



An exploration of teachers' views and experiences on the effects of community  
Violence on learners at Lusikisiki

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An exploration of teachers' views and experiences on the effects of community Violence on learners at Lusikisiki

By

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## **DECLARATION**

I, Nolufefe Gwarubana: 223321435, hereby declare that the treatise/ dissertation/ thesis for Masters of Arts in Psychology (Research) to be awarded is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another University or for another qualification.

A handwritten signature in black ink, appearing to read 'N. Gwarubana', with a large, stylized flourish at the end.

NOLUFEFE GWARUBANA

## **DEDICATIONS**

This dissertation is dedicated to educators and learners of Mkhankomo Full Service School who have experienced or witnessed any sort of violence in the community and at school. Be it primary or secondary in South Africa.

## ACKNOWLEDGEMENTS

**Prof Magnolia Ngcobo-Sithole**, my study supervisor, for her constant and tireless guidance throughout the entire study. Thank you for all your motivation, guidance, insight and hard work throughout my study. May God bless you and keep you so that others may benefit from your wisdom.

**My children, Qama, Lutho, Ngomso and Ndinawe** I am very proud of the special way you motivated and supported me.

**The Master of it all, God Almighty**, thank You for blessing me in so many ways. You gave me the strength and the courage to stand up each time and try again.

The principal (Mr Lurhwengu), educators and learners of Mkhankomo Full Service School

**All my colleagues and friends**, who believed in me and motivated me to continue with “mission impossible”.

## **ABSTRACT**

A significant number of children in the South African context are exposed to community violence and become traumatised. In South Africa, many learners bring trauma histories into the classroom. To attend to this problem, it is important to understand how Exposure to Community Violence (ECV) affects learners, how this exposure is manifested in the classroom, and how teachers and schools can best support and mitigate adverse outcomes for trauma-impacted learners.

The study aimed to understand teachers' views and experiences on the effects of community violence on learners and the nature of the support that they offer to learners with trauma related to community violence.

An exploratory design was used within which qualitative data was collected using semi-structured interviews. Data was gathered from Mkhankomo Full Service School, which is located in Lusikisiki. A maximum number of 10 teachers participated in the study and interviews were audio-recorded.

Results of this study provide insight into the effects of community violence on the learners who were victims either directly or as witnesses. Based on thematic analysis, the results clearly showed that the effects of community violence were found to be mainly emotional, behavioural and psychological. All these effects were seen to affect the learners' performance at school in the long run. In addition, the findings point to the teachers showing a willingness to support learners exposed to community violence, however, they felt ill-equipped to do so given that they had never worked with learners exposed to trauma. Also, in their attempts to support learners, teachers implemented support systems such as offering individual lessons to learners and additionally assuming supportive roles such as that of mentor and mother. Moreover, the findings indicated that teachers were not provided with any

training to help them work with learners exposed to trauma and their expectations for the Department of Basic Education to assist were not met.

Consequently, the study provides an understanding of the effects of community violence on learners from the perspectives of teachers in the school. It also assists with information regarding teachers' preparedness and ability to respond to learners' chronic exposure to community violence. Furthermore, this study gives an understanding of teachers' approach to supporting learners experiencing traumatic stress in the classroom.

**Keywords:** Exposure to Community Violence (ECV), Trauma, Teacher Competency, Posttraumatic Stress Disorder, Trauma-Informed Care.

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# CHAPTER 1

## 1.1 Introduction

Learners in South Africa are exposed to a high level of violence both at school and within the community, and these learners are impacted by trauma (Ward et al., 2007). According to a study conducted in the Western Cape, almost all adolescents (98.9%) had witnessed community violence, 40.1 % had been direct victims of community violence, 76.9% had witnessed domestic violence, 58.6% had been direct victims of domestic violence, and 75.8% had been either directly or indirectly exposed to school violence (Kaminer et al., 2013). In low-income communities, learners have high chances of exposure to community violence and are at high risk of developing posttraumatic stress symptoms (PTSS) (Finkelhor et al., 2013).; Ridgard et al., 2015).

Community violence is not a new feature of existence, especially in the South African context (Straker et al., 1996,). Historically, community violence has been strongly linked to political affairs and this has an overwhelming effect on both adults and children (Barbarin et al, 2001).

When learners are exposed to community violence, it affects them academically and their academic performance drops. Medina and Martin (2009), conducted an explorative study which looked at community violence and learners' academic performance, the findings revealed and highlighted how these negative effects can disrupt learners' adaptation to school and academic competence. They further argue that, although the effects of violence exposure are presented as distinct, in reality, the cognitive, emotional, behavioural and social consequences of violence are interrelated and contribute to one another. Mostly these learners suffer from anxiety and depression.

In the classroom environment, the cognitive and psychological impact of experiencing trauma is related to struggles in academic and social functioning.

According to Goodman et al., (2012), learners with histories of traumatic stress, when compared to those without these histories, scored lower on standardized tests and were three times more likely to benefit from an Individualized Education Program (IEP). Shonk and Cicchetti (2001) found deficits in learners' academic achievement and this was also prevalent for learners with histories of maltreatment. Additional to academic underachievement, learners with trauma histories display a wide range of externalizing and internalizing behaviours including irritability, aggression, withdrawal, difficulty with authority, and hyper-arousal (National Child Traumatic Stress Network, 2008). These behaviours display themselves primarily at playschool and have the possibility to continue until adulthood (Graham-Bermann et al., 2012; Shonkoff & Garner, 2012).

Although school social workers, counsellors, and psychologists are often viewed as people who primarily provide mental health services, research suggests that classroom teachers are increasingly responsible for implementing mental health interventions. Teachers play a significant role in the educational success of learners and help them to develop resilience for success, despite the trauma that they have experienced (Masuku, 2002).

One of the reasons that influenced the choice of the area for the current study was the realization that most of the research on community violence is not done in rural regions, as rural zones are mostly seen as safe and unaffected by violence (Margolin & Gordis, 2000).

In Khanyayo village, where Mkhankomo Full Service School is located there have been unresolved conflicts over land boundaries and authorities at a local level, with major effects on

people's lives (e.g. chieftaincy and civil associations) and the high degree of complementarity between informal institutions mediating access to natural resources (Kepe, 1997). This study emanates from a violent battle between two villages that has led to hundreds of residents being displaced and several homes being burnt to the ground resulting in children missing school for several months. Mkhankomo Full Service School has been caught in the middle of a territorial dispute between factions from these villages. Due to this community violence, learners had suffered a lot of traumata as they were forced to flee their homes and go into hiding- in the bush and mealie fields.

## **1.2. Statement of the problem**

Society believes that community violence only occurs amongst gang members in the cities and neighbourhoods. Yet poor, non-white people staying in closely populated urban and rural areas are also at high risk of exposure to violence (Margolin & Gordis, 2000). Studies conducted by Hamblen & Goguen (2014) on rates of community violence showed that many people are affected by the violence. In rural areas, the effects of violence, especially on children, remain unknown due to stereotypes such as “there is lesser or no crime or violence occurs in urban areas” and that crime or violence is an urban or city problem (Margolin & Gordis, 2000, p 122).

According to Thompson (2005), there is not enough research in South Africa on the effects of violence on learners. In addition to this limited research, there is no information explaining how teachers can cope and deal with learners affected by community violence.

Furthermore, even though there are many studies on violence that occurs in schools (Greef & Grobler, 2008; Burton, 2008; Vogel *et al.*, 2003) there is a lack of studies focusing on the effects of community violence in South Africa. Approximately half of all learners’ experience at least one adverse childhood trauma incident (Child and Adolescent Health

Measurement Initiative, 2013b), and teachers' approach to trauma in the class is critical. Previous research suggests that teachers feel unprepared to address the needs of this group of learners (Alisic, 2012).

The views of South African teachers have yet to be identified. In general, there is a lack of research on teachers' views on learners suffering from trauma related to violence in the community and interventions used to address posttraumatic symptoms (Alisic, 2012; Crosby et al., 2007). Nonetheless, research indicated that learners affected by community violence, who receive great support from teachers at school are more likely to display minor psychological symptoms than those who feel that they did not get enough support (Ludwig & Warren, 2009). Providing training as early interventions may help mitigate adverse outcomes due to learners dealing with chronic trauma, such as staying in violent communities (Jaycox, et al., 2012; Ko et al., 2008).

To better understand the degree to which teachers give informal support, Reinke et al. (2011) studied teachers' perceptions of the needs, roles, and barriers to supporting learners' mental health in schools. Only 28% of teachers agreed they possess the knowledge necessary to meet their learners' mental health needs, while only about a third said they have the required skills. When teachers were asked to provide the top three areas in which they believe they need additional training, "to recognize, and understand mental health issues in learners " fell second on teachers' lists, preceded by "strategies for working with learners with externalizing behaviour problems" (p83).

The findings of Reinke et al. (2011)'s study speak to teachers' overall views of mental health in the class; yet, there is little research specifically addressing teachers' experiences supporting learners who have been exposed to community violence.



### 1.3. Definition of terms

*Exposure to Community Violence (ECV):* Exposure to Community Violence (ECV) is defined in this study as seeing violence in a community, being a victim of violent behaviour, or being exposed to a combination of both. It is violence that occurs outside of the house, such as in neighbourhoods or towns, and it can be perpetrated by someone who is known or unknown to the witness (Krug et al., 2002; Kennedy and Ceballo, 2014). It is defined as witnessing or experiencing violent acts such as physical intimidation, weapon possession, robbery, shooting, and stabbing (Wilson and Rosenthal, 2003; Zhang et al., 2017).

*Posttraumatic Stress Symptoms (PTSS):* Individuals can develop posttraumatic stress symptoms (PTSS) after personally experiencing, physically seeing, or hearing about a distressing event (PTSS). Bad recollections, fear, overpowering sentiments about the incident, hate and wrath, are examples of these indicators. (American Psychological Association, 2013).

In the current study learners were engaging in aggressive and violent behaviour that included playing games that were perceived as rough, some of which involved fighting with each other. They were unable to control rage, temper, frustration and other destructive emotions. Learners were reported as being “jittery and scary” “*terrified,*” “*fright,*” “*anxious*” and to be “*fearful.*”

*Trauma-Informed Care (TIC)* is a system-wide approach to providing mental health services. Trauma-informed organizations use a four-part framework: (1) understanding the effects of trauma on individuals and organizations, (2) identifying trauma signals, (3) reacting to those affected, and (4) preventing re-traumatization of those involved. Furthermore, security, credibility, open standards, peer support, teamwork, mutuality,

authority, and conventional reaction are all incorporated into the system-wide delivery (SAMHSA, 2014).

In the current study, teachers reported that there is School Based Support Team which is an approach to support learners who have been impacted by trauma in the school setting. This is a strategy to avoid re-traumatization of learners and staff self-care, with a focus on vicarious traumatization. This approach starts with an understanding of how trauma can impact learning and behaviour. With this approach, teachers reflect on their teaching practices to find ways to better support learners who may be experiencing trauma.

Trauma-informed care has been implemented through different programs in community-based organizations such as Council of Churches to support the school and the community.

#### **1.4. Rationale for the study**

Schools, mental health professionals and teachers can play a significant role in addressing the mental health problems of learners in the classroom. The intervention can improve learners' ability to study effectively and cope with trauma symptoms. Learners who have suffered from a traumatic event are at a higher risk for academic, social, and emotional problems. Although there is evidence that teachers can act as a buffer, or protective factor, against negative outcomes for learners (e.g., Troop-Gordon & Kopp, 2011), the teacher-learner relationships and the role of the school as a buffer against the effects of ECV especially providing support to affected learners is less clear. Yet understanding teachers' knowledge and confidence in how they support learners exposed to traumatic events is not enough, a necessity for developmentally suitable trauma-specific training is required for teachers to adequately support learners exposed to trauma.

More is being asked of Mkhankomo Full Service school teachers and their role is shifting from a traditional teacher of academic skills to a more robust role, including

teacher, caregiver, and mental health provider. School systems need to protect and react properly to the needs of learners that are experiencing trauma. Schools need to develop an effective system that will make teachers able to identify and respond to the needs of learners, families and staff affected by trauma. Nevertheless, there is limited evidence concerning schools' readiness and capacity to react to learners' continued exposure to community violence (Ridgard et al., 2015). If schools can assist learners to cope with the negative effects of community violence, the academic performance of learners may be improved. Working with learners who are affected by trauma requires schools to assist in providing individual counselling services, self-care plans to address triggers, and case management. This can also be covered in life orientation curriculum in school under personal well-being. As teachers are the ones who spend more time with trauma-affected learners, they need to be equipped with the necessary skills. Trauma-informed approaches can positively empower teachers with knowledge and skills to help traumatized learners in the classroom on daily basis.

### **1.5. Aim for the study**

This study aimed to gain an understanding of teachers' views and experiences on learners exposed to community violence from the perspectives of teachers in the school.

The study also aimed to discover teachers' preparedness to provide support to learners with trauma related to community violence.

