



Support Services Provided by a Child and Youth Care Centre (CYCC) to Adolescent Witnesses of Domestic Violence

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Abstract

Objective: This article presents the results of a case study conducted at a Child and Youth Care Centre (CYCC) in Pretoria, South Africa, on social service practitioners' (SSP) views of the support services provided by a CYCC to adolescent witnesses of domestic violence. These support services are explored in terms of four inter-dependent levels including the micro, meso, exo and macro levels of the Ecological Theory, as described by Bronfenbrenner (1979).

Method: For this study, a qualitative holistic case study design was adopted. This single case study design was chosen as information was gathered from various sources in only one CYCC. Information was triangulated by using various sources of data, that is interviews with SSPs and the children, as well as the policies of the CYCC regarding services offered for children who have witnessed domestic violence.

Results: This study revealed that there are no specialised services at the identified CYCC to support adolescent witnesses of domestic violence. The services that are available seem to be generic and aimed at addressing problem behaviours in children and adolescents, rather than providing proactive, therapeutic support to deal with trauma such as witnessing physical and verbal domestic violence in their home of origin.

Keywords: Social Service Provider (SSP), Adolescent Witness, Domestic Violence (DV), Child and Youth Care Centre (CYCC)

Introduction

Various studies in South Africa have reported a high prevalence of domestic violence (DV) (Idemudia & Makhubela, 2011; UNICEF, 2010; UNICEF, 2014). The National Demographic and Health Survey in South Africa established that 13% of women (1 in

8) reported having been assaulted by a partner at some point in their lives (Breetzke, 2012). Although there is some data on DV in South Africa, very few studies focus on the children and adolescents who witness this violence (Idemudia & Makhubela, 2011). However, a study conducted in a different city, but in the same province in South Africa as this study, indicates that adolescents have witnessed up to 2.8 incidents of domestic violence (Rasool, 2022). A national study on child exposure to DV indicated a 23.1% prevalence rate for adolescent children. In the United States of America, the figures were higher, where it is estimated that approximately 30% of children and adolescents are exposed to parental DV, with many of these children and adolescents being exposed to severe physical violence and abuse (Garrido, Culhane, Petrenko, & Taussig, 2011). Previously, adolescents were not always seen as 'victims' of DV themselves, but rather as 'silent witnesses' (McIntosh, 2003). However, there are cases in which they are victims as well.

Holt, Buckley, and Whelan (2008) define witnessing DV as a child physically seeing violent interactions between two parents or caregivers. Adolescents under 18 are still considered children (Rasool, 2002). For this article, witnessing DV is described as a child/adolescent being exposed to a caregiver physically, emotionally, or verbally abusing another caregiver within the home they lived in. DV includes a caregiver hitting, biting, shouting at, swearing at, blackmailing, threatening or sexually assaulting another caregiver (Holt et al., 2008). Research has found that exposure to parental DV within the home is directly related to psychological and social problems children may experience, such as conduct disorder (Trevillion, Oram, Feder, & Howard, 2012), substance abuse (Ponziano, Stecker, Beasley, Jason, & Ferrari, 2016), and income related problems (Holt et al., 2008).

Consequently, in South Africa, children and adolescents who live in harmful and dangerous circumstances such as those who witness severe DV, may sometimes be removed, and placed in temporary safe care by social workers in accordance with the Children's Act, 38 of 2005 (Children's Act). Often, adolescents who cannot be placed in foster care are placed in child and youth care centres, hereafter referred to as a CYCC. This care is meant to be provided outside the family environment, in harmony with a specific care plan for every

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individual child, as legislated by the Children's Act. Despite the requirements of the Children's Act that therapeutic plans should be designed for every individual child, it is unclear if these plans are appropriate or effective, and whether they are specifically tailored in cases of children who witness DV to their needs. Beck (2015) is of the opinion that these plans are not always successfully implemented or executed.

It is also unclear whether there are programmes within CYCCs that specifically provide adolescents with the necessary support to deal with the trauma associated with witnessing DV (Idemudia & Makhubela, 2011). Therefore, this study explores the support services that a selected CYCC provided to adolescent witnesses of DV. It also assesses whether Social Service Providers (SSPs) view these services of the CYCC to be appropriate and useful. It is the latter aspect that this article will focus on, that is SSPs' views of these support services. In this article, Social Service Providers refer to social workers, auxiliary social workers, community workers, child and youth care workers, centre managers and house parents.

Contextualisation

For this article, support services are defined as the emotional, physical, and psychological supportive programmes that a CYCC provides to adolescent witnesses of DV. It is estimated that there are 345 registered CYCC's in South Africa (Haffejee & Levine, 2020). The CYCC chosen for this study is situated in

Pretoria, Gauteng and can house up to 110 children. It is a non-profit organisation (NPO) that has eight houses each with approximately 12 children, aged 5 to 18 years at the time of the research. Although much of this part of the research (i.e. interviews with SSPs) could apply to both adolescents and children, the bigger project interviewed and focussed only on adolescents, who in any case are classified as children when under 18. However, this specific paper which focuses on the interviews with SSPs could be relevant to all children who live in the CYCC. There are four boy houses and four girl houses at this CYCC. Previously the houses were divided into mixed genders, however, due to the high volume of sexually abused children placed at this CYCC, the SSPs thought it better to separate the boys and girls into different houses. The manager at the CYCC, mentioned that “approximately 70% of the children and adolescents within this CYCC were sexually abused” whilst “approximately 30% have witnessed DV”. It is for these reasons, that this CYCC was chosen as the site for this study, and the first author chose this CYCC as it was in proximity to her field of practice.

This CYCC employs one manager, two full-time social workers, eight house parents and four child and youth care centre workers. The children placed at the CYCC are removed from their parents' care and placed by the South African Children's Court at this CYCC due to abandonment, neglect, and/or emotional and physical abuse. According to the manager at the CYCC (Andrea, pseudonym), this CYCC's primary purpose is to provide the children placed there with clothing, housing, schooling, food, security, and stability. In addition to this, they also aim to provide the children with the necessary therapy, life skills and emotional support that they need to become responsible adults and curb the cycle of abuse.

A CYCC can offer a family-like environment to a child placed at such a facility. This environment should aim to meet basic needs, psychological needs, safety, and security. Even though adolescents receive some form of care in CYCCs, Grobelaar and Oldewage-Theron (2013) argue that placing a child in a CYCC should be the last resort, as the child might be re-victimised in the form of emotional neglect. Children often enter care after experiencing trauma, such as witnessing or experiencing DV, but are not necessarily supported

to deal with the trauma that they experienced prior to entering the CYCC or while they are in the CYCC (Beck, 2015). Hence, understanding the perceptions and experiences of SSPs of the services provided by the CYCC, is imperative.

This study will use the ecological system theory, as described by Bronfenbrenner (1979), to consider what services SSPs viewed as being appropriate to support child and adolescent witnesses of domestic violence. We will consider the suggestions made by the SSPs to assess if they were able to identify services at the various levels of the ecological framework. Hence, the next section will describe the ecological theoretical framework utilised to consider if services were provided at the various levels.

Ecological Theoretical Framework

According to Bronfenbrenner (1994:37) “in order to understand human development, one must consider the entire ecological system in which growth occurs”. The ecological theory is concerned with four inter-functioning levels that are defined as the micro, meso, exo and macro levels. Furthermore, it points to the interdependency between different persons, systems, and environments to understand the individual better (Dube & Ross, 2012). This theory is useful because it studies the interactions between people, systems and the environment and recognises these as a functioning whole.

In this paper, the ecological system theory is to evaluate if the support services provided by a CYCC to adolescent witnesses of DV cover all the levels or focus more on some, and which levels are considered as important for service provision by the SSPs. Perumal and Kasiram (2009) mention that a practitioner should consider the ecological system theory when placing a child in a CYCC, since the child placed in a CYCC was removed from his or her natural environment and therefore needs to adapt to the new and unfamiliar environment within the CYCC to cope and function within this new system. However, if the child or adolescent is unable to adapt to this new environment, this will impact the entire system, and disrupt other aspects of the system. Also, the way in which the system is organised, and the services provided will also affect the way a child brought into the system adapts, functions and/or thrives.

Bronfenbrenner (1979) is of the opinion that an individual's stressors, needs and problems can be attributed to the interactions between the individual and his or her environment, and the systems within this environment. Research suggests that DV might have devastating consequences for an adolescent's development, which would in turn affect their needs, stressors, and problems (Holt et al., 2008). For this reason, it is important to understand the different areas in the ecological systems that can influence an adolescent's adaptation to the environment of a CYCC.

The different support systems are discussed based on the four inter-functioning levels as described by the ecological system theory (Bronfenbrenner, 1994) – including the micro, meso, exo and macro levels.

Micro Level Analysis

Bronfenbrenner (1979) outlines the micro level as the systems closest to the individual/adolescent. The adolescent would have regular and direct contact with micro-level systems, and they would form the main source of support (or not) that the adolescent would receive to deal with witnessing DV daily. There are several micro-level systems that can be included in such an analysis, however, for the purposes of this discussion, the biological family, the social worker as well as the house parents at the CYCC are discussed.

Biological Family. Some have argued that the support an adolescent receives from their biological family after removal can impact how well they adapt to their alternative placement. Supportive behaviours by the biological family might increase the possibility that an adolescent can be reunited with their family as soon as possible (Perumal & Kasiram, 2009). According to the Children's Act, the reunification services offered to a biological family after the removal of their child are essential in the social welfare field. A study conducted by Schönbucher, Maier, Mohler-Kuo, Schnyder and Landolt (2014) illustrates how adolescents perceive support from their parents as the most essential source of support. Therefore, if the adolescent receives support from biological parents after removal, the child's ability to adapt to their environment and deal with their trauma will be improved. The decision of whether an adolescent is returned to the care of their biological family is

largely dependent on the biological parents' efforts to improve their circumstances, as well as their attachment to the adolescent (Perumal & Kasiram, 2008). The SSPs therefore need to understand this dynamic and provide the necessary support for building, maintaining and enhancing this relationship, as well as facilitating reunification at the earliest possible time.

The support received by siblings is also viewed as a vital source, even though this is not always possible (Kasiram, Partab, & Dano, 2006). Often siblings are placed together at a CYCC, therefore the interaction between siblings should be motivated and monitored by the SSPs. Peers include other children at the CYCC which are an important source of support or distress for the adolescents, depending on how they connect.

Social Workers. Social workers are an essential component of the multi-disciplinary team at CYCCs. A model that is utilised by some CYCCs when working with children and adolescents is the strengths-based approach, called the Circle of Courage (Perumal & Kasiram, 2008).

In summary, the Circle of Courage aims to identify four developmental needs, namely, *belonging*, *mastery*, *independence*, and *generosity*. Perumal and Kasiram (2008) mention that this Circle of Courage seems to be broken when an individual's functioning is in imbalance, such as when an adolescent is removed due to exposure to DV and afterwards placed in a CYCC. Therefore, once this Circle is broken, it is the responsibility of the social worker to identify the exact point where it was broken. Once this has been identified, the social worker can develop an individualised care plan so that the adolescent can return to optimal functioning. According to the manager at the CYCC, the Circle of Courage is the main intervention approach used at the CYCC to identify the needs of the children living there to plan further interventions.

In conjunction with the Circle of Courage, social workers should be able to function as enabling agents or catalysts in any practice situation to assist the children and families concerned to identify, create, or utilise resources (Thomas, 2015). However, Van Niekerk (2007) points out, that despite social work professionals having years of experience and knowledge, it is crucial they include the child

or adolescent in the decision-making process, as they often know and understand more about their experiences than professionals. Social workers need to support adolescents in dealing with the DV they have witnessed, especially when the adolescent is unable to express their own feelings and emotions appropriately (Perumal & Kasiram, 2008). The support provided by social workers can also help to mitigate the effects of future perpetration and victimisation.

House Parents. An important system in CYCCs is that of the house parent. House parents are the caregivers who care for the children at the CYCC daily. Having capable and reliable house parents in CYCCs is important, since they are the primary caregivers of the children placed at the CYCC. Kiraly (2001) mentions that house parents can play a vital role in supporting an adolescent to adjust, develop and re-integrate into the CYCC's environment. Neimetz (2011), however, argues that the environment of a CYCC can be socially isolated from the rest of society.

The interaction between house parents and children on an individual basis is often limited when house parents are overwhelmed due to the multiple demands of residential care and multiple children. In such cases, children receive minimal attention and emotional support whilst house parents primarily only provide physical support. Because a CYCC is not equal to a family environment, adolescents often do not receive sufficient individual attention (Neimetz, 2011). However, some suggest that the support received by house parents can be essential in adjusting to the environment, as well as the trauma experienced prior to their placement (Perumal & Kasiram, 2008), and can be an important source of individualised attention. SSPs need to provide adequate support and guidance to house parents on how to support adolescents who were witnesses of DV more effectively.

Meso Level Analysis

Bronfenbrenner (1979) refers to the mesosystem as the association between the different systems on the individual's micro level. In other words, the meso level is the system that links the micro-level systems and describes the interactional processes that exist between the two systems on the micro level. For example, the connection between the

adolescent's biological family and the social worker, or the connection between the social worker and the house parents.

Perumal and Kasiram (2008) stress the importance of a functioning relationship between the biological parents and the CYCC staff, including the social worker and the house parents, to ensure that the adolescent is returned to the care of the family as soon as possible. Therefore, both support systems need to be involved directly and continuously in this process. In the case of DV, the SSPs need to intervene at a family level or refer so that the DV is managed and the home becomes a safe place for the adolescents to return to. A stable and reliable relationship between the SSPs and the adolescents at the CYCC is vital to an adolescent's development and therapeutic success.

Exo level analysis

Bronfenbrenner (1979) delineates the exo level as the larger social system within the adolescent's environment. The SSPs have regular contact with the system at the exo level, and it can have a vital impact on the adolescent's functioning. There are several systems that can lay at the exo level, however for the purposes of analysing the support systems available to adolescent witnesses of DV, the welfare service delivery system and the CYCC as an institution are considered.

Welfare Service Delivery System. Patel (2005) defines social services or the welfare service delivery system as the social assistance and social welfare services delivered by governmental, as well as non-governmental organisations (NGO's). In this article, social services are defined more narrowly to refer to the SSPs that provide services to the adolescent witnesses of DV placed in the care of the CYCC, and the broader welfare system, where appropriate. The specific SSPs in this study include social workers, house mothers and child and youth care workers.

A vital function of the welfare services delivery system is to provide services to the families of adolescents placed in alternative care. These services should aim to assist the family in restructuring their environment into a more appropriate and conducive setting (Perumal & Kasiram, 2009). The SSPs at the CYCC are not responsible for this implementation, as

a designated reunification worker (from the Department of Social Development, or a designated welfare organisation) delivers these services. The broader welfare system is crucial in the removal of an adolescent and similarly can be an important element of ensuring the child is either reintegrated into the family or a suitable alternative placement, such as a CYCC.

Child and Youth Care Centre (CYCC). McKay (1994) promotes the idea that all adolescents need individual and sensitive attention. Additionally, these adolescents need intellectual stimulation, emotional support, and familiar surroundings. Even though many CYCCs would not be able to sufficiently provide for these needs, a dysfunctional and depleted family environment might not be able to fully satisfy these needs either (Perumal & Kasiram, 2009). Often, adults do not listen to adolescents as they are not seen as valuable contributors to the situation that needs to be dealt with.

Various authors have argued that by giving an adolescent a voice in the decisions concerning them, they are more likely to adapt to the placement at the CYCC (Van Niekerk, 2007). From an ecological system approach, an adolescent's involvement in the decision-making processes will add to the harmony and fit between the adolescent and the environment. For some children who have been exposed to DV between their parents, a placement which consists of a close, nuclear-type family, such as a foster care placement, can be more frightening than a CYCC because it is like their home environment (Perumal & Kasiram, 2008). For this reason, many children might find the emotional distance often present in a CYCC, more protective and comforting. Additionally, being able to identify with other children (peers) who have had similar experiences, might be supportive of their adaptation in a CYCC-setting.

Working from an ecological system approach, an adolescent's level of functioning is greatly determined by the amount of social support received. A healthy, safe, and nurturing environment is vital to an adolescent's development and well-being (Hepworth & Rooney, 2010). A variety of researchers and authors have argued that social support can be a buffer against psychological and behavioural problems in adult life (Barnett, Miller-Perrin & Perrin, 2011). For this reason, it is vital

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to create a nurturing and safe environment for adolescent witnesses of DV who have been placed at a CYCC.

Macro Level Analysis

Bronfenbrenner (1979) terms the macro-level system as the outermost layer of an individual's environment. The macro level does not necessarily comprise specific systems, but is guided by cultural values, laws, and customs. The most important components at this level that are relevant to this article include the legislation and policy environment, particularly the Children's Act, as well as various cultural aspects within South Africa and various cultural ideas about family and child-rearing.

Legislation and Policy. CYCCs are often given structural support by the government through legislation to care for the vulnerable child. CYCCs receive more assistance and support from the government than other alternative care placements such as foster care. Perumal and Kasiram (2008) reason that the ecological system theory can be helpful in analysing how policies and legislation can be developed and improved to assist

effective service delivery in CYCC's. Upon studying the Children's Act, we have concluded that the Act may lack certain guidelines on the specific services that CYCCs should provide to adolescent witnesses of DV, as emerges in the discussion of this paper.

The Children's Act stresses the importance of a supportive and developmental environment for all children and adolescents placed at a CYCC in Section 191(2)(a) by stating: "A child and youth care centre must offer a therapeutic programme designed for the residential care of children outside the family environment, which may include a programme designed for the reception, care and development of children other than in their family environment". However, it is important to note Section 191(3)(b) of the Act which states that: "A child and youth care centre may in addition to its residential care programmes, offer therapeutic and developmental programmes". In relation to Section 191(3)(b), one could argue that by using the phrase 'may', a CYCC is not necessarily bound by legislation to provide a therapeutic programme, such as assistance to adolescent witnesses of DV. Hence, provision is made in the Act for a variety of services.

The Department of Social Welfare produced a guide namely, "Developmental Assessment of Children, Youth and Families" (Department of Social Welfare, 2002:27) to assist CYCC's in developing individual development plans for children. This refers to the Circle of Courage (Perumal & Kasiram, 2008) which can be used to develop a specific care plan for each individual child in alternative care. It would be useful to consider such approaches when working with vulnerable children, in this instance, specifically with children and adolescents placed in a CYCC.

Culture within a South African Context. According to Davies and Dreyer (2014), patriarchal ideas influence the prevalence and acceptability of DV. Several authors have suggested that patriarchy can determine the level of support victims and witnesses of DV will receive (Kleijn, 2010). Unfortunately, in South Africa, a patriarchal culture still plays a major role in determining whether abuse is classified as such or not, and how it is responded to (Rasool, 2021). Many patriarchal families believe that the man is supposed to beat his wife to 'protect' the entire family and to keep his wife under his control. DV is often not viewed as abusive or abnormal; instead,

it is considered as the norm in many societies and cultures (Davies & Dreyer, 2014, Rasool, 2015b). Since a strong patriarchal mindset remains in South Africa, where boys learn at an early age that they should have power and control over females, these witnesses may become future perpetrators or victims (Rasool, 2015a). Furthermore, if their mothers are not receiving support for the trauma of DV, similarly, the children will be less likely to receive support after witnessing such violence within the home. This could perpetuate the cycle of both perpetration and victimisation.

Vatnar and Bjørkly (2009) argue that many women tend to place what they believe is the best interest of their children first and thereby sacrifice their own safety. The sacrifices that these women make can be attributed to the culturally constructed expectations surrounding the roles and responsibilities of mothers when protecting their children (Rasool, 2015a). It would appear as though the different cultures within a South African context have an impact on the prevalence of DV as well as the frequency of the reporting of this social issue. Bearing this in mind, one can argue that cultures that are somewhat accepting of DV can impact the way adolescent witnesses of DV experience the support services that they receive at a CYCC.

Methodology

This was a qualitative study since it "attempts to understand the world from the participants' point of view, to unfold the meaning of people's experiences and to uncover their lives world prior to scientific explanations" (Kvale (in Sewell, 2001:1)). A qualitative approach was chosen because it assisted in gaining a deeper understanding of the SSPs' views on the support services available at the CYCC. It also provided insights into how this affected the adolescents and how the CYCC assisted them in dealing with the trauma associated with their DV exposure experiences.

A single, holistic case study design (Woodside, 2010) was utilised in order to conduct an in-depth analysis or exploration of a system, single or multiple cases. In-depth data collection methods were used to gain rich information from a variety of sources, in the case of this one CYCC, by conducting interviews with the various SSPs in the CYCC (De Vos, Strydom, Fouché & Delport, 2011).

A holistic single case design was implemented by using some participants' responses as a representative sample of the larger population. For a holistic case study, a specific case is chosen as it demonstrates a process or features that are of particular interest (De Vos et al., 2011). In this study, the views of SSPs on the support services provided by the specific CYCC to adolescents who witnessed DV, were explored. Babbie (2001) illustrates that a case study researcher should aim to conduct the actual interviews only after extensive research has been conducted on literature in the specialised field, hence a literature study on CYCC's, adolescent witnesses of DV and the policies of CYCC was conducted.

Population and Sample

UNICEF (2010) reported that up until 2010, South Africa had approximately 345 registered CYCCs which provided care to approximately 21 000 children. These CYCCs are therefore identified as the population for this study. The specific CYCC chosen in this study was identified as it focuses on working with traumatised children in Pretoria, Gauteng. A focus was placed specifically on adolescents as they are often ignored, discredited, or stigmatised due to their developmental stage (Geldard & Geldard, 2010). The number of adolescent witnesses of DV placed at CYCCs in South Africa is currently unknown. However, due to the work the first author completed at another CYCC in her capacity as a social worker, she is aware that there are a substantial number of adolescent witnesses of DV placed at the CYCC. The identifying details of the CYCC are withheld due to the ethical issues of confidentiality and anonymity of both the institution and the participants.

This study used purposive sampling, to identify the populations that could shed light on the phenomenon being studied. In this case, designated SSPs were interviewed as they had insight and knowledge on the services provided to adolescent witnesses of DV.

Participants. To identify appropriate participants who can reflect on the services provided by the CYCC, specific sampling criteria were established (De Vos et al., 2011).

The participants interviewed for this study included seven SSPs at the CYCC who had been providing

services to adolescent witnesses of DV. The criteria for participation stipulated that they had to have been employed at the CYCC for at least six months prior to the initiation of the research process so that they would have adequate knowledge of the services being offered to the adolescents. In the end, a sample of one manager, two social workers, two house parents and two child and youth care workers who provided services to these adolescents were selected. This CYCC employs one manager, two full-time social workers, eight house parents and four child and youth care centre workers. There was therefore an adequate representation of the professionals (social workers) in this study. There was however a somewhat inadequate representation of the house parents and child and youth care workers' opinions, due to the number of SSPs in this category that volunteered for this study.

All participants were given pseudonyms to protect their anonymity. The aim was to consider the SSPs views of the support services provided by the CYCC in relation to the policies and service vision and mission of the CYCC.

Data collection was done through semi-structured interviews to explore the participants' beliefs and perceptions of the support services available in a CYCC (De Vos et al., 2011). DV is sometimes classified as controversial and is sensitive, therefore semi-structured interviews allowed for flexibility and understanding of the worldview of the participants.

Only one individual interview was conducted with each of the SSPs as their interviews focused predominantly on the support services provided by the CYCC. These interviews lasted between one to one and a half hours. The interviews were recorded, and the importance of recording was explained to all the participants since it allowed us as the researchers to concentrate on the participant, rather than the information provided in the interview (De Vos et al., 2011). All but one of the participants provided consent for the use of a tape recorder to record all interviews. Therefore, we attempted to write down the exact words of the participant to ensure that the specific responses were recorded. Ethics clearance was obtained from the University of Johannesburg.

Data Analysis

The transcriptions were completed soon after the interviews to ensure that the quality of the interviews was not lost, and the eight-step data

analysis process described by Tesch (1990) was utilised. The eight steps of data analysis that were followed can be summarised as follows:

- 1) All the transcripts were read as a whole and ideas of possible themes were jotted down. This assisted in obtaining a sense of the information as a whole.
- 2) After gaining a general idea of the data, all the transcripts were considered individually to determine the relevant information from each interview in terms of the research topic and objectives of the study.
- 3) After all the transcripts were worked through and emergent themes were identified, these themes were classified into columns labelled main themes and sub-themes.
- 4) The data was then reviewed by taking into account the identified themes. The themes were abbreviated through coding.
- 5) The themes were divided into groups by naming and categorising each theme. Lines were drawn between the different categories to display interrelationships between these.
- 6) A final decision was made on the abbreviation for each category.
- 7) Main themes and sub-themes were created wherein each piece of information in each category was then grouped.
- 8) The research findings were written up through a discussion of the themes. Each theme was supported by providing direct quotes from the participants. Additionally, the findings were linked to other research done in the area.

Findings

Demographics of Participants

A total of seven SSPs who had been delivering services to adolescents at the CYCC were interviewed. One manager (M), two social workers (SW), two house parents (HP) and two child and youth care workers (CYCW) were interviewed. The manager interviewed is White and had been employed at the CYCC for 12 years. Two Caucasian social workers aged 25 and 24 years were also interviewed. One social worker had a degree in Play Therapy. The one social worker had been working at the CYCC for only four months, but she had to be interviewed as there are only two social workers employed at the CYCC, hence she could not provide much information on the services as she was still in

the orientation phase. The other social worker had been at the CYCC for approximately two years and she shared rich and valuable information about the services provided by the CYCC. One of the biggest challenges was that many of the other SSPs, including the house parents and child and youth care workers, shared limited information relating to the services delivered by the CYCC. This made it difficult to correlate the information shared by the various stakeholders.

One African house mother aged 44 years had been working at the CYCC for three years, and one Caucasian house mother aged 61 years had been working at the CYCC for approximately 11 months. Two African child and youth care workers aged 45 and 38 years had been working at the CYCC for five and four years respectively. None of these participants had completed any degrees at a tertiary level. All the workers spoke English; therefore, a translator was not required for these interviews. All these individuals freely volunteered to participate in the study.

SSPs' Views on the CYCC

SSPs' Knowledge of Support Services Provided by the CYCC. The aim of interviewing was to consider the adolescents' and SSPs' experiences of the support services provided by the CYCC to discover the extent to which policies were implemented at the CYCC. However, the CYCC did not have specific policies relating to the services that should be provided to adolescent witnesses of DV. National policies determine the extent of support services that should be available to children and adolescents residing in a CYCC in South Africa, as mandated in the Children's Act. Section 158(3)(a) mandates that "the provincial head of social development in the relevant province must place the child in a child and youth care centre offering the residential care programme which the court has determined for the child, taking into account, the developmental, therapeutic, educational and other needs of the child..." There are, however, no specific guidelines on the support services that need to be provided to adolescent witnesses of DV.

Four of the SSPs mentioned several support services provided to the children and adolescents at the CYCC as reflected in the quotes below, however, these services were more generically aimed than specifically at witnesses of DV. Andrea

(M) mentioned that she is known as the Head of Children's Affairs and the Multidisciplinary Development Centre at this specific CYCC and describes the generic services available at the CYCC, and not specifically social services:

I suppose the normal stuff, like the house parent cooking, cleaning that we try and make it like a normal house. Getting the kids to school, ... things that are generic because they just need to be done. General maintenance, ... And a lot of meetings ... we also have a sister, we call it a clinic... And then obviously we outsource, ... We make mainly use of the government ... But there are a few private doctors that are willing to help. If there are specialised things because our kids come in extremely badly. They are malnourished, lice, rotten teeth, medically they have sores on their body. Then until a certain stage where the doctor appointments get less, such as once a month.

The manager initially spoke about the services to the CYCC as a whole and not much about social services. The two social workers reported on the social services and indicated that they have six different group work sessions per week divided between the two social workers. These groups take place on Mondays, Tuesdays, and Wednesdays. Andrea (M) explained further that the social workers do "either an age group...or as part of the different houses... depending on the weaknesses we have identified during the IDP [Individual Development Plan], then they format a group for those children who are struggling". Laura (SW2) stated that she tries to do individual therapeutic interventions on Thursdays, however, there is not always time. She added that medical attention is also provided to the children and adolescents at the CYCC when needed.

Michelle (SW1) provided an extensive explanation of the services provided by the CYCC, especially by the social workers. She reported the following services are available:

So firstly, we provide care to these children and the house parent is mainly responsible for that, it's like food and clothes and love and stuff like that. The social workers mainly focus on executing the IDP of the child, that also includes what the child chose such as participating in sports or going for therapy or visiting their parents or guest parents or anything that will contribute to their development.

Laura (SW2) added that several support services are provided to the adolescents at the CYCC. She explained:

We usually speak with them [about their concerns and issues], but usually the house mom is the first line of defence, but if they don't want to talk to the house mom, they come and talk to us. If it is an issue that occurs a lot, we refer them for therapy. We do have interns from TUT [Tshwane University of Technology] and M-students [Masters students] that come to do therapy, so we usually will put the child's name on the waiting list. If it is a child that we think needs medication, we'll make an appointment at Steve Biko [hospital] and they will see the psychologist and then they will decide if the child needs medication. But we usually just talk to the child and see if we can offer emotional support, but if they need long-term therapy, we will arrange that for them.

Laura (SW2) mentioned later in the interview that there are no specific services aimed at the adolescent witnesses of DV. It is discouraging that there is no ongoing individual counselling by the social workers for all the children at the CYCC, irrespective of their background or problem. This counselling seems to be available only when the children are experiencing issues. Subsequently, their prior experiences of witnessing DV may be neglected unless they display behavioural issues.

In addition to the groups (e.g., behavioural issues, emotional development and communication and self-care groups) that are run by the two social workers, Andrea (M) stated that the social workers also must do individual counselling with the children. She explains:

Both social workers are required to see four children per year themselves in therapy. And then we have a minimum of twelve interns of psychology or second year master's students of psychology. So, they get that therapy as well. Speech therapy, occupational therapy and sometimes we outsource to people who specialise in certain things, other social workers, psychologists, psychiatrists. So, there is therapy as well.

Andrea (M) added that the social workers' other main responsibilities are:

Social workers need to admit new children, develop an IDP...support house parents...

Mary (HP2) who provided information on these services offered her perception of the services that are mainly delivered by the social workers and other relevant professionals. Mary (HP2), mentioned:

They [social workers] have got groups by the office whereby they spend time with the children weekly. And there is church... So that is about all the support that they can get...they have got individual therapy. [Doctor] is also coming to the children, he is a psychiatrist. He is coming here daily to talk individually to the children about all their problems in the past.

She shared that there is a psychiatrist who visits the CYCC daily to check up on the children. During a follow-up interview with Laura (SW2), she mentioned that there is no psychiatrist who visits the children to check up on them. She added that there was once a clinical psychologist who visited the children, however, he was not involved with the children anymore. This could therefore be a misperception of the role of the doctor who had previously visited the CYCC. Furthermore, Laura stated that there are insufficient resources to see all the children for individual therapy, therefore only those who present with concerning and problem behaviours are referred to an external person for therapeutic intervention. It would seem as though a lack of resources was forcing the SSPs to do reactive, rather than proactive and preventative interventions.

Considering this, Andrea (M) mentioned that they cannot focus specifically on adolescent witnesses of DV because there are many other issues that also need to be dealt with. She explained:

Because everyone has been exposed to so much, we can't just focus on one theme if I can put it like that. Everyone has been through hell and back. Some are obviously worse than others. And that's what makes it difficult for the social workers. Everyone gets the same services. Obviously, if someone is acting out really badly, or has psychiatric problems, then it is Weskoppies [psychiatric hospital] ... you basically go by it in terms of their behaviour.

Three of the SSPs reported not knowing anything about the services that were provided by the CYCC; they especially reported that they were unaware of services specifically for adolescent witnesses of

DV. This lack of information could be contributing to some of the adolescents' negative experiences of the services provided by the CYCC. These three participants reported the following:

Sarah (CYCW1): I don't know about that; I just receive the children here at the house after the social worker has seen them.

Amy (HP1): No, I don't know anything about that.

Winnie (CYCW2): I really don't know about that... Basically, I don't know about that.

It was concerning that one house parent (Amy) and two child and youth care workers (Sarah and Winnie) did not have any knowledge whatsoever of the support services provided overall by the CYCC and specifically to adolescent witnesses of DV. It is disconcerting that this could have a negative impact on the well-being and sense of belonging of the adolescents at the CYCC. This is contradictory to the information of Laura (SW2) who stated that all the staff members were informed of the services available and did have knowledge of how to access these services.

It is concerning that the abovementioned participants did not share any information regarding social support services which could mean that they did not have any information about these services, or they did not understand the processes that needed to be followed when accessing these services. It is therefore important that the CYCC staff be educated more regularly on the support services available at the CYCC and on how they can handle specific cases within their houses at the CYCC.

More knowledge by all SSPs could result in better outcomes and development for all the children at the CYCC. Moreover, Laura (SW2) suggested that there was too little time and too many children to provide individual services by the in-house social workers. More specific and specialised care and support need to be developed and made available to adolescent witnesses of DV frequently, considering the devastating impact that this could have on future functioning and well-being.

Difficulty in Reaching the Children and Adolescents. The two social workers who were interviewed mentioned that there were insufficient social workers at the CYCC to address the needs of all the children at the CYCC. Michelle (SW1) states:

I think it would be useful if we could see them all individually. I think it is a lot easier to build a relationship I have tried, there's just no time. I also think the house mothers could also be educated more, not just in terms of DV, but also in a broad spectrum of issues. Then they would be able to identify these issues and respond to them, because they see the kids more. I think the referral system could be better.

Laura (SW2) argued that she wished that there was more time in a day so that all the children at the CYCC could be seen individually. She said: "Well time is not a service. I think in an ideal world we will have more time." Andrea (M) mentioned: "I think they [social workers] want to do more individual therapy, I think it is their passion, but there is just not enough time to see all the children individually."

Having only two workers employed at a CYCC with approximately 110 children could be why there are not sufficient services available to the adolescents and children living at the CYCC. There could be sufficient time in a month to see every child individually, however, once a month might not be sufficient. A lack of social workers or other counsellors can result in negative outcomes for witnesses of DV. Other services need to be procured to assist witnesses of DV, otherwise the inter-generational cycle of violence could be reproduced.

Difficulty in Managing Children at the CYCC.

The staff at the CYCC reported that managing the children and adolescents was challenging. One of the SSPs, Amy (HP1) reported that she often struggles with some of the children who live in her house. She reported that she has complained to the social workers about these children and about their behaviour on several occasions, however, the social workers do not respond adequately to these complaints in her view. Additionally, she reported how she does not think that there are sufficient and strict disciplinary measures put into place at the CYCC. Amy expressed that the social workers at the CYCC do not enforce the rules as well as she would want them to. Amy said:

So, there are kids that I am complaining about almost all the time and then there's nothing done... If I can really say, all of them, even the social workers, are not strict at all. Like I said there's no punishment. So, the kids just do it again and again.

Amy (HP1) seems to be struggling to manage the children adequately. It appears she feels that it is the social workers' job to manage the behaviour of the children and not hers. In theory, it is the house parents' job to discipline and manage children daily. The role of the social workers is to provide therapeutic and other services to children. One wonders what training the house parents have been given to manage the children and if they have role clarity – of their own role, and the role of the social workers. It is imperative that the social workers and managers at the CYCC work closely with the house parents and child and youth care workers as they are the ones who are engaging with the children daily. It may also be that house parents do not feel empowered to make decisions and enforce rules.

The issues raised by Amy (HP1) could indicate systemic issues in the CYCC. Perhaps communication between the social workers, the manager, and the house parents was limited or role clarification was unclear, such that house mothers had a particular expectation of social workers and not of themselves. During her interview, Andrea (M) described the role of the social workers as follows:

They must admit kids, you know new children, because we want to be full as often as possible. They must format and implement an IDP [Individual Development Plan], that's very important to us. Marketing and fundraising are on everyone's job description here. They are the project leaders of their four houses, so they also must do supervision and support their house parents, cause they also don't have an easy task. We have a school leavers' programme for our school leavers, to find a job and work or if we can find money for them to go and study. They are responsible for that as well. And then group activities or therapy... We have group activities, say for example you enjoy cycling, you start a cycling group. We are very developmentally approached, that's the approach that we use.

Additionally, in comparison to the roles and responsibilities of the social workers, Andrea (M) described the roles and responsibilities of the house parents as follows:

They must create a home. Obviously, a care plan to provide food, the basic needs, clothing

like on Maslow's Hierarchy. I always say to them that the basic needs are the most important, because otherwise if a kid is hungry, you are not going to do therapy, they are not going to work at school. Also marketing and fundraising is a big thing for them. We don't try and be their parents, it's not our role. We are just a substitute parent. But to really nurture the kids, is a big thing...

After Andrea (M) provided this explanation of the roles and responsibilities of the house parents, I explored who the responsible party was for handling the discipline of the children in relation to Amy's (HP1) complaint. Andrea stated:

That's a difficult one, because it is supposed to be the house parent. But sometimes it gets a bit much. I'd say the most difficult thing is being a parent but raising someone else's kids I think is even worse. So, it is supposed to be the house parent. And that is what makes the therapeutic role in the CYCC so difficult, because then they require that they say you must speak to this kid, because they can't anymore. And then the social workers must take a disciplinary role, but they are supposed to have a therapeutic role. So, it lies between the two, but it is supposed to be the house parent.

It is concerning that the house parents expect social workers to discipline the children placed in their care. As mentioned by Andrea, this complicates the role of the social worker wherein they must act as a disciplinarian whilst still maintaining a therapeutic relationship with the children. This role confusion could be a contributing factor to the lack of satisfaction of the support services on the part of the adolescents (Bezuidenhout, 2017). The role confusion could be due to a lack of training and skills on the part of the house parents.

Sarah (CYCW1) reported that she enjoyed living and working at the CYCC because she had become more confident in working with the children who lived there. She experienced a sense of loss when the children left the CYCC. She expressed the following:

And then I work very nice, because I love children. I've gained a lot of experience; I've gained that confidence to help children in this place. So, I just enjoy myself. Some of the children you know are difficult, some of them

just enjoy being here and some of the children will go out of this place. So, you have that bond with them. When they are going out, you just feel sad, because it's like your children.

For Sarah, it seems as though working at the CYCC has been a growth experience. However, similarly to Amy (HP1), she expressed that she struggled to deal with the children. She explained that the children often challenged the boundaries and their authority. However, this is normal, especially for children exposed to violence, who may replicate the behaviours they have seen at home in the CYCC.

Conclusion

If a child is removed from their home and placed in a CYCC, it would mean that the DV was intense, and the child/ren were at risk of serious harm. Hence a CYCC is an important space for assisting child witnesses of DV to deal with the trauma of exposure and to prevent the inter-generational transmission of violence. It seems from this study that the CYCC is creating a safe and nurturing environment for the adolescent witnesses of DV. They provide generic services to all the children, however there are limited specialist services for child witnesses of DV available.

Despite evidence of the co-occurrence of DV with other social issues and child abuse, there still seems to be surprisingly little application of programmes that target such issues as evident in this CYCC. Even though there is a considerable need for support services that focus on supporting adolescent witnesses of DV, it seems that this CYCC does not have programmes aimed specifically at addressing this. However, these issues could be addressed adequately if counselling was provided weekly or frequently to the children who witnessed DV to deal with those issues.

When considering services through the ecological lens, it seems that there are various interventions at the micro and meso level, however these are not specific to child witnesses. It is imperative to consider the impact that other systems at the macro level, such as the broader welfare system, the culture of violence, and patriarchy have on the CYCC and thus the children, and interventions are needed to address these. At the meso level, the interaction between social workers, house parents and the children's home of origin is given

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inadequate attention. This is important since this is where they were exposed to violence, and interventions in the home are required for the reintegration of the children and to create a safe and healthy environment for them to return to. If reintegration services are not ongoing on both levels, it will be difficult for the children to fully heal and be ready to return home. Hence, support services relating to the adolescent and their biological families are critical for the well-being of the children.

At the meso level, depending on the number of adolescent witnesses of DV that there are in a CYCC, a specialised programme could allow adolescent witnesses of DV to share their experiences and to deal with the trauma they associate with this violence. Instead of just age-appropriate groups, the CYCC could have specialist group work services that address issues such as exposure to DV at the meso level. In addition, a general programme on fostering healthy relationships and addressing gender attitudes would also be beneficial to all adolescents as a peer group to address the patriarchal culture of South African society more broadly.

Although CYCC’s are complex environments and the SSPs have a huge responsibility and have multiple and complex demands to deal with, they nevertheless need to be effective in addressing the psycho-social issues presented by children who were exposed to DV. The context from which they come should be clear in their individualised plans,

as this is an important aspect of working from an ecological perspective. It is, however, imperative to consider the impact that other systems at the micro and meso levels have on the effectiveness of the intervention at this CYCC. For example, if the interaction between social workers, house parents and the children’s caregivers is inadequate, it will in turn have a negative impact on the development and support of these adolescents. This is an important factor to keep in mind for future research and implementation of interventions.

There is also a concern about the support services relating to the adolescent and their biological families. It could be recommended that specialised programmes supporting the adolescent and their biological families, could also be useful in practice. At the micro level, the IDPs need to acknowledge and deal with the issues faced by the adolescents or children when they present with exposure to DV. Additionally, the Circle of Courage, as discussed by the SSPs, need to be utilised to develop effective programmes to address the issues that emerge from witnessing DV. At the same time, social workers need to develop interventions at the meso-level that deal with gender attitudes that contribute to the potential perpetuation of DV.

It seems that CYCC’s and their SSPs are over-stretched and so the children are not receiving specialised attention that addresses their exposure. This needs to be redressed and the staff need to receive training on DV, and how to deal with children who have witnessed DV. Not just social workers, but house mothers need to receive this training to adequately understand the behaviour of these children and to respond appropriately. At present, it seems that the services offered by this CYCC are only generic with no focus on the adolescents’ exposure to DV. Even though legislation seems to suggest that CYCCs should develop supportive and therapeutic programmes, the legislation should be amended to include specific guidelines for the implementation of specialised programmes to accommodate the needs of child witnesses of DV.

Hence, both policy and practice to enhance the understanding and responses of CYCCs to children who witness DV is urgently required. There is a need to recognise that DV is a macro issue, and hence the interventions need to address the impact of the broader culture of violence and patriarchy is needed.

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References

- Babbie, E. (Ed.). 2001. *The Practice of Social Research* (9th ed.). Belmont: Wadsworth.
- Barnett, O. W., Miller-Perrin, C. L., & Perrin, R. D. 2011. *Family Violence Across the Lifespan*. Los Angeles: SAGE Publications.
- Beck, S. 2015. *Orphaned and Abandoned Children's Perceptions of Social Support: A Mixed Methods Study* (Doctoral Dissertation). The Chicago School of Professional Psychology, Chicago, United States of America.
- Bezuidenhout, S. 2017. A Case Study of the Support Services Provided by a Child and Youth Care Centre (CYCC) to Adolescent Witnesses of Domestic Violence [Master's Dissertation, University of Johannesburg].
- Breetzke, G. D. 2012. Understanding the Magnitude and Extent of Crime in Post-Apartheid South Africa. *Social Identities*, 18(3), 299-315.
- Bronfenbrenner, U. 1979. *Bronfenbrenner's Ecological Model of Child Development*. Cambridge: Harvard University Press.
- Bronfenbrenner, U. 1994. Ecological Models of Human Development. *International Encyclopaedia of Education*, 3(2), 37-43.
- The Children's Act, Act No. 38 of 2005. Pretoria, South Africa: Government Printers.
- Davies, P. J., & Dreyer, Y. 2014. A Pastoral Psychological Approach to Domestic Violence in South Africa. *Theological Studies*, 70(3), 1-8.
- Department of Social Welfare. 2002. *Developmental Assessment of Children, Youth, And Families*. Republic of South Africa. Retrieved from www.welfare.gov.za/Documents/1997/wp.htm
- De Vos, A. S., Strydom, H., Fouché, C. B., & Delpont, C. S. L. (Eds.). 2011. *Research at Grass Roots: For the Social Sciences and Human Professions* (4th ed.). Pretoria: Van Schaik Publishers.
- Dube, N., & Ross, E. 2012. Sanctuary or Double-Edged Sword? Challenges Confronting Adolescents Living at Nkosi's Haven in Johannesburg, South Africa. *Journal of Social Aspects of HIV/AIDS*, 9(4), 200-209.
- Garrido, E. F., Culhane, S. E., Petrenko, C. L. M., & Taussig, H. N. 2011. Psychosocial Consequences of Intimate Partner Violence (IPV) Exposure in Maltreated Adolescents: Assessing More Than IPV Occurrence. *Journal of Family Violence*, 26, 511-518.
- Geldard, K., & Geldard, D. (Eds.). 2010. *Counselling Adolescents: The Proactive Approach for Young People* (3rd ed.). London: SAGE Publications.
- Grobelaar, H. H., & Oldewage-Theron, W. 2013. Nutritional Status and Food Intake Data on Children And Adolescents in Residential Care Facilities in Durban. *South African Journal for Clinical Nutrition*, 26(1), 29-36.
- Haffejee, S., Levine, D.T. 2020. 'When Will I Be Free': Lessons from COVID-19 for Child Protection in South Africa. *Child Abuse & Neglect*, 110 (2), 1-14
- Hepworth, D. H., & Rooney, R. H. 2010. *Direct Social Work Practice: Theory and Skills*. Australia; Belmont, CA: Brooks/Cole Cengage Learning.
- Holt, S., Buckley, H., & Whelan, S. 2008. The Impact of Exposure to Domestic Violence on Children and Young People: A Review Of Literature. *Child Abuse and Neglect*, 32, 797-810.
- Idemudia, E. S., & Makhubela, S. 2011. Gender Difference, Exposure to Domestic Violence and Adolescents' Identity Development. *Gender and Behaviour*, 9(1), 3443-3465.
- Kasiram, M., Partab, P., & Dano, B. 2006. *HIV/AIDS in Africa: The Not So Silent Presence*. Durban: Printconnection.
- Kiraly, M. 2001. *Residential Childcare Staff Selection: Choose With Care*. United States of America: Haworth Press Inc.
- Kleijn, A. M. 2010. *The Demographic Profile and Psychosocial History of a Group on Convicted Perpetrators of the Rape of Children under the Age of Three Years* (Unpublished Doctoral thesis). University of Witwatersrand, Johannesburg, South Africa.
- McIntosh, J. E. 2003. Children Living with Domestic Violence: Research Foundations for Early Intervention. *Journal of Family Studies*, 9(2), 219-234.
- McKay, A. 1994. No Love Nor Money: Institutional Childcare in South Africa. *Critical Health*, 46, 79-82.
- Neimetz, C. 2011. Navigating Family Roles within an Institutional Framework: An Exploratory Study in One Private Chinese Orphanage. *Journal of Child and Family Studies*, 20(5), 585-595.
- Patel, L. 2005. *Social Welfare and Social Development in South Africa*. Cape Town: Oxford University Press Southern Africa.
- Perumal, N., & Kasiram, M. 2008. Children's Homes and Foster Care: Challenging Dominant Discourse in South African Social Work Practice. *Social Work/Maatskaplike Werk*, 44(2), 159-169.
- Perumal, N., & Kasiram, M. 2009. Living in Foster Care and in a Children's Home: Voices of Children and their Caregivers. *Social Work/Maatskaplike Werk*, 25(2), 198-206.
- Ponziano, F., Stecker, E., Beasley, C. R., Jason, L. A., & Ferrari, J. 2016. Relationships between Childhood Sexual Abuse and Substance

- Use among Women. In S. Callahan and L. A. Jason (Eds.), *Substance Abuse and Aftercare* (pp. 99-108). Chicago, USA: DePaul University.
- Rasool, S. 2002. Violence Against Women: A National Survey. *Institute for Security Studies*.
- Rasool, S. 2015a. Help-Seeking after Domestic Violence: The Critical Role of Children. *Journal of Interpersonal Violence*, 31(9), 1-26.
- Rasool, S. 2015b. The Influence of Social Constructions of Family on Abused Women's Help-Seeking After Domestic Violence. *South African Review of Sociology*, 46(4), 24-38.
- Rasool, S. 2021. The Implications of a Patriarchal Culture for Women's Access to "Formal" Human Rights in South Africa: A Case Study of Domestic Violence Survivors. In Sewpaul V., Kreitzer L., & Raniga T. (Eds.), *The Tensions between Culture and Human Rights: Emancipatory Social Work and Afrocentricity in a Global World* (pp. 147-164). Canada: University of Calgary Press. doi:10.2307/j.ctv1nj34m0.10
- Rasool, S. 2022. Adolescent Exposure to Domestic Violence in a South African City: Implications for Prevention and Intervention. *Gender issues*, 39, 99-121.
- Schönbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U., & Landolt, M. A. 2014. Adolescent Perspectives on Social Support Received in the Aftermath of Sexual Abuse: A Qualitative Study. *Archives of Sexual Behaviour*, 43(3), 571-586.
- Sewell, M. 2001. *The Use of Qualitative Interviews in Evaluation*. Retrieved from <http://ag.arizona.edu/fcr/fs/cyfar/Intervu5.htm>
- Tesch, R. 1990. *Qualitative Research: Analysis Types and Software Tools*. Basingstoke: Falmer.
- Thomas, C. 2015. *A Personal Practice Model* (Unpublished Master's Dissertation). University of Minnesota-Duluth, USA.
- Trevillion, K., Oram, S., Feder, G., & Howard, L. M. 2012. Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis. *PLoS ONE*, 7(12), 1-12.
- UNICEF. 2010. *Alternative Care*. Retrieved from http://www.unicef.org/southafrica/protection_6633.html
- UNICEF. 2014. *State of the world's children 2014: Table 4*. Retrieved from <http://www.unicef.org/sowc2014/numbers/documents/english/EN-FINAL%20Table%204.pdf>
- Vatnar, S. K., & Bjørkly, S. 2009. Does it make any Difference if she is a Mother? An Interactional Perspective on Intimate Partner Violence With a Focus on Motherhood and Pregnancy. *Journal of Interpersonal Violence*, 23, 265-279.
- Van Niekerk, J. 2007. Child Participation - The Challenges for Child Protection Workers. *The International Society for the Prevention of Child Abuse and Neglect*, 1, 10-11.
- Woodside, A. G. 2010. *Case Study Research: Theory, Methods, Practice*. Bingley, UK: Emerald Group Publishing Limited.