table>
<thead>
<tr>
<th>Approach coping response</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logical analysis</td>
<td>7.95</td>
<td>3.41</td>
</tr>
<tr>
<td>Positive redefining</td>
<td>8.95</td>
<td>4.26</td>
</tr>
<tr>
<td>Seeking for guidance and support</td>
<td>8.00</td>
<td>5.07</td>
</tr>
<tr>
<td>Problem solving</td>
<td>9.58</td>
<td>3.73</td>
</tr>
</tbody>
</table>

**Avoidance coping response**

<table>
<thead>
<tr>
<th>Avoidance coping response</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive avoidance</td>
<td>9.31</td>
<td>3.73</td>
</tr>
<tr>
<td>Acceptance</td>
<td>7.58</td>
<td>3.44</td>
</tr>
<tr>
<td>Looking for alternative rewards</td>
<td>9.84</td>
<td>4.36</td>
</tr>
<tr>
<td>Emotional discharge</td>
<td>7.42</td>
<td>3.59</td>
</tr>
</tbody>
</table>
### Table 4.1

**Pre-testing-control group**

<table>
<thead>
<tr>
<th>Approach Coping responses</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logical analysis</td>
<td>7.76</td>
<td>3.72</td>
</tr>
<tr>
<td>Positive redefining</td>
<td>10.23</td>
<td>3.17</td>
</tr>
<tr>
<td>Seeking guidance and support</td>
<td>7.70</td>
<td>3.64</td>
</tr>
<tr>
<td>Problem solving</td>
<td>8.70</td>
<td>3.57</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Avoidance Coping responses</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive avoidance</td>
<td>9.82</td>
<td>3.97</td>
</tr>
<tr>
<td>Acceptance</td>
<td>7.23</td>
<td>3.59</td>
</tr>
<tr>
<td>Seeking for alternative rewards</td>
<td>9.06</td>
<td>3.44</td>
</tr>
<tr>
<td>Emotional discharge</td>
<td>5.94</td>
<td>3.47</td>
</tr>
</tbody>
</table>
### Table 4.2

**Post-testing-experimental group**

#### Approach coping response

<table>
<thead>
<tr>
<th>Approach coping response</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logical analysis</td>
<td>-0.26</td>
<td>3.41</td>
</tr>
<tr>
<td>Positive redefining</td>
<td>1.16</td>
<td>4.62</td>
</tr>
<tr>
<td>Seeking for guidance and support</td>
<td>-0.68</td>
<td>5.35</td>
</tr>
<tr>
<td>Problem solving</td>
<td>-0.89</td>
<td>4.99</td>
</tr>
</tbody>
</table>

#### Avoidance coping responses

<table>
<thead>
<tr>
<th>Avoidance coping responses</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive avoidance</td>
<td>-1.05</td>
<td>5.52</td>
</tr>
<tr>
<td>Acceptance</td>
<td>-0.79</td>
<td>5.17</td>
</tr>
<tr>
<td>Seeking for alternative rewards</td>
<td>1.00</td>
<td>5.22</td>
</tr>
<tr>
<td>Emotional discharge</td>
<td>-0.32</td>
<td>3.46</td>
</tr>
</tbody>
</table>
Dear Parent/Guardian,

I will be conducting research on the level of stress experienced by learners, and how they are able to cope with everyday problems.

I will be selecting a number of learners from Fikadibeng Primary School to assist me with my research.

The procedure will be as follows:

- I will be asking the learners to complete some questionnaires for me on the 23rd of July 2003, after school hours for approximately 1 and a half hours.

- Then from the week of the 28th of July 2003 to approximately the 5th of September 2003, I will be presenting a program, once/twice weekly for an hour and a half after school for a selected number of learners.

- Learners will be taught skills on how to cope and how to deal with feelings of stress.

- Cooldrinks and sandwiches will be provided for the learners taking part in the programme.

- After the programme is completed, the learners will once again complete questionnaires, one day after school for approximately an hour and a half.
To be able to select a certain number of learners, I would appreciate it if you could complete the form below and return it to the school no later than Thursday, the 19\textsuperscript{th} of June 2003.

Your assistance in this matter would be greatly appreciated.

If there are any questions, please contact me, Chantal Jones at 072 303 3501.

Yours sincerely

Chantal Jones
Masters student in Clinical Psychology
Potchefstroom University
NAME OF LEARNER:_________________________________________________________________________

Please make a cross in the block you select.

1. I give permission for my son/daughter to take part in the programme.  

2. I do not grant permission for my son/daughter to take part in the programme.

Parent/Guardian signature: ______________________________________________