### **1.6 Objectives**

1. To explore and describe teachers' views on classroom behaviour and academic performance of learners exposed to community violence
2. To explore and describe teachers' preparedness to provide support to learners with trauma related to community violence

3. To identify any trauma training or intervention programs provided for teachers to deal with trauma in the classroom.

### **1.7 Research Questions**

This study addressed the following research questions:

1. What are teachers' views on classroom behaviour and academic performance of learners exposed to community violence?
2. What is the preparedness of teachers in providing support to learners exposed to community violence?
3. What trauma training or intervention programs are provided for teachers to deal with trauma in the classroom?

### **1.8 Thesis outline**

**Chapter 1** provides a general overview into the study conducted. The purpose, background, rationale, and significance of the research study are outlined.

**Chapter 2** focuses on the literature reviewed on the exploration of teachers' views and experiences on the effects of community violence on learners. Various literature has been appraised to show research that has been undertaken worldwide, however limited in South Africa. The literature review also focuses on the nature of the support that teachers offer to learners with trauma related to community violence. This chapter also outlines the theoretical framework used in this study, i.e. Bronfenbrenner's ecological theory.

**Chapter 3** presents the research methodology, including research design, sampling procedures, data collection techniques, inclusion and exclusion criteria, procedures and method of data analysis. The chapter concludes with the ethical considerations and reflections of the research process.

**Chapter 4** discussed the findings of the research. The data has been divided into themes and sub themes. This is then presented into broad themes, guided by critical questions.

**Chapter 5** is the concluding chapter, presenting findings of the study and associating the findings with literature reviewed in chapter 2. The chapter ends with the strengths, weaknesses, and limitations in addition to recommendations for future research.

### **Conclusion**

The chapter provided an outline of the dissertation by giving the main understanding of the study as articulated over the problem statement, aim and objectives.

## **CHAPTER 2**

### **2.1 Introduction**

This chapter presents a review literature on exposure to community violence, the effects and how teachers assist children. The chapter also discusses Bronfenbrenner's ecological theory of systems as it serves to comprehend the effects of childhood trauma on child mental health and well-being

### **2.2 Literature Review**

The nature and extent of community violence is discussed by looking at available studies conducted internationally and nationally. Cooper (1998) trusts that the main objective of the literature review is to describe, summarize, evaluate, clarify and/or integrate the content of the primary report. He asserts that literature review uses as its database reports of primary or original scholarship and does not report new scholarship itself. The types of scholarship may be empirical, theoretical, critical, analytical or methodological in nature. Leedy (1997) believes that the function of the literature review is to look at the literature in an area, not necessarily identical with, but collateral to your area of study. It is aimed at obtaining detailed knowledge of the topic being studied. Writing reviews are intended to demonstrate a professional grasp of the background theory on the research that is going to be undertaken.

Given the extensive nature of crime and violence in South Africa, people are living in fear of possible incidents of community violence. As a result, the general public is thought to be at high risk for developing trauma-related mental health problems. Unsurprisingly, numerous research studies have demonstrated that posttraumatic stress-related conditions are a significant public health problem in South Africa, affecting all individuals in society, from children to adults (Edwards, 2005a). Epidemiological research indicates that the kinds of

traumatizing events associated with posttraumatic stress disorder (PTSD) are a common occurrence in South Africa and self-report survey studies reveal an alarmingly high degree of exposure in several settings and suggest that this exposure is a significant contributing factor to the high prevalence of trauma-related symptoms and other related conditions observed in the general population (Edwards, 2005a). The related conditions include feeling depressed, anxiousness, substance abuse (drugs & alcohol) and somatic complaints (Breslau, 2009). To attend to this problem, it is important to understand how ECV may manifest in the classroom, and how teachers and schools can best support and mitigate adverse outcomes for trauma-impacted learners.

### ***The Extent of Violence in South African schools***

The extent of violence is relatively higher in South Africa and has affected learners massively. Government and Department of Education authorities need to prioritise violence and come up with approaches or plans to tackle it. For example, according to Yazeed Kamaldien (2010),

Patrick Burton, executive director at Centre for Justice and Crime Prevention (CJCP), declares that they initiated the launching of Hlayiseka Project (be safe) after explorations at schools nationally discovered distressing levels of violence: Many learners in secondary schools were reported to be attacked and beaten up. Young males and females encountered sexual violence, as it was easy to access alcohol and drugs inside the school premises, and also dangerous weapons such as knives and guns. Kamaldien, (2010) added that there are a lot of severe dangerous cases of violence that happens in 2008 at the Nic-Diederichs Technical High School in Krugersdorp, where Morne Harmse murdered a colleague learner Jacques Pretorius by stabbing him with a sharp weapon and wounding other three learners. He was imprisoned the following year to 20 years imprisonment and it was endorsed that

he must be examined by a psychiatrist and receive psychological intervention and rehabilitation for the period he is in custody. These various incidents of violence affect learners negatively especially those who experienced them and the effects are more severe on learners' emotional state as they are always worried about their safety. This also increases the rate of absenteeism and academic performance is disturbed (Masuku, 2002). Schools are supposed to be safe areas within the communities instead of most violent crimes ended up occurring within school premises. Learners are witnessing and experiencing violence at school and within their communities at a very high level (Kamaldien Yazeed, 2010).

### ***Exposure to Community Violence (ECV) and Trauma***

Youth witnessing community violence can develop a range of internal and external signs and mental illnesses, like constant worry, anger and hostility (Gaylord-Harden et al., 2011). For instance, learners' and teachers' information showed that exposure to community violence significantly predicted hostile and violent behaviour in a sample of many African American young people staying in poverty-stricken communities (Benhorin & McMahon, 2008). Most youth exposed to community violence may utilise aggressive behaviour as a way of coping or adjusting to risky and dangerous surrounding communities they live in (Garbarino, et al., 1991). Unfortunately, exposure to community violence was discovered to have a negative effect academically as learners are witnessing and experiencing violence both at school and within their community most of the time. Previous studies have documented that exposure to community violence may lead to long-term effects on learner's development, starting in the play-school years to the secondary levels. Studies proved that learners exposed to community violence tend to negatively perceive the world



as hostile, dangerous and unsafe (Medina & Martin, 2009). It is important to remember, however, that after the initial shock and fear many learners exposed to community violence may not develop symptoms related to post-traumatic stress and that in some children symptoms may develop only later in life (Foy *et al.*, 2000, p. 5). However, learners who perceived their school and/or their way to school as less safe demonstrated lower academic achievement compared to those who perceived their school and/or the way to school as safe. Thus, learners' perceptions of safety at school and in their communities as well as the effects of poverty may have a greater impact on academic achievement compared to objective measures of community violence (Milam et al., 2010). One of the emerging beliefs among researchers is that the resulting trauma from ECV may interfere with new learning and school functioning (e.g. Mathews, T., Dempsey, M., & Overstreet, S., 2009).

Posttraumatic Stress Disorder (PTSD) is one of the consequences of violence (Linares et al. 2001). Learners who have been exposed to domestic abuse are at a high risk of developing a cluster of psychological symptoms related to PTSD. If learners are victims of community violence, they are often exposed to chronic or multiple events. The situation is aggravated when their mothers show distress in reacting to the same violent events or (as they often do) lack the social support of other understanding adults (Linares et al., 2001). Scholars have determined that both chronic and acute exposure to violence is linked to heightened levels of PTSD symptoms such as diminished concentration, sleep disturbance, and sudden startling and intrusive thoughts (Merriam, 1998).

Hamblen and Goguen, (2014) indicated that youth suffering from PTSD also present with bad dreams, may be easily frightened and do not want to be reminded of the trauma. Additionally, they can become depressed, angry, distrustful, fearful and alienated, and they may feel betrayed. Most of them may feel that they do not have a future and loose

hope in life. Therefore, these learners lose interest in participating in school events and extramural activities. They have difficulty finishing assigned school work resulting in them failing exams and projects. This is especially prevalent in learners that are frequently and constantly experiencing trauma. Another trauma-related response can involve damaged self-confidence and physical appearance, academic problems as well as self-destructive actions such as disappearance, substance abuse, suicidal ideations and sexual dysfunction (Swartz, 1998).

Traumatized learners struggle to control their feelings and emotions. They may display impulsive rage, revenge, mood swings and violent behaviour (Lane, 2001). The key to understanding learners exposed to violence is that all human processes store, retrieve and respond to the world according to their individual mental and emotional states. An anxious and stressed learner will be unable to process and store the verbal information the teacher is providing and instead will be focusing on non-verbal information such as the teacher's facial expressions and hand gestures (Lane, 2001).

Further to that, Lane (2001) emphasizes that learners raised in violent environments have learned that non-verbal information is more important than verbal information and their brains have internalized this. These learners can often misinterpret non-verbal communication, e.g., a teenage boy might perceive making eye contact with him as a threat and this may trigger an aggressive response from him. Some teachers have observed that many traumatized learners with whom they work are often judged to be bright but cannot learn easily and are labelled as learning-disabled. Learners who are abused physically and mentally have a tendency to score lower than those who were never abused when examining their verbal skills, comprehension and mathematical abilities (Hamblen & Goguen, 2014).

Also, learners who experienced community violence perform poorly academically. The cognitive impact of violence equals to the point that those learners who struggle with concentration and memory may be unresponsive to essential societal hints and beliefs. They will finally discover themselves having difficulty abiding by school regulations and class rules which possibly makes its particular complicated standards. In addition, learners exposed to community violence, in general, tend to show lower school achievement. The cognitive effect of violence amounts to the fact that those children who experience difficulties with attention and memory may become insensitive to important social cues and expectations and end up finding themselves struggling with school rules and classroom instructions which potentially generates its own set of complexities. Thus the effect of cognitive functioning may disrupt operating successfully in the school environment (Swartz, 1998).

Shakoor and Chalmers (1991) identify deleterious effects on cognition, memory, school performance and learning. These problems are identified as the possible result of exposure to violence. It is possible that violence and co-victimization in youth are not just measures of violence, but may also correlate with poor school performance and learning which are examples of psychic trauma in youth. Lynch (2003) believes that the combination of violence exposure and subsequent symptoms of traumatic stress may create particular challenges for academic achievement. He also states that there is some evidence that children exposed to community violence on a repetitive, ongoing basis can suffer cognitive impairments that lead to poor academic achievement and school failure (Lynch, 2003).

However, Rossman (1998) asserts that several studies have measured the association between cognitive development problems and witnessing violence, especially

domestic violence. While academic abilities were not found to differ between witnesses and other children (Mathias *et al.*, 1993), another study found increased violence exposure associated with lower cognitive functioning (Rossman, 1998). One of the most direct consequences of witnessing violence may be the attitudes a child develops concerning the use of violence and conflict resolution. Jaffe et al (1986) suggest that children's exposure to adult domestic violence may generate attitudes justifying their own use of violence.

Spaccarelli et al (1995) findings support this association by showing that adolescent boys incarcerated for violent crimes who had been exposed to family violence believed more than others that "acting aggressively enhances one's reputation or self-image" (p. 173). Believing that aggression would enhance their self-image significantly predicted violent offending. Boys and girls appear to differ in what they learn from these experiences. Carlson (1991) found that boys who witnessed domestic abuse were significantly more likely to approve of violence than were girls who had also witnessed it.

According to Demi-Dimitriour (2008), there is a victim mentality owing to the extreme amount of violence in South Africa, he observes that it is not a matter of one will become a victim but rather a case of when one will become a victim (Demi-Dimitriour, 2008). He states further that children live in a cycle of anxiety and insecurity (which causes stress) that is compounded by crime. He explains that the types of crime to which children are exposed consist of either single incidents or repeated exposure to violence. Single incidents, he states, may include robbery, hijacking, rape and even bicycle-jacking and repeated trauma may include sexual abuse or exposure to domestic violence. He argues that to improve the lives of children who have undergone a violent and traumatic criminal occurrence, the child would need to regain a sense of security. Means by which this may occur are, for example, improving security in addition to ritual measures to show that

safety has been restored. An example of a ritual measure is moving furniture, cleansing ceremony or saying a prayer (Demi-Dimitriour, 2008).

Post-traumatic Stress Symptoms (PTSS) may consist of signs like unpleasant feelings, meddling thoughts, stimulation, awakening, sleep problems, bad temper and touchiness (Mathews et al., 2009). This was stated by McGill et al. (2014), that community and domestic violence are associated with PTSS and low academic achievement (e.g., loss of interest in school work and teachers, need more attention from others). These findings are built up on the earlier work of Mathews et al. (2009), who found that exposure to community violence was negatively related to school functioning (academic performance and school attendance) PTSS mediated the relationship between Grade Point Average (GPA) and Exposure to Community Violence (ECV) after controlling for poverty.

Manifestations of PTSS vary across the lifespan. In general, the younger individuals are at the time of the trauma, the greater their risk for developing PTSD (APA, 2013; Hamblen & Barnett, 2014; Ozer & Weinstein, 2004; Stein et al., 2003). Young children may report terrifying dreams nonspecific to the traumatic event, and before age six, they may express the trauma, either directly or symbolically, through play. Other potential symptoms in youth may include mood changes and avoidant behaviours such as restricted play in younger children and reduced participation in developmental opportunities (e.g., dating, driving) for adolescents. Adolescents with PTSS may believe they are socially undesirable, creating a strain on social relationships and resulting in disruptive behaviours at school, physical complaints, and/or aggression (APA, 2013; Brock & Cowan, 2004).

Additionally, the researchers found that daily problems in conjunction with exposure to violence were the strongest predictor of symptom levels suggesting a

cumulative risk of these two factors on adolescents' functioning (Ozer & Weinstein, 2004). Therefore, school environments that implement trauma-informed practices may help to decrease stress levels created by these daily hassles and ultimately reduce cumulative stress. Experiencing complex trauma, such as maltreatment and/or ECV during childhood, can lead to difficulties with self-regulation (e.g., impulse control, emotion regulation) and interpersonal relationships (e.g., lack of trust in others). These experiences and related difficulties may result in becoming a "survival-focused child" (Cook et al., 2005; D'Andrea et al, 2012; Greene et al, 2014, p.20).

Traumatic experiences stimulate the growth of neural connections that cater to the automatic stress response system and can dysregulate children, making them hypersensitive to perceived threats in the environment (Greene et al., 2014; Perry et al, 1995). To survive chronically adverse conditions, children are more prone to rely on their survival brains to cope. Even when moving to a healthier and more supportive environment such as a school, children's coping strategies used for survival can become maladaptive in this environment, and thus, interfere with successful school functioning (Greene et al., 2014). In a sense, children become stuck in routines that they use to cope with trauma but are unable to learn more adaptive skills to navigate new environments. To help "shift the brain from survival to learning mode," interventions are needed (Greene et al., 2014, p.29). There are environmental variables that contribute to PTSS; there are also systemic variables that can act as buffers, known as protective factors.

Margolin and Gordis (2004) believe that any type of violence (familial violence, community violence, child maltreatment) can have different effects on those who are exposed to them and that there is a need for research to consider its effects on adolescents. Exposure to, particularly community violence, either as a witness or victim, has been found

to produce negative health problems (Rosario et al, 2007) and is seen as a threat to the optimal development of youth (Kuther, 1999); A similar concern is raised by Fitzpatrick *et al.* (2005). Victimization as a result of community violence has been found to compromise children's ability to regulate their emotions, while exposure (or witness) to community violence may lead to depression and increased anxiety since they feel unsafe and unworthy of protection (Margolin & Gordis, 2004).

### ***Effects of witnessing or experiencing violence***

There are different occasions where children can be exposed to violence such as at home, community and in the media. This exposure can have significant effects on children as they develop and as they form their intimate relationships throughout childhood and adulthood. Risk factors are cumulative; the risks for negative outcomes multiply, placing some children in "double jeopardy" (e.g., the child exposed to domestic and community violence). Children who are victims of direct assault or who witness repeated episodes of violence are more likely to have significant negative outcomes compared with children who are exposed to a single instance of violence (de la Rey et al, 1997). However, de la Rey et al., stress that even though no comprehensive statistics regarding the effects of counter-violence are available, it is widely acknowledged that the consequences of violence on the lives of children are substantial (de la Rey *et al.*, 1997).

Many effects arise from exposure to violence and these impacts adversely on the academic performance of learners. For example, the review by Medina and Martin (2009) examines the cognitive, emotional, behavioural and social effects of violence exposure and highlights how these effects can disrupt children's adaptation to school and academic competence. Although they claim that the effects of violence exposure are presented as distinct, in reality, the cognitive, emotional, behavioural and social effects of violence are

interrelated and contribute to one another. For example, if children who are exposed to violence are less flexible and resourceful in their reasoning, these cognitive processes may be associated with problems with peers and school work, which may then lead to depression and anxiety.

Research has not consistently found significant differences in outcomes among children who were victims of violence compared to those who were only witnesses of violence (Horn & Trickett, 1998). Indeed, some research suggests that not all forms of community violence exposure are the same, at least when considering their detrimental effects on families and children (Horn and Trickett, 1998; Trickett *et al.*, 2003). However, different types of violence exposure may have varying effects (Trickett *et al.*, 2003). Being robbed at knifepoint, witnessing a fistfight in the school yard, or hearing from someone of a drive-by shooting are discrete, heterogeneous events that are likely to differ in their severity and impact on children (Horn & Trickett, 1998; Trickett *et al.*, 2003). It is likely that other factors too, such as a child's relationship to the victim, his or her physical proximity to the event, the recent timing and severity of exposure, his or her previous traumatic experiences and losses, his or her developmental status - all may affect the impact of exposure and later youth outcomes (Trickett *et al.*, 2003).

According to Kliewer *et al.*, (1998) exposure to community violence has been associated with a variety of childhood problems across a broad age range. For example, Kliewer *et al.*, argue that community violence has been linked to behaviour problems in children from early school age through late adolescence and to emotional problems, including depression, anxiety, and stress symptoms. Significantly, these effects do not occur only when children themselves are victims; in some studies, simply witnessing community violence has also been associated with a range of emotional problems (Kliewer



*et al.*, 1998). In addition to Kliever's statement, the generation of intense negative emotions interferes with the usual course of development of emotional regulation (Osofsky, 1993). Such negative affective experiences may influence the task of differentiating affective states and the capacity to elaborate on their affective expressions (Pynoos, 1993). In addition, self-attributions of shame, ineffectiveness, or blame can lead to negative self-images that may challenge adaptive functioning (Lewis, 1991). Such interferences with the course of emotional regulation may lead to disruptions in the development of empathy and other pro-social behaviours.

In a study conducted in South Africa in 1997 by Ensink Robertson, Zissis and Leger in which 60 Xhosa-speaking black children, ages 10 to 16 were recruited from a children's home located in a Cape Town township with a higher level of community violence. It was discovered that all participants had been exposed to community violence, 56% were victims and 45% had witnessed at least one killing. Of the 60 participants, 40% were diagnosed with one or more psychiatric disorders (dysthymia, Post Traumatic Stress Disorder (PTSD), major depression, conduct disorder), 42% reported psychiatric symptoms - although they did not have psychiatric disorders - and 18% did not have any symptoms at all.

Furthermore, Gary *et al.*, (1998), state that one survey indicated that more than one out of ten (10 %) said crime or threat of crime had caused them to stay home from school or cut classes. A similar percentage (12%) said it had caused them to get lower grades in school than they would have otherwise.

Another important issue is that violence exposure often goes hand in hand with numerous other adverse life experiences (Medina & Martin, 2009). Children living with violence typically experience other stressors such as poverty, neglect, poor nutrition,

overcrowding, substance abuse, lack of adequate medical care, parents' unemployment, and parents' psychopathology (Medina & Martin, 2009). These factors can exacerbate and extend the negative effects of violence exposure in children. For example, children whose parents suffer from psychopathology or struggle with substance abuse problems may not have had the opportunity or guidance to develop pro-social coping skills with which to deal with violence exposure in their community.

### ***Effects on Education***

According to Rossman, (1998), There have been some mixed findings on the impact of exposure to community violence on educational outcomes in learners. However, some studies report that community violence is unrelated to academic achievement and social competence in school (Lynch, 2003).

Contrary, Medina and Martin (2009) argue that violence can impact children's developmental skills, school adaptation and academic performances. Exposure to chronic abuse and violence has been linked to lower IQ scores, poorer language skills, decrements in visual-motor integration skills and problems with attention and memory (Carroll, 2005). Inadequate attention regulation, language, skills and memory weaken the child's ability to accomplish the fundamental requirements of academic achievement and school adaptation, which are to organize, recall and express understanding of new information (Schwartz & Proctor, 2000).

Learners who are physically abused tend to score lower than non-abused children on tests of verbal ability and understanding, reading and maths skills. In addition, children exposed to community violence, in general, tend to show lower school achievement (Medina & Martin, 2009). The cognitive effect of violence extends to the fact that those children who experience difficulties with attention and memory may become insensitive to

important social cues and expectations and end up finding themselves struggling with school rules and classroom instructions. Thus the effect of cognitive function may disrupt effective functioning in the school environment (Carroll, 2005). Hughes, (2000), supports Carroll by stating that cognitive problems associated with exposure to violence and abuse comprise one of the most direct threats to the developmental task of school adaptation and academic achievement. Deficits in attention regulation, language skills, and memory undermine the child's ability to accomplish that central requirement of academic achievement and school adaptation, namely to encode, organise, recall, and express understanding of new information.

Learners tend to consider schools as safe havens, but they are places where they can be (and very commonly are) exposed to violence (Medina & Martin, 2009). This tends to impact a student's ability to concentrate, which is fundamental to success in school. Exposure to violence in schools causes anger and aggression, which very often lead to behavioural and discipline problems at school (Medina & Martin, 2009). Others may withdraw and become depressed which seriously affects their ability to concentrate, creates low self-esteem and consequently, adversely affects their performance (Medina & Martin, 2009).

Academic performance is also affected when these learners try to manage anger directed at other learners or with challenges in school performance by having destructive behaviours (Medina & Martin, 2009). The long-term effects of exposure to community violence are that adults exposed to community violence during their childhood have been found not to complete school due to traumatic incidents at school when compared to those that were not exposed (Foy *et.al*, 2000).

Carroll (2005) noted that higher levels of attainment are linked with the desire of learners to be in school; it is insufficient for students to simply be present and do well. It is entirely reasonable that crime and violence issues are symptomatic of poor learners' attitudes towards education; the learners who are victimized in school would probably not choose to be in school otherwise, and therefore they would have lower test scores as a result of their inclinations towards truancy. As these sorts of incidents continue, however, the academic environment would be expected to deteriorate significantly. Therefore, the relationship between school discipline problems and academic achievement is expected to accelerate (Carroll, 2005)

According to Jones, (2001 p.21) no matter how it enters the building, violence simply stands in the way of education. "Regardless of whether a learner's fear of violence is real or exaggerated, it often prevents learning". Logically speaking, it is expected that learners would lack focus if they were worried about their safety. However, are there any facts to back up the idea that violence impedes learning? According to Jones, there is evidence of this. He writes of a 1995 study performed by mental health researchers. This study "...showed that exposure to violence negatively affects memory, concentration, abstract reasoning, and emotional reactivity, making learning difficult" (Jones, 200 p.51). It is also believed that learners will skip school or call in sick because of their fear of impending violence (Jones, 2001), which interrupts their education. While truancy is not a desirable option, the students' fear is understandable and quite valid. Truthfully, it is difficult to learn verbs and prepositions when one is worried about dodging bullets on the way home from school. Equally difficult is trying to concentrate on English when a friend's head was just repeatedly bashed against the wall during the passing period.

Obviously, violence affects a student's concentration, which, in turn, impedes his/her education (Catey, 2001).

### ***Trauma Symptoms Manifested in the Classroom***

Depending on individual and environmental level factors, the presentation of behaviours of learners impacted by trauma may vary. Because of consistent and extensive interaction, educators are in a prime position to recognize students' behaviours that may be related to traumatic experiences and take steps to support these children to mitigate adverse outcomes (Bell, et al, 2013; Chafouleas et al., 2016; Kataoka et al., 2012). It is important to keep in mind that reactions to traumatic experiences are unique to everyone. An experience may profoundly impact one child and not affect another. Moreover, different traumatic events may have unique behavioural manifestations. Bell et al. (2013) contend that teachers do not necessarily need to be able to verify that a child has suffered a traumatic experience, but if they learn to notice a student's trauma symptoms, they can refer the child to appropriate services (Bell et al., 2013). Taking this one step further, the teacher can also respond to the student using trauma-informed practices (e.g., creating a safe environment, building trust between student and teacher, and empowering the student). The impact of adverse childhood experiences extends beyond cognitive and academic functioning.

According to Madlala and Els (2008), violence impacts learners' developmental skills, school adaptation and academic performances. Other researchers link exposure to chronic abuse and violence to lower IQ scores, poorer language skills, a decrease in visual-motor integration skills and problems with attention and memory (Medina & Martin, 2009). This inadequate attention regulation and memory failure weaken the child's ability to accomplish the fundamental requirements of academic achievement and school adaptation, which are needed to organize, recall and express an understanding of new

information. Many effects arise from exposure to violence and these impacts adversely on the academic performance of learners. For example, the review by Medina & Martin (2009) examines the cognitive, emotional, behavioural and social effects of violence exposure and highlights how these effects can disrupt children's adaptation to school and academic competence. For example, if children who are exposed to violence are less flexible and resourceful in their reasoning, these cognitive processes may be associated with problems with peers and school work, which may then lead to depression and anxiety.

### ***Cognitive Functioning***

In a 2012 longitudinal study, Bosquet Enlow and colleagues examined the relationship between childhood exposure to interpersonal trauma and cognitive development. Study participants were mother and child pairs recruited for the Minnesota Longitudinal Study of Parents and Children. Mothers were recruited between 1975 and 1977 during the third trimester of their first pregnancy. Eligible participants were English speaking and qualified for public assistance for prenatal care and delivery. A total of 206 women participated in the study, and the mean age of participants was 20.67 years. The majority of the women were single, separated, divorced or widowed (65%), and most gave birth to male children (56%). Child participants were primarily White, non-Hispanic (65.5%) followed by multiracial (17%) and Black (12%).

Bosquet Enlow et al. (2012) defined interpersonal trauma exposure as (1) experiencing childhood maltreatment (i.e., physical abuse, psychological maltreatment, neglect, or sexual abuse) or (2) witnessing partner violence against the mother. Childhood maltreatment was assessed using home observations, laboratory observations, maternal

interviews, and reviews of medical and child protection records. Exposure to interpersonal violence was measured via maternal interviews and questionnaires, as well as home observation. Cognitive functioning was assessed using the Bayley Mental Development Scale (BMD; at 24 months), the Wechsler Preschool and Primary Scale of Intelligence (WPPSI; at 64 months), and the Wechsler Intelligence Scale for Children – Revised (WISC-R; at 96 months).

Research indicates the impact of trauma on cognitive functioning also extends into adolescence. In a second longitudinal study, Mills and colleagues (2011) examined the relationship between childhood maltreatment and adolescent cognitive functioning. After adjusting for demographic variables (e.g., maternal age, family income, and race), WRAT and RSPM scores were significantly lower for children exposed to any form of maltreatment (abuse, neglect, or both).

### ***Academic Achievement***

The Goodman et al. (2012) study utilized the fifth-grade ECLS-K data set ( $n = 11,820$ ). The majority of the sample was White (58.9%), followed by Latino American (10.3%), African American (14.4%), and Asian (2.9%). Socioeconomic status was measured via a composite variable of parents' occupation, parents' educational level, and household income. Traumatic stress was identified by the presence of the following symptoms: (1) re-experiencing, (2) avoidance, (3) arousal, and (4) externalizing or internalizing behaviours. Academic achievement was measured using three variables: (1) reading cognitive achievement, (2) mathematics cognitive achievement, and (3) science cognitive achievement. The three academic variables were scaled using item response theory (IRT) (Goodman et al., 2012).

In all three academic areas, significant differences were present when comparing the mean IRT scores of students exposed to trauma and those without exposure. The average reading IRT score for students without exposure to traumatic stress was 142.4; this is significantly higher than the mean reading IRT score for students exposed to trauma (127.6;  $p < 0.001$ ). The mean mathematics IRT score for children exposed to trauma (103.0) was significantly lower than the mean mathematics IRT score for those without exposure (116.3;  $p < 0.001$ ). Similarly, in the area of science, the mean IRT score for trauma-exposed students (51.5) was significantly lower than the average IRT score for non-exposed students (59.0;  $p < 0.001$ ) (Goodman et al. 2012).

### ***Classroom Behaviour and Emotion Regulation***

The impact of adverse childhood experiences extends beyond cognitive and academic functioning. Indeed, decades of research highlight the relationship between these experiences and internalizing and externalizing symptoms (Hildyard, & Wolfe, 2002). For example, a 2010 study conducted by Milot, Ehtier, St-Laurent, and Provost explored the relationship between trauma symptomology and behavioural problems in maltreated preschool and kindergarten students. Participants were 64 non-maltreated children (55% male; mean age: 59 months) and 34 maltreated children (44% male; mean age: 60 months). All participants were Caucasian and living with their mothers in urban and rural Quebec, Canada. Maltreated participants were recruited from child protective services. Due to the low socioeconomic status of the maltreated participants, non-maltreated children of similar socioeconomic status were recruited from lists of social welfare recipients, preschool centres and schools, and Community Health and Social Services.



Milot and colleagues (2010) evaluated trauma symptoms and behavioural problems using two measures: The Trauma Symptom Checklist for Young Children (TSCYC) and the Child Behaviour Checklist 1½ - 5 years Teacher Report Form (CBCL-TRF). The TSCYC is a 90-item questionnaire designed to assess for the presence of trauma symptoms related to maltreatment and other forms of trauma. Participants' preschool teachers were asked to complete 27 questionnaire items specific to three clusters of PTSD (reexperiencing, avoidance, and hyperarousal). The sum of the three scales resulted in a global score of trauma symptoms.

The CBCL-TRF consists of 100 questions designed to measure behaviours relevant to various psychosocial areas (e.g., withdrawal, somatization, and anxiety). Participants' preschool teachers completed the entirety of the CBCL-TRF; this resulted in two global scales of internalizing (emotionally reactive, anxious/depressed, withdrawn, and somatic complaints) and externalizing (attention problems and aggression) behaviours. These results support the conceptualization of maltreatment as a traumatic childhood experience while confirming the impact of traumatic experiences on the classroom behaviours (both internalizing and externalizing) of preschool children.

### ***Role of Teachers***

More and more is being asked of public school teachers, and their role has shifted dramatically, making it even more complex than it already was. Due to the relative absence of empirical research in South Africa, and worldwide, regarding the role of a teacher as it relates to working with students affected by trauma, an international study was utilized to explore this point. Alisic (2012) used qualitative methods to explore the perspectives of 21

elementary school teachers' views towards working with traumatized students. All participants had students who had traumatic experiences. The interview questions were "related to teachers' experiences with traumatized children, their strategies and feelings when working with these children and their families, exchanges with colleagues and information needs". Several teachers struggled with their role and wondered at what point their tasks as a teacher ended and at what point those of a social worker or psychologist started," and there was the "impression that teaching was moving away from teaching academic skills toward playing a major role in children's social and emotional development" (Alisic, 2012, p. 53).

Some teachers supported this new direction, while others would rather their role be confined to teaching academic skills. Moreover, teachers expressed a preference for more distinct and clearly defined roles so that each professional (e.g., school psychologist, teacher) can perform in the role related to their expertise. Even when teachers saw their role as providing psychological support to students who had experienced trauma, it was challenging for them to turn this view into action when confronted with daily duties of teaching. Further, teachers' perspective on providing psychological support to their students is impacted by their belief in their own competencies (Alisic, 2012).

There are challenges in finding balance in meeting the needs of the group versus the needs of an individual student. Teachers believed that often, the impacted child demands so much one-on-one attention that this takes time away from the other students (Alisic, 2012). Perhaps having a class-wide trauma-informed approach can help reduce this time battle. Teachers shared that it was difficult to find a balance between addressing the trauma and focusing on "normal life" (Alisic, 2012, p.55). Further, teachers expressed hesitation to talk about the trauma for fear of exacerbating or adding stress to the child and family. Some

teachers spoke of balance, and “stressed the importance of taking up normal routines and focusing on aspects of life other than the trauma; they did not want to play down the experience of the child either and tried to involve the class appropriately” (Alisic, 2012, p. 55).

Even when teachers saw their role as providing psychological support to students who had experienced trauma, it was challenging for them to turn this view into action when confronted with the daily duties of teaching (Alisic, 2012). Further, teachers’ perspective on providing psychological support to their students is impacted by their belief in their own competencies (Alisic, 2012; Kos et al, 2006). Alisic et al (2012, p. 100) believe that “teachers do not need to become therapists, but they should have basic knowledge about traumatic stress and feel confident about working with children who have been exposed to trauma”.

Providing additional and adequate training may help teachers successfully face these complex demands. Alisic et al. (2012, p. 100) suggest that when developing trauma-informed practice in the school, start with informational materials that cover “how to facilitate coping when working with children in the classroom, how to recognize symptoms of adaptive and maladaptive coping, where to refer children and their families when specialized services are necessary, and how to take care of themselves under stressful conditions”.

### ***Teacher Views of learner Behaviour***

Teachers tend to view the source of learners’ disruptive behaviour in a variety of ways. Although some evidence is available, there is less research on how teachers view the behaviour of traumatized learners, and in general, the causes (i.e., internal vs. external) teachers attribute to misbehaviour. Some research, not specifically focusing on work with

students affected by traumatic experiences, demonstrates that teachers often attribute learners' problematic behaviour (e.g., off-task behaviour, noncompliance, physical aggression) to inadequate rules and limits at school, deficient communication between school and families, and use/abuse of social networks (Alter et al, 2013); other teachers may be acutely aware of the impact trauma has on their students. In general, teachers seem to view learners' misbehaviour through a certain kind of lens that comes from basic training in classroom management and personal experiences. This becomes different when teachers adopt a trauma-informed lens and consider challenging behaviour as a manifestation of possible trauma. For example, a teacher with more knowledge and experience working with traumatized learners than the average teacher commented on a learner's apathetic behaviour. The teacher stated, "They have reached the point where they are just like 'this [traumatic experience] always happens to me'...they lose interest in everything else because of their experiences" (Crosby et al., 2015, p. 351). Teachers who are aware their learners are dealing with trauma, yet lack the training to sufficiently intervene, may experience difficulties when interacting with and responding to these learners.

Zetlin et al. (2012) found that novice general education teachers reported challenges when working with students who were in foster care, a population that often has a history of trauma. These students displayed "roller coaster" emotions and a range of externalizing (tantrums, hitting) and internalizing (withdrawal, depression) behaviours (Zetlin et al., 2012, p. 9). Teachers found that Mondays were often the worst due to a visit with or a missed visit with a biological parent. One teacher remarked that she felt like she was "walking on eggshells. Some days are good, some are bad especially when he had had contact with his mother." Another teacher mentioned that "these kids are on an emotional

roller coaster ride. It certainly keeps them from being free to be educated” (Zetlin et al., 2012, p. 9 & 10). So, even though these teachers were primed to view these students’ behaviours through a trauma-informed lens, they were still underprepared to effectively navigate those behaviours. Perhaps teacher education and training are not keeping up with the trend and demands of the profession.

GenEd teachers found that the most difficult behaviours to handle were from students with no identified disabilities, those with specific learning disabilities, and those with ADHD. Half of the teachers believed students’ problematic behaviour was attributable to the student’s personality. Over 80% believed behaviour is learned, and nearly 100% believed student behaviour can be improved. About three-quarters of SPED teachers believed challenging behaviour was attributable to a disability and/or originates in the home or community, whereas only half of the GenEd teachers attributed problematic behaviours to students’ disability and 90% believed that these behaviours originated in the home or community (Westling, 2010). These results provide some conflicting information on how teachers perceive learners’ misbehaviour. On one hand, they viewed the behaviour as stemming from both an external resource (i.e., home and community, learned from others), while on the other hand, teachers also attributed the negative behaviour to an internal factor (i.e., personality, disability) (Westling, 2010). This seems similar to the view that individual biology and environment interact to produce behaviour. It seems that teachers tend to attribute causes of behaviour to both external and internal factors, but more research is needed in this area.

### ***Teachers' Responses to Challenging Learner Behaviour***

Research conducted in the United States regarding teachers' response to challenging student behaviour tends to focus on teacher-delivered interventions (e.g., the Good Behaviour Game) or teacher-focused, non-trauma-informed interventions (e.g., consultation). The focus of this study is on teachers' natural or typical responses to students' behaviours in the classroom. As such, a broad range of studies was reviewed from both national and international sources to better understand teacher responses to students who are not known to have experienced trauma. Managing disruptive behaviour in the classroom presents daily challenges for teachers who often receive very little training regarding behaviour management and almost no training in managing disruptive behaviour as a manifestation of trauma and ECV. How teachers respond to students' behaviour related to trauma is under-researched, and thus, the evidence presented below is mostly regarding teachers' responses to general student misbehaviour and classroom management.

At four diverse urban elementary schools in the South Eastern United States, Shook (2012) used semi-structured interviews and written observations by university supervisors during preservice teaching to evaluate 19 preservice teachers' inclination to use positive and proactive behaviour management strategies in the classroom. The teachers reported using six strategies: "rules and routines, positive and negative reinforcement, punishment, referring the student elsewhere, instruction, and talking with students" (Shook, 2012, p. 131). Participants informed that they used instruction as a proactive strategy to keep students engaged and that talking with students was a go-to strategy to address misbehaviour. However, in the observation reports, these strategies were less often mentioned as being utilized, and rules/routines and positive reinforcement were the most frequently used strategies recorded in the observations (Shook, 2012). Rules and routines

were the main behaviour management strategy used and the participants and observation reports, “indicated a reliance on proactive strategies when all goes well but a change to reactive strategies when problems occur” (Shook, 2012, p. 132). Just over half of the participants reported that they would not have altered how they addressed the misbehaviour and they believe their strategies were effective. About a quarter of the preservice teachers believed they could have changed their approach but they were not sure how. Two participants were noted as saying, “They get me frustrated, and then I don’t teach as well cause I’m annoyed,” and “The behaviours were consistent no matter what I tried to do” (Shook, 2012, p. 133).

Shook (2012) concluded that the preservice teachers appeared to have the knowledge and skills to address students’ challenging behaviour, but they did not adjust their approach when their response to misbehaviour was ineffective. This lack of adjustment seems to be related to the teacher’s lack of flexibility to employ alternate strategies to handle challenging behaviour. It is unclear if this inflexibility is due to teacher inexperience, lack of skill in implementing practices, or another reason.

Many teachers focus on preventing behaviour from occurring in the first place, and when that is not possible, using positive strategies to prevent behaviours from escalating. For example, in a study of elementary school teachers ( $N=97$ ) in Melbourne, Australia (Clunies-Ross, Little, & Kienhuis, 2008), teachers reported employing proactive strategies (e.g., active listening, providing nurturance and support) more than reactive strategies (e.g., removing the child from the classroom, using lectures and threats). The most frequently used proactive strategy was “spending time and energy to help the child” and the reactive strategy was using rewards and punishment (Clunies-Ross et al., 2008, p. 700). Based on observations in the classroom, the authors found teachers provided more positive (e.g.,

‘Keep up the good work’) than negative (e.g., ‘Sit still while I am talking!’) responses to student behaviour. Interestingly, teachers were more likely to respond to academic behaviour more positively and respond to social behaviour more negatively. The mean observed positive responses to academic behaviours was nearly 44% of the time and only approximately 12% for social behaviours, and the mean negative responses for academic and social behaviours were approximately 9 and 35 per cent respectively. There was no significant relationship found between reported use of proactive strategies and observed on-task behaviours for students, but the relationship was significant for reactive strategies and on-task behaviour in that on-task behaviour was reduced when reactive strategies were reportedly employed (Clunies-Ross et al., 2008). Based on this study, the merit of proactive strategies in managing misbehaviour is unclear in that these strategies may not be entirely effective, yet they are not ineffective (Clunies-Ross et al., 2008). As might be expected, the context of the settings seems to play a role in the types of strategies selected. Westling (2010) found that the top three strategies most used by special education teachers in the sample were “identify triggers of behaviours,” “reinforce desired behaviour,” and “use social reinforcement.” Since special education classrooms tend to have fewer students in them, special education teachers may be able to look for the reasons underlying the behaviours. General education teachers reported using techniques such as “change classroom arrangements or conditions,” and “reinforce desired behaviours” (p. 56) which would be more consistent with interventions in a larger classroom setting with more students. Sending students to the office, using time-out, or ignoring behaviour were the least endorsed strategies. Only 37% of GenEd teachers “identify triggers of behaviours,” 7% “address out-of-classroom conditions,” and 39% change “interactions with students” to handle challenging behaviour (Westling, 2010, p. 56).



Teachers may lack the skills to involve students with behaviour problems in their classroom and not understand that making use of proactive strategies may help mitigate these problem behaviours while relying on reactive or punitive strategies likely increases their occurrence (Barton-Arwood et al, 2005; Lannie & McCurdy, 2007; Niesyn, 2009; Shook, 2012; Stormont & Reinke, 2009). Teachers new to the profession tend to rely on reactive strategies when facing students' misbehaviour (Shook, 2012; Wehby et al, 2003).

There is a large amount of research regarding changes in instruction and curriculum to address misbehaviour in the classroom (see Barton-Arwood et al., 2005; Lannie & McCurdy, 2007; Niesyn, 2009; Shook, 2012), but less research is available regarding teachers' use of trauma-informed strategies to address problematic behaviour. Through a meta-analysis, not specific to students affected by trauma, Marzano et al (2003) found that positive student-teacher relationships decreased student misbehaviour by just over 30%. Relationship building is a key component of trauma-informed approaches (SAMHSA, 2014). Unfortunately, teachers may use ineffective methods to attend to disruptive behaviour (Shook, 2012); Tillery et al. (2009) found that teachers tended to have more negative interactions with students displaying misbehaviour. Typically, these teachers are not viewing student behaviour through a trauma-informed lens, and therefore, they may be using ineffective strategies to address challenging behaviour.

### ***Teachers and Trauma Intervention***

Results of the Reinke et al. (2011) study speak to teachers' overall perceptions of mental health in the classroom; however, little research specifically addresses teachers' experiences supporting students with trauma histories.

Therefore, knowledge of trauma and post-traumatic symptoms is important for teachers to aid in the recognition of those possibly affected. Teachers are in an ideal position to recognize if learners may be struggling with exposure to trauma as learners spend much of their time in school. Likewise, as students spend most of their time in the classroom, teachers are in a unique position where they can help not only to identify a student struggling but also use classroom accommodations to help the student learn to cope. Teachers can then serve as role models, providing emotional support and serving as a link between families, students, and mental health care by helping to monitor and support students' recovery (Lynch, 2003).

According to Alisic and colleagues (2012), Dutch teachers lack confidence in addressing trauma in the classroom. Similarly, it appears Dutch teachers have limited training in how to support students exposed to potentially traumatic events. To date, no research explores South African teachers' perceptions of the needs, roles, and barriers to supporting children with trauma histories. With nearly half of all children experiencing at least one adverse childhood event (Child and Adolescent Health Measurement Initiative, 2013a), teachers' approach to trauma in the classroom is critical.

### ***Exploration of Teachers' Approach to Trauma***

This exploratory study aimed to advance the field's understanding of teachers' approach to trauma in the classroom. More specifically, this research gathered information regarding teachers' perceptions of supporting students experiencing child traumatic stress. Furthermore, the study sought to explore the relationships between teachers' past experiences (i.e., years in the classroom, teaching settings, and training opportunities) and their perceptions of child traumatic stress in the school setting.

### ***Teaching Experience***

Decades of literature document the impact of teacher experience on student achievement. In a review of 30 years of research, Kini & Podolsky (2016) determined teachers' effectiveness in the classroom, as evidenced by learners' academic achievement, increases with years of teaching experience. Research reveals teachers demonstrate the greatest amount of professional growth in the first three to five years of teaching (Clotfelter et al, 2007a; Clotfelter et al., 2007b; Harris & Sass, 2007). Furthermore, though previous studies documented a plateau in teachers' effectiveness in the classroom, more recent research suggests teachers continue to improve (as evidenced by student outcomes such as test scores, attendance, and homework completion) well beyond the five-year mark (Ladd & Sorensen, 2015; Papay & Kraft, 2015).

Though these studies offer insight into the relationship between years of teaching experience and learners' academic achievement, research on the relationships between teaching experience and learners' emotional or behavioural outcomes is limited. Elliott and Stemler (2008), however, contribute to the discussion with their research on teachers' tacit knowledge of classroom context and the impact of this knowledge on teachers' approach to learners' emotional and behavioural needs.

Citing the seminal work of Kounin (1970), Elliott and Stemler (2008) argue experienced teachers, as compared to their novice counterparts, possess the ability to anticipate and prevent learners' behavioural issues, which leads to increased competence in managing the classroom. This heightened awareness appears to develop over time and suggests that increased experience in the classroom leads to expanded schemas regarding expected and unexpected learners' behaviours (Berliner, 1986).

Research strongly supports a positive relationship between teachers' length of employment and student achievement. The literature touches upon a similar relationship between years of experience and teachers' approach to students' emotional and behavioural needs; however, this concept requires further study. Consequently, this study explores the teachers' views and experiences effects of community violence on learners.

### ***Teaching Setting***

For this study, the teaching setting is characterized by school region (rural, suburban, and urban) and school type (early childhood, elementary, middle, and high school). As previously mentioned, the work of Reinke and colleagues (2011) indicates teachers believe they play a role in supporting the emotional and behavioural needs of students. However, a search of the literature suggests researchers have not yet explored the impact of school type on teachers' perceptions of the role they play in providing this type of support. Similarly, research on the relationship between school type and teachers' perceptions of the needs of students experiencing child traumatic stress appears to be non-existent.

Additionally, research regarding potential relationships between trauma and teaching region is sparse and outcomes vary among studies. For example, while some studies indicate that urban youth experience higher rates of trauma exposure (Abram, et al., 2004;

Foster et al, 2004), others conclude children in rural areas report higher Adverse Childhood Experience scores than their urban peers (US DHHS, 2015). At the same time, recent nationwide studies purport trauma exposure is consistent across urban and rural areas. To provide effective and meaningful trauma training opportunities, stakeholders must first understand whether the teaching setting impacts teachers' understanding of the needs of students experiencing traumatic stress. Information on the impact of the teaching setting is also required to further understand teachers' opinions regarding their role in supporting these students (Finkelhor, et al., 2011; Talbot et al., 2016).

### ***Trauma Training***

As previously noted, research on teachers' trauma-training experiences is nearly non-existent. Similarly, the literature base specific to teacher professional development is also weak. A comprehensive review of teacher in-service training indicates few studies meet rigorous evidence standards (Yoon et al, 2007). Nonetheless, the Yoon et al. review concluded that professional development consisting of fewer than 15 hours of training had no statistically significant effects on learners' achievement. This finding is limited to learners' academic performance, and little research exists specific to mental health professional development for teachers.

However, the Yoon et al. (2007) review suggests teachers likely require multiple hours of training to acquire the knowledge and skills required to support learners experiencing child traumatic stress. As a result, it can be expected that an increase in trauma training equates to an increase in teachers' awareness of the needs of learners experiencing child traumatic stress.

### ***Trauma-Informed Care (TIC)***

Subsumed within this trauma-informed framework, is a more specific approach to service delivery known as trauma-informed care (TIC). TIC is a more recent approach to supporting youth in the school setting who have been impacted by trauma through the implementation of trauma-informed care (TIC) practices. The evidence base for trauma-informed approaches is just starting to build. TIC requires individuals to look at behaviour through a trauma-informed lens, which means ecological influences on behaviour are considered (Chafouleas et al., 2016). Key knowledge and skill areas related to TIC are understanding the “prevalence and impact with a focus on the neurobiological impact of chronic trauma exposure, de-escalation strategies to avoid re-traumatization of learners, and staff self-care, with a focus on vicarious traumatization (Chafouleas et al., 2016, p.154-55).

TIC can thrive if the “layered complexities” (e.g., school resource capacities) related to implementation are identified and successfully addressed (Chafouleas et al., 2016, p. 145). Therefore, TIC is intended to be another layer of service delivery as part of multi-tiered systems of support (MTSS) rather than an isolated intervention to be implemented (Chafouleas et al., 2016; Keesler, 2014; Ridgard et al., 2015; Walkley & Cox, 2013). One vital component of MTSS is utilizing evidence-based practices to provide support to the student population (Sugai & Horner, 2009). Trauma-informed care has been implemented through different programs in community-based organizations and educational settings.

### ***Cognitive Behavioural Intervention for Trauma in the Schools (CBITS)***

A more commonly used trauma-informed treatment is Cognitive Behavioural Intervention for Trauma in the Schools (CBITS; Jaycox, 2004), a well-researched, early

intervention, CBT treatment program for childhood PTSS. CBITS is typically delivered in small group format (AACAP, 2010; Jaycox et al., 2012) and involves screening of learners for ECV to assess need; when appropriate, learners are then placed in intervention groups. CBITS is unique because it provides a teacher component to enhance teacher knowledge about the possible influences traumatic experiences have on learners' behaviour and learning in the classroom (AACAP, 2010; Jaycox, et al., 2012).

Information is provided to teachers about typical reactions to trauma and strategies for working with students impacted by trauma (Jaycox et al., 2012). A recent adaptation to CBITS (see Jaycox et al., 2009), involves more deliberate training, rather than merely psychoeducation, for teachers to incorporate strategies in their classroom. For example, using trauma narratives, students tell their experiences and these experiences are put into context in classroom exercises (AACAP, 2010; Jaycox et al., 2012).

Stein et al. (2003) conducted a randomized control trial to assess the short-term effectiveness of CBITS. The participants were sixth-grade students from two middle schools in Los Angeles who had substantial exposure to violence and had symptoms of PTSD in the clinical range. The sample consisted of 126 students divided into two groups: the early intervention group ( $n=61$ ) and the delayed intervention group ( $n=65$ ) who received the intervention 3-months following the first group. There were 5-8 students in each group and 10 sessions of CBITS were given. The group attended one session a week during non-academic periods (e.g., study hall) and individual sessions were conducted between sessions two and six. The results showed, that at the 3-month assessment, the early intervention group had significantly fewer self-reported symptoms of post-traumatic stress and depression and higher parent-reported psychosocial functioning than the delayed intervention group. Furthermore, after receiving treatment, the delayed intervention group

showed similar progress; at the six-month follow-up, both groups showed similar levels of PTSS, depression, and psychosocial dysfunction.

However, there was no difference between the two groups with regards to teacher reports of classroom behaviour. The author hypothesized that this could be because the improvement of PTSS did not translate to the classroom; there was a delay of generalization in the classroom, or the teachers were just more conscious of the disruptive behaviours of the students rather than their symptoms of post-traumatic stress (Stein et al., 2003). Perhaps, a decrease in PTSS did not translate to a change in classroom behaviour because teachers needed more explicit training in how to create an environment and interact with these students in a manner that would be conducive to not only reducing PTSS but also improving appropriate classroom behaviours. Systems-level trauma informed intervention could be one way to accomplish this.

### ***Trauma-Informed Training***

Some of the recent school-based trauma-informed programs found in the literature that have a teacher or staff training element include the Sanctuary Model, Risking Connection, and school-wide CBITS; however, the empirical base for TIC programs is just starting to accumulate. In uncontrolled program evaluation studies of TIC programs, researchers have found at least a 30% decrease in school suspensions and office discipline referrals (Dorado et al., 2016; Stevens, 2012; Stevens, 2013). At a residential facility working with adolescent girls, 27 teachers participated in a trauma-informed training called “The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success” (HLT??; Crosby et al., 2015).

Following the training, teachers felt capable of creating positive relationships with students and addressing externalizing behaviours (e.g., anger, defiance, aggression). One



teacher shared, “I can verbally deescalate them, and I can get in a non-threatening posture towards them... ‘I’m not trying to hurt you, I just want to get the issue resolved’” (Crosby et al., 2015, p. 350). After receiving trauma-informed training, teachers learned to adjust their instructional methods to be more accommodating to their students (Crosby et al., 2015). This highlights the need for flexibility in the classroom to meet the needs of students. One teacher remarked, “So it [the training] allowed me to feel more comfortable taking time out to build relationships...instead of just coming in and saying, ‘OK we’re going to learn, learn, learn today’” (Crosby et al., 2015, p. 352). The training improved teachers’ perspectives on student behaviours and what may be a manifestation of trauma rather than willing defiance. “I learned that the trauma that our students have experienced affects their learning. And you have to be conscious of that while teaching, it has to be trauma-informed, it has to be gentle teaching ...They [students] might not be able to articulate why they’re acting like that...but through these professional developments, we see behind the scenes a little more. They might not be able to say, ‘I’m acting like that because somebody beat me up last year.’” (Crosby et al., 2015, p. 352). Following the training, teachers communicated a need for additional guidance in taking what they learned and putting it into action in the classroom (Crosby et al., 2015). The Healthy Environments and Response to Trauma in the Schools (HEARTS; Dorado et al., 2016) is a school-wide intervention program that incorporates the SAMHSA framework to train teachers to respond to students impacted by trauma. The program was implemented in San Francisco Unified School District (SFUSD); one study found a significant increase in school staff’s knowledge of trauma and its effects after participating in HEARTS. This change was measured using a retrospective pre-and post-test measure. After a year of implementation, the teachers were asked to report their level of knowledge about trauma before HEARTS

was implemented at the same time they were asked to report their current level of knowledge (Dorado et al., 2016). This likely made it difficult for teachers to accurately report their level of understanding after a year of engaging in the program.

An unpublished, preliminary program evaluation of the implementation of the HEARTS program at four schools in a diverse urban school district, found the school district had a 67% decrease in disciplinary actions, a significant increase in teachers' knowledge about trauma and its effects, increased knowledge of strategies to use in the classroom, and improved awareness of burnout and self-care strategies after two years of implementation (Kailin et al, n.d.). HEARTS program evaluation data from 2016-2017, presented at a conference, found similar results with a significant decrease in discipline referrals and suspensions at schools with HEARTS trained teachers and staff. The data also revealed a decrease in chronic student absenteeism over the years of TIC implementation. The end of the year survey completed by teachers and school staff from 10 HEARTS schools found teachers had significant knowledge about trauma and its impact on students as well as knowledge regarding burnout and vicarious trauma. The program evaluation also found that teachers demonstrated a significant understanding of trauma-sensitive strategies and employed such strategies in the classroom (Brennan et al, 2017). Additional research on the efficacy of the HEARTS program is needed, as is more information related to individual and system-level variables that contribute to the successful implementation of trauma-informed care in the schools.

Exposure to community violence is a reality for many young people, particularly those residing in urban, low-income areas, and schools are being faced with the immense task of not only supporting this youth but mitigating the adverse impact of ECV.

### **2.3 Theoretical approach: Systems Theory**

The social-ecological framework is influenced by Bronfenbrenner's ecological systems theory. Systems theory, created by Urie Bronfenbrenner, is an ecological framework that was designed to understand an individual and their development within the complex systems within which they interact (Kraus, 2008). This means that every system that an individual comes into contact with, such as school, home, community, etc., has an impact on the others. If one system that is integral to the person's identification is impacted, the impact will also be seen within the other systems within which the individual interacts.

Bronfenbrenner's (1979) theory is broken down into five tiers, or systems, within which the individual interacts. Each tier represents the environmental system within which the individual comes into contact. The individual is at the centre of this multitier system, followed by the microsystem, mesosystem, exosystem, chronosystem and macrosystem. The microsystem examines the environments within which the individual has the most frequent face-to-face interactions (Kraus, 2008). For children, this includes family members and mentors (Greene, 2009). The mesosystem, according to Kraus (2008), addresses the concept that individuals develop through interactions and relations with other people within the microsystem. This system is of crucial importance because it captures the significance of an individual's development across multiple settings. The next tier is the exosystem, which examines the interactional nature of an individual with peers, school, health agencies, and some individuals' employment settings (Greene, 2009).

Creating a trauma-informed system of care in the schools would filter through all levels of the system described above. Perhaps improving the microsystem, such as teacher-student interactions, and the macrosystem, such as adjusting school policy through implementation of

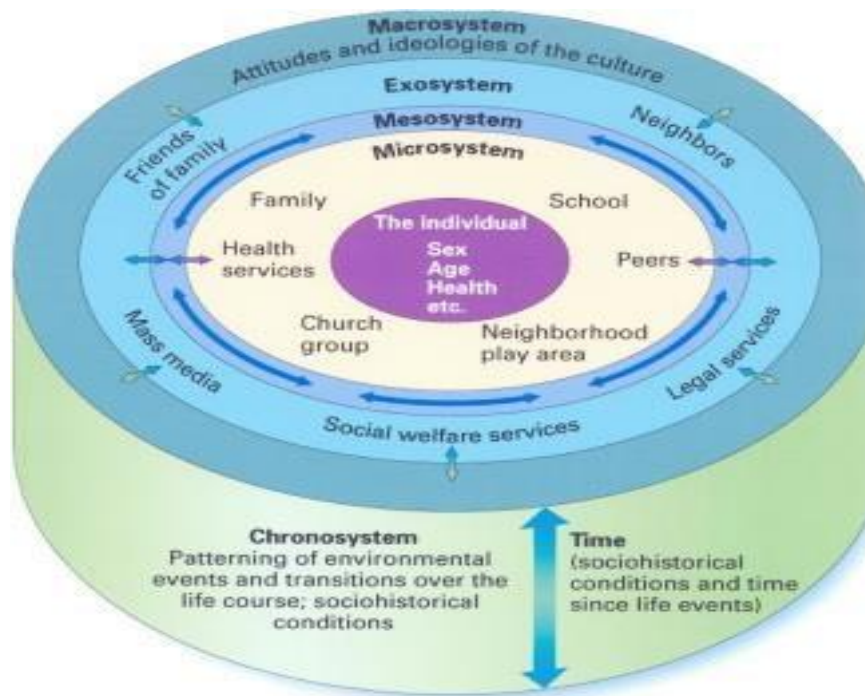
programming that recognizes that students, their families, and the school personnel who work with them, may have experienced trauma either directly or vicariously. Implementing such a system could foster healthy child and adolescent development by increasing awareness of the impact of trauma and ways to reduce its negative effects on youth.

A trauma-informed approach is a system-wide delivery of trauma-specific interventions to individuals and communities through the integration of important principles into the culture of the institution (Keesler, 2014; Substance Abuse and Mental Health Service Administration [SAMHSA], 2014). SAMHSA (2014) created a trauma-informed framework with four basic elements: (1) realizing the impact of trauma on people and organizations; (2) recognizing trauma symptoms; (3) responding to those affected; and (4) resisting re-traumatization of those involved. Additionally, principles regarding safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and cultural responsiveness are integrated into the system-wide delivery (SAMHSA, 2014). Typically, this framework is incorporated into the school system as part of a multi-tiered system of support (MTSS) model (Chafouleas et al., 2016; Keesler, 2014; Ridgard et al., 2015; Walkley & Cox, 2013). The recent inception of SAMHSA's trauma-informed framework and its integration into the school system calls attention to the need for additional research. By including this theory, the researchers have a way of demonstrating the broad nature and impact that trauma can have on an individual. It emphasizes the importance of examining trauma within the multitier system within which the individual engages on a consistent basis. In addition, it brings into context the crucial role teachers play in children's lives. The microsystem is the most proximal setting in which a person is positioned; for example, a child's family and school are examples of microsystemic contexts. At this level, experiences in the classroom are an important part of a student's

healthy development. This would include teacher-student and student-student interactions. If the teacher creates a strong classroom culture responsive to students' needs and reduces conflict, the student may be more likely to thrive in this type of environment. It provides educators with an understanding of the environmental factors that can impact a child.

Figure 1

### Bronfenbrenner's Ecological Model



Bronfenbrenner's Ecological Systems Theory (Source: Santrock, 2009, p. 24).

## **2.4 Conclusion**

The literature outlines the research conducted in the field of community violence and how teachers and schools can best support and mitigate adverse outcomes for trauma impacted learners. Research investigating the effects of community violence has shown this type of violence to have negative effects on learners and affected their academic performance. A review of the literature indicates very little is known about teachers' views of students displaying symptoms of child traumatic stress. Trauma-informed interventions, such as CBITS and HEARTS, have shown promising results in helping traumatized students. However, more research is needed to investigate how to best serve learners affected by trauma and support schools and teachers in their intervention efforts. Although children exposed to violence may have a greater need for nurture and protection than children without such stressors, they may have less access to social support from their caretakers. Therefore, efforts to grasp the effects of violence exposure on children also must evaluate the context in which the child is embedded (Medina & Martin 2009). This study aims to further stakeholders' understanding of teachers' approach to supporting this group of learners. In doing so, this study will answer the research questions. Trauma during childhood may present with complex symptomology. Furthermore, the root of the trauma may be just as complex as the various systems of Bronfenbrenner's ecological model are intertwined. The next chapter explains the methodological steps taken to meet the aim and objectives of this study.

## **CHAPTER 3**

### **3.1 Introduction**

This chapter aims to introduce the research design and the empirical techniques applied. A detailed outline in which the research was approached and designed is also discussed. The research approach and design underpinning the research study, research settings, population, sampling techniques, sample size, data collection, data analysis, and the ethical considerations of the study are discussed below. The chapter outlined how the data was obtained, the sampling method used, as well as the data collection and analysis techniques. An ideal plan for collecting and utilizing data was important in this study so that desired information could be obtained with sufficient precision. The sampling method used was purposive sampling and the main data collection technique used for this research study was interviews. The data analysis was done thematically using the themes emerging from the data.

### **3.2 Research Paradigm**

Creswell (2007) describes a research paradigm as a basic set of beliefs that guide the action of the researcher. Throughout this study the researcher focused on the constructivist approach, moving away from the positivistic way of thinking that views reality as objectively measurable (Hatch, 2002). Instead, a subjective reality was constructed through an interactive negotiation between the researcher and the participant. Reality is furthermore contextual and, has bounds within that context, and is accessed by employing an interpretive approach. The unique context of the teacher and the context within the school were therefore taken into consideration during the research process.

### **3.3 Research Design**

A qualitative approach was applied throughout this research study, in the attempt to answer the research question. Qualitative research is typically used to answer complex questions such as these (Leedy & Ormrod, 2001). The study was qualitative and exploratory. Qualitative research is inductive, and the researcher generally explores meanings and insights in a given situation (Strauss & Corbin, 2008; Levitt et al., 2017). It refers to a range of data collection and analysis techniques that use purposive sampling and semi-structured, open-ended interviews (Dudwick et al., 2006; Gopaldas, 2016).

**Exploratory Design:** An exploratory qualitative research design was undertaken to obtain a better understanding of the phenomenon under study, the researcher usually makes use of semi-structured interviews using predetermined questions (Welman et al, 2005). In addition to this, the researcher used in-depth interviews to obtain information about highly sensitive and emotive issues that the participant might be reluctant to describe on paper. In this study, the researcher explored the teachers' views and experiences on the effects of community violence on learners at Lusikisiki through semi-structured, individual interviews as recommended by Byrne (2002).

### **3.4 Location of the study**

The data for this study was collected at Mkhankomo Full Service School which is located at Khanyayo village in the Eastern Cape, on the border of Lusikisiki and Mbizana. The research study area (Khanyayo village) is located in north-eastern Pondoland (31°13'–31°20'S and 29°55'–30°4'E), on the Wild Coast of the Eastern Cape Province. The study was motivated by violent battle between two villages that has led to hundreds of residents being displaced and scores of homes being burnt to the ground resulting in children missing



school for several months. This community violence is reported to have erupted in March 2019 as a result of a dispute that dates back to 2017 between Zitha and Sicembeni villages (Funile,2019). Due to the community violence learners suffered a lot of trauma which had psychological effects on them when they went back to school after the incident.

The school was also affected during the incident as it remained closed for some time and learners could not attend. The learners and teachers did not receive any counselling during the school closure.

### **3.5 Target Population**

Mkhankomo is a Full-Service School starting from Grade R to Grade 9 and the total number of learners is 1160. It comprises 40 teachers from the foundation phase to the senior phase. Thus the population of the study encompassed all African male and female teachers at Mkhankomo Full Service School. Teachers' ages vary between 30 and 57 years. As the school is located in Kwakhonyayo village in the Eastern Cape, teachers speak isiMpondo tribal language and there is also a mixture of isiXhosa and isiZulu speaking teachers. The medium of instruction at school is English.

#### ***3.5.1. Inclusion and exclusion criteria***

Inclusion criteria were the ability to participate willingly in the study and have enough time to do so. Teachers who had experienced direct violence themselves were excluded from participation in the study due to their exposure to trauma which might compromise the interview process.

### **3.6 Sampling technique and sample size**

A non-probability sampling technique was employed. A non-probability sampling method is “any sampling procedure in which some participants have a higher probability of being selected than others” (Graziano & Raulin, 2004, p.421). Purposive sampling is a type

of non-probability sampling that is chosen based on the objective of the study and the characteristics of the population (Dudley, 2011, p 145). The goal of purposive sampling in this study was to ensure information-rich cases from which the researchers could collect in-depth information (Morse, 2007, cited in Burns and Grove, 2011:313). Also, the purpose was to understand teachers' views on learners exposed to community violence and their ability to meet the needs of learners who have had one or more encounters with trauma related to community violence. The school has up to 9 grade levels, therefore the researcher selected any teacher from each grade. Thus, the researcher initially selected a minimum of 6 participants but was guided by data saturation and concluded interviews when a total of 10 teachers participated in the study. In qualitative research, it is not always possible to predict the size of the sample as the size depends on data saturation (Streubert & Carpenter, 2011). Data saturation means 'sampling to redundancy', when no new information is forthcoming or when information becomes repetitive (Schneider et al., 2007, p.146).

### **3.7 Research Instrument**

The research instrument that was used in this study was an interview guide created by the researcher. All interviews were semi-structured and the researcher used open-ended questions to allow the participants to lead the interviews. This is important as it allowed openness and transparency to the interviewer, participants felt comfortable and were provided with a platform to express their individual experiences and concerns. The researcher established a comparatively relaxed and open rapport. The interview guide comprised of four sections: the introduction, the ice breaker, the main questions and the guiding questions. In Addition, probing questions were asked to get a deeper understanding of the phenomenon, as recommended by Finlay (2012).

### ***3.7.1 Validity and Trustworthiness***

Lincoln and Guba's Model of Trustworthiness was employed to ensure the trustworthiness of the research study. Guba's model includes ensuring: credibility, transferability, dependability, and confirmability (Shenton, 2004).

#### **3.7.1.1. Credibility**

**Credibility** refers to the assurance of truthfulness regarding the collected and interpreted data. To ensure the credibility of this research study, the researcher used an audio recorder when collecting data and then transcribing the data. The data was collected until saturation, meanwhile, the researcher was under close supervision from her research supervisor (Cope, 2014). Credibility is concerned with the credibility of the data and the interpretation of the data (Guba and Lincoln, 1994). In this study, the researcher ensured credibility by prolonged engagement, and this was done by giving meaningful time to interview the participants. The researcher communicated the outcome of the study to the participants regarding major themes and sub-themes that emerged from the study, and the researcher ensured the descriptions in the study represented the true reality of their experiences. The major themes, sub-themes and characteristics that emerged from the study were constantly relayed to the research supervisor to ensure accuracy.

#### **3.7.1.2. Transferability**

**Transferability** refers to the generalizability of the data, that is, the extent to which the findings can be transferred to or have applicability in the other group (Polit and Beck, 2008). This was done through a detailed description of information obtained from the participants so that someone other than the researcher would be able to determine whether the findings could be applied to other parallel studies. To ensure the transferability of the

results, the researcher gave a detailed description of the context, methodology, sampling, and findings of this research study. To achieve this, the researcher needs to present sufficient data to allow for comparison.

#### **3.7.1.3. Dependability**

**Dependability** indicates that if the study is repeated using the research procedure, methods, and participants the results will be the same (Shenton, 2004). To ensure that the study is dependable, the researcher transcribed the audiotaped data, followed by reading the data to ensure that it matches the one on the audio form. The researcher also documented all the procedures taken while conducting the study so that other researchers can replicate the study and obtain the same results (Shenton, 2004). Furthermore, to guarantee dependability, the researcher conducted data quality checks or audits, and peer review coding and also consulted with an expert in qualitative research (the supervisor).

Primary data will be kept in a safe place by the supervisor and the researcher for five years. The expertise of the research supervisor in the qualitative research study was helpful to the researcher.

#### **3.7.1.4. Confirmability**

**Confirmability** of the study is successful when the findings of the research study can be confirmed by other researchers. To ensure confirmability the researcher attempted to remain cognizant of personal pre-existing biases and assumptions. The researcher also recorded personal thoughts and experiences related to the process of data collection in a diary to maintain researcher objectivity. Two pilot individual interviews were conducted a month before the main study to investigate if the research questions will be understood by participants, to reach the aim of the study. It also prepared the researcher mentally and

physically for the actual study (Welman et al., 2005). The pilot study reminded the researcher about the importance of scheduling appointments to accommodate both the participants and the researcher. The pilot interview allowed the researcher to familiarise herself with the interview schedule and the process of interviewing. It also provided the opportunity to practise using the audio recording device. The researcher booked the venue in advance and the separate office proved to be the most suitable venue for the interviews. The pilot interview also proved that the method was effective and appropriate for the study.

#### **3.7.1.5. Researcher reflexivity**

Identifying pre-conceived ideas, thoughts and opinions, which each individual possesses, is important for a researcher, especially when conducting a study that could be of specific bias for that individual. Those employing a social constructionist framework should be sceptical of the idea that a researcher can ever play a purely facilitative role in allowing the participants to give expression to her or his feelings and experiences – all meanings are seen as being constructed between facilitator and participant (Terre Blanche & Durrheim, 1999). The researcher was constantly aware of these concerns and attempted to identify areas of personal subjectivity and sensitivity as far as possible. This was continuously reflected upon during this research process. Furthermore, concerns which might be raised, particularly from a social constructionist epistemological framework, are presented in the limitations of the study. Moreover, assessing qualitative research entails multiple readings and considerations of its representational understanding and meaning.

### **3.8. Data collection, analysis and interpretation**

#### ***3.8.1. Data collection***

Before conducting the interviews, a description of the research study was provided to the respondents, time to give informed consent (see Appendix B: Consent Form) and requested their consent to participate (see Appendix D). Participants consented to be part of the study and met with the researcher at the school boardroom on a date agreed up. When participants were in the boardroom, the researcher ensured 1.5m social distance, sanitizing and wearing masks all the time as adherence to level 1 COVID-19 regulations. The researcher provided masks, and 70% alcohol-based sanitisers and screened and recorded temperature readings of the participants before they enter the boardroom. The researcher ensured that the boardroom was sanitised and disinfected before being utilised for interviews. The participants were assured of the nature of confidentiality and that their responses could not be identified. For qualitative data collection, the researcher obtained permission in writing from the participants to use an audio recording device for the semi-structured interviews (see Appendix F) using the interview guide (see Appendix A). Individual interviews were conducted by the researcher and took place at the separate office provided by the school principal within the school premises, as this was a private space for participants where there were no interruptions. All tape recordings of the interviews will be stored in a safe place at the Nelson Mandela University and disposed of once the thesis is completed. The recorded data will only be accessible to the researcher and the supervisor. Each participant was given a pseudonym at the inception of the research which will be used when the researcher writes up the thesis. Participants were asked to participate in individual interviews that last for about 30 – 45 minutes. The participants were informed that the interviews conducted may cause some psychological distress as some questions may trigger an emotional reaction. The researcher is registered with HPCSA as a Registered Counsellor in Trauma Counselling (PRC 0014583) and

was able to address any emotional reactions elicited during interviews. For continued intervention, the researcher arranged with the Clinical Psychologist from the nearest Public Hospital (Mthatha General Hospital) to assist those that will need more sessions. The interview guide comprised four sections: the introduction, the ice breaker, the main questions and the guiding questions. In addition, probing questions were asked to get a deeper understanding of the phenomenon, as recommended by Finlay (2012) The interview questions were open-ended, audio-recorded and then transcribed to English.

Transcribing interview data using the verbatim technique has become the standard in qualitative research (Perumal-Pillay & Suleman, 2017). Henderson (2018) suggests that this trend is owed to the characteristic of verbatim transcription being able to capture every single word spoken by the participant, including non-sound speech, and interjection being reported in the exact manner in which they appear on the audio tape. As noted by McGrath et al. (2019) by capturing every word and expression including filler words, false starts, self-corrections, stutters and other verbal cues that take place during the conversation between the interviewer and the person interviewed, verbatim transcription provides the reader with the context within which the interview took place. However, not all researchers agree that data transcription is a necessary component of the research process. For instance, Loubere (2017) argues that research interpretations can be made possible without transcribing data. Scholars on the other side of the debate contend that for a researcher to move from merely working with raw data to arriving at valid interpretations, this can only be effected through the process of preparing audio data into verbatim transcriptions (Azevedo et al., 2017). In this research, the researcher conducting the study felt that presenting participants' actual spoken utterances and strengthening the authenticity of the research findings could be implemented through the presentation of participants' verbatim

words. In keeping with this disposition, all interviews were transcribed verbatim without the removal of filler words or any other items that may change the meaning of the words spoken by participants.

### ***3.8.2. Data analysis and interpretation***

During data analysis themes were extracted from qualitative data. The data collected utilizing the interviews were transcribed and analysed into themes, categories and subcategories. For the present study, data were analysed using thematic analysis as a technique. This technique enabled the researcher to keep in line with the exploratory goals of the research and was employed from the essentialist perspective to account for the meanings and realities that participants reported. During the analysis phase, the study aimed to move from mere descriptions of the phenomenon to identifying themes within the data from which interpretations could be made. Using thematic analysis assisted with this by providing clear links between themes and the aims of the study to guide the development of analytical claims. This, therefore, means the study followed a semantic approach.

During data analysis, the researcher followed the six steps of Thematic Analysis described by the originators of the technique (Braun & Clarke, 2013). The first step involved becoming familiar with the data through the process of repeated reading and noting emerging ideas. This step was followed by data coding which is realized through the systematic coding and grouping of all data that collectively formed a theme. The third stage involved examining the data to discover potentially substantive themes for exploration. Once themes were identified these were reviewed to verify their alignment with previously coded extracts and the formation of a thematic map of the analysis. The



fifth stage involved defining and naming the resultant themes and refining these to offer an overall representation of the data as provided by the analysis. During the final stage, a summary of the findings which incorporated verbatim accounts of teachers was produced.

After data analysis, data and results was shared with school management. Data was stored in a private, lockable cabinet where it will not be visible or accessed by anyone but the research supervisor and the researcher. All data was kept by the supervisor and the researcher for data analysis and verification purposes. Data was kept confidential in a locked cupboard and password-protected files for soft copies. The supervisor stored the transcriptions and audio files after the study for five years for validation and auditing purposes. Data was protected from any damages and misuse. After five years the data will be destroyed to protect the anonymity and dignity of participants.

### **3.9 Ethical considerations and human subjects protection**

The research proposal was submitted for approval to the Faculty of Post Graduate Studies Committee (FPGSC) for the Health Science Faculty and Research Ethics Committee (Human) (REC-H). After research approval, the researcher sought permission to conduct the study from the Eastern Cape Department of Basic Education (See Appendix E) and the School Principal (see Appendix C). All participants were treated ethically according to the guidelines recommended by the Health Profession Council of South Africa (HPCSA, 1974) and the Department of Health (DOH, 2015). Simons and Usher (2000), perceive obtaining access as an important first stage in planning any educational research. Obtaining access was not a problem as the researcher is a member of the

Khanyayo community. Therefore, for access, I set up an appointment with the school principal to inform him about the research I am intending to conduct at the school.

Ethical consideration was taken into account and was aligned with Belmont Report's basic principles (Respect for Persons, Beneficence and Justice). Brink (1996, states that there are measures a researcher can employ to ensure that the rights of the participants are protected, by providing sufficient and clear information to the participants as well as by examining the benefits and risks involved in the study. These ethical principles are followed universally by researchers and are employed at three stages of a project, according to Creswell (2013): at the time of recruitment, during the data collection and when the results are released publicly. Permission was received from the principal of the school (Annexure C), as well as the classroom teachers where the research was conducted. The researcher made sure that ethical clearance was granted by the Faculty of Health Science Ethics Committee of Nelson Mandela University before data collection. It was explained to the participants that their participation in the study will be free and voluntary and that they could withdraw from the study at any given time without repercussions. This was to ensure the right of any participants. These rights include autonomy (participants are under no obligation to reply to any question that they are not comfortable with). Sufficient and clear information was provided to the participants using an information sheet and verbal discussion. Each participant was given an informed consent form (Annexure B), including information about the purpose of the study, information about participating in the study and a request for permission to record the audio of the interview. All subject's personal information was protected. Participants were assured that their responses would be kept confidential and that their responses could not be identified. The researcher ensured that participants did not experience any potential risk whatsoever before, during, or after the interview. However, talking about learners who are exposed to trauma is a sensitive topic

and interviews may cause some psychological distress as some questions may trigger an emotional response. This was a reversible risk.

Participants' names were not disclosed to any third party. Furthermore, this study can be of tremendous benefit to the school. The social value of this study is that this study ensured that those who participate in the research will benefit by receiving free counselling services should they need them during or after the face-to-face interview. Feedback on the study findings will also be given to the participants and the school which will enlighten them about responses to trauma. Under the requirements of the Institutional Review Board, all participants and the school principal completed permission forms to protect personal information and school information.

### ***3.9.1 Informed Consent***

Simons and Usher (2000), stated that informed consent implies that participants be free of coercion or deception and have an understanding of the following: the process by which the data is to be collected; the intended outcome of the research process; the uses of the research; and as individuals or groups, having the capacity and competence to consent. Simons and Usher (2000) view informed consent as a dialogue, where each participant in the study is informed of the purpose of the study and assured of confidence from other persons in the setting, whose private information might enable their identification and the protection of the informants from the general public.

Before conducting one-on-one individual interviews, informed consent was obtained from all participants (see Appendix B: Consent form). The statement included a description of the purpose of the study, as well as the risks and benefits of participation. Participants were informed that there will be interviews and written permission to audio record was obtained. Limits to confidentiality were discussed, and the voluntary nature of participation

was described. Potential participants were asked to confirm their voluntary participation in the study and their status at Mkhankomo Full Service School. This confirmation was served as teachers' informed consent to participate in the research study.

### **3.10 Conclusion**

This chapter defined the methodology, research design, population sample and sampling techniques that were used for the study, and the method for data analysis and trustworthiness measures that were taken plus ethical consideration. The next chapter presents the findings from this study and lists the **major themes** and **sub-themes** that materialized from the data.

## CHAPTER 4

### Introduction

The chapter presents, discusses and reports the findings of this study, An exploration of teachers' views and experiences on the effects of community violence on learners at Lusikisiki. The chapter also presents the outcomes of the recorded interviews. Themes were categorized accordingly and were based on the aims and objectives of the research. For substantiating the themes, abstracts of the interviews are presented. All themes were discussed as connected to the current literature and related studies or philosophies.

### 4.1 Sample Description

The studied population in this study consisted of teachers currently working at Mkhankomo Full Service School in Lusikisiki. Ten (10) African teachers were interviewed. Out of the Ten (10) participants, six (6) were females and four (4) were males. The teaching experience was ranging from 1 to 27 years with an average of 7 years of experience. As interacted with the teachers at the time of the interviews, they seemed entirely dedicated, stimulated and willing to give excellent data and mindful teaching practices to the learners affected by trauma.

### 4.2 Findings and Discussions

#### ***Research Question 1: What are teachers' views on classroom behaviour and academic performance of learners exposed to community violence?***

Seven dominant themes emerged from the first research question. Firstly, teachers felt learners displayed violent behaviour; secondly, teachers experienced learners' classroom behaviour as disruptive; a decline in learners' academic performance was observed; learners further exhibited poor concentration and restlessness and teachers perceived them as fearful and anxious. Other themes that emerged related to the school

experiencing low school attendance and high dropout rates from learners and teachers being impacted by not being able to complete the syllabus timeously. Each of these themes relating to learners' classroom behaviours by teachers is expressed verbatim in the sections that follow.

### **Theme 1: Learners engaged in aggressive and violent behaviours**

Following incidents of community violence, teachers felt that learners were engaging in aggressive and violent behaviour that included playing games that were perceived as rough, some of which involved fighting with each other. In addition to these observations, some teachers noticed that some learners were bullying each other.

*Okay, I can say that, that learners they had become violent in the class and become bully and unruly. They like to play fighting games and are angry at each other (**Participant Anele**)*

Other teachers felt that learners were affected by community violence. This was indicated in the following extract:

*Mm, I think the learners have been affected by this violence because eh, in class you'll find that they like fighting. Eh, if you go out as a teacher, hardly 5 minutes, you will hear stories that someone was fighting with the other one. Eh, sometimes eh, there's no important reason when you hear their story there's no reason, there's no any reason, that is ... Why are they are fighting? They think fighting is a solution to them. Some, some find that they are bully to others, Yes. They are rough and they hardly say sorry to, to the other ones, yes. They are always angry and their academic performance is poor (**Participant Amanda**).*

*Uh, I think they are affected because they always fight. They are fighting each other and there's a lot of bullying among themselves, so I think it has affected them. There is a lot of anger and poor concentration (**Participant Ntombi**)*

*You know, its most learners are affected too much because when they are in class you find that they usually fight, always these fighting since I arrived here, 2018-2019, it was after that incident here, I noticed that they usually bully each other. Yes, I noticed that they usually bully each other, you will see a girl learner punching a boy with a big fist and I was asking myself why, but I noticed that they have anger and aggressiveness because of the incidence. (**Participant Lungile**)*

This is maintained by Medina et al., (2009) who assert that experiencing and witnessing violence can be connected to the fact that learners are unable to control rage, temper, frustration and other destructive emotions. Again exposure to violence is causing learners unable to sympathize with the emotions of others and therefore they may become engrossed in violence. Krefting (2000) also trusts that being exposed to violence causes learners to observe that violence is tolerable and supported in the community and class. This is resulting in those learners failing to resolve fights and quarrels through dialogues instead they use violence as the only way to resolve problems. It is important to apply this knowledge and information to the learners of the Mkhankomo Full Serviced School as they stay mostly experiencing and witnessing violence at home, community and at school. Fighting is commonly used by learners as a coping mechanism as they are unable to control their anger resulting in fighting with their colleague learners.

## Theme 2: Disruptive behaviour by learners

In addition to displaying aggressive, bullying and violent behaviour, learners were also perceived as disruptive as they sometimes tore up learning materials and jumped on desks during ongoing lessons. Learners' behaviour was further viewed as disrespectful.

Participants attributed these behaviours as follows:

*Yeah, yeah, they are disruptive, eh yes in the class. You'll find that, if you have charts, they, they tear those charts in the classroom. So, you'll find that eh, there is a problem with these learners. Something needs to be done to them. They are traumatized. But yeah, as a teacher we have to use some measures to help them, to, don't I say I let them go as they are. Yes, you do some, those legal things that you can do although, they need some-somebody who is trained. A professional, who has trained for these behaviours, eh (**Participant Amanda**)*

Other teachers remarked:

*They are violent and self-defence is their way of escaping from the fight. They lack respect to teachers and would jump on top of desks whilst you busy teaching. They don't respect teachers at all, sometimes will scream in the classroom. I think the environment played a role in their behaviours .... Yes, yes. Their actions are bad because sometimes they are hyperactive and destructive in class. I noticed that learners from this area are intelligent by nature but due to this community violence their*



*performance declined. Poor concentration and restlessness. Always tired and sleeping during class lessons (**Participant Lunga**).*

Medina *et al.*, (2009) support that violence impacted learners' behaviour negatively and this research support that. He further states that learners exposed to community violence develop anger and aggression that result in challenging and problematic behaviours. Similar to these findings Alisic, (2012) suggested that educators stated that learners' behaviours and how they react emotionally after being exposed to trauma (e.g., losing a mother/father loss of a parent, ill-treatment maltreatment, war, community ferocity) displayed in many ways in class which include externalizing (e.g., yelling screams, tantrums) and internalizing (e.g., being withdrawn) behaviours.

### **Theme 3: Decline in academic performance**

When it came to academic performance, teachers noted that academic performance had declined and homework was sometimes not completed. The decline in performance was observed even in students who were considered to be high performers. One teacher explained this by saying:

*Yeah as I said in their performance is being affected. Performance is slow even those that were performing before they decline because of the trauma. When I teach I will notice that they are distracted and their minds are somewhere else (**Participant Ntombi**).*

Some teachers believe that learner's academic performance declined:

*Firstly, I noticed poor performance even performing learners were affected as their performance declined in the classroom. Mmm...lack of concentration, lack of concentration and the learners are tired. They were*

*exhausted, restless and sleeping in the classroom. Because they were sleeping the bushes so they did not get enough time to sleep so they will sleep in the classroom during teaching time. Learners were miserable and could come to school untidy. Academic performance as I mentioned earlier and lot of absenteeism... They sleep in the classroom as they don't sleep comfortable in the bushes. Others were forgetful (**Participant Sib**).*

Another teacher further indicated that:

*Also, they do not do homework.... yeah, they perform, eh very poor. So, even in the classroom, when we are teaching, others they are sleeping, others they cry when you ask them why they didn't finish their homework, they are so emotional. So, it has been affected the learners much, yes (**Participant Ntombi**).*

This indicates that direct and indirect exposure to violence affects learners' academic performance and thus also affects their concentration which is very important in enabling learners to achieve and succeed at school. (Medina *et al.*, 2009).

This conclusion is also maintained by the study of Sullivan and Conoley (2004) who proposes that learners with emotional and behavioural challenges are possible to have simultaneous problems in learning areas. This possibility escalates the amount of comorbid circumstances in poor academic performance.

#### **Theme 4: Poor concentration and restlessness**

Teachers observed that the decline in academic performance was accompanied by poor concentration, poor listening and writing skills, tiredness, and restlessness which they attributed to the trauma that learners had been exposed to. In some instances, the learners

fell asleep during lessons as they had not always been able to get a good night's rest, owing to sleeping in forests, not having decent meals as well as other harsh conditions they were subjected to.

*I don't have necessary skill to identify and recognize traumatized learners but I will notice that their academic performance declined after the incidence. I tried to intervene by individualizing them and pay more attention to them .... Many poor listening skills, poor writing skills, lack of concentration. My learners were always looking tired, scared of the unknown, fear and drowsy in the class as they were sleeping in the forest. Poor performance and lot of absenteeism (**Participant 7 Zethu**).*

The findings given were a bit like the ones of Bell et al. (2013) who defined the way trauma signs may display and manifest in class. For instance, teachers reported that learners being “jittery and scary” as a symptom of trauma; that may match with what Bell et al. (2013) thought to be hyperactive, a trauma sign.

*In the classroom, learners are tired, exhausted, sleeping at classroom, when you wake them up they will scream thinking that they have been attacked, they could not concentrate will, you will see their minds are somewhere else (**Participant Zimbini**).*

This teacher believes that learners were affected as some will come to school untidy:

*Yeah, yeah, yeah one of the challenges is that small things are problematic to them like cleanliness. In terms of the cleanliness, they will come to school untidy and when you ask them they will say they slept in the*

*forests so they did not have time to bath. As a result, they don't do the homework with the same reasons that they slept in the forests so it's dark and cold there. Even if I can be harsh sometimes I have to understand their situation....., they are swearing each other and they are trying to fight back for, for their parents. Now that they sleep in the forest they don't have healthy diets or sometimes they are starving (**Participant Sinazo**).*

Medina *et al.*, (2009) indicated that violence impacts children in many forms and most of which are social, behavioural, emotional, mental, psychological and academic. Similarly, the learners from Mkhankomo Full Service School are faced with community violence. Each time violence happens it negatively affects learners' mindsets. This results in poor concentration in the classroom as learners' are always imagining the events of community violence. The teachers in the present study were capable of understanding the behavioural and emotional signs which include social seclusion, a lot of anger like screaming, shouting and inability to regulate emotions, and intellectual symptomology as well as poor concentration. (Bell *et al.*, 2013).

What is found in this study corresponds with the (Crosby *et al.*, 2015, p. 350) findings that teachers who work in schools where they reside stated that they see these difficult learners' behaviours linked to trauma as “shut down behaviours,” such as “facing their heads down, sleep in the classroom, unable to do their school work activities, amenably disengaged from class cooperation and partaking in class activities,” inner disruptions like not doing the school activities and focused to other things outside school work. In this form of background, teachers appeared to be additionally conscious of the link between trauma and definite unsolved behaviours.

### **Theme 5: Fearful and anxious behaviour**

Teachers additionally felt that students displayed fearful and anxious behaviours.

These sentiments were expressed in the following words.

*They were afraid because of the situation. The situation was bad and it made them to be scared and terrified. Always nervous and anxious at some point when something fell down they will jump as if they are hearing gunshots (**Participant Zimbini**).*

*Eh, learners ma'am, they are affected by the violence because I know that they, they were afraid. They were really afraid because the situation was bad. Since no one was expecting, what was happening. They slept in the forests and couldn't come to school (**Participant Sibuy**).*

*Learners are scared and fearful because of the situation. Community violence affected them a lot because in the classroom they are always distracted and will sometimes fight or swear at each other (**Participant Godfrey**).*

*Learners affected because they saw something which they never saw it before. They will draw a shape of the bullets and will say, "miss you have never seen a bullet before, its sharp in one point and it fell next to me when the shooting occurred in the community. I could see that God was great by that time as they did not get injured. Learners suffered lot of trauma and their minds were affected. They were so scared and feel humiliated (**Participant Zethu**).*

*because you see whenever if somebody hears outside the sound, they think that it's a bullet ... More especially, if you see there's a noise outside, they think that you see, at the faction fights have started. And in such a way that you see, if there's a, there's a sound outside or inside the classroom, they think that it's a bullet (Participant Khwezi).*

Additionally, the reports from these participants such as “*terrified*,” “*fright*,” “*anxious*” and to be “*fearful*,” is maintained by Buckner *et al.* (2004) who stated internal signs like being depressed and anxiousness when he studied children’s exposure to violence in a low-income community. Similarly, findings by Margolin and Gordis (2004) stated Posttraumatic Stress Disorder signs (in which anxiousness and constant talking and thinking about violent actions are signs) as an impact of community violence.

Teachers can identify many forms of trauma reactions and how these reactions are presented in class consistently with the findings from the study of emotional and behavioural expressions of how trauma is expressed and being exposed to violence (e.g., Benhorin & McMahon, 2008; Gaylord-Harden et al., 2011; Zetlin et al., 2012)

### **Theme 6: Low school attendance and high dropout rates**

Among the impact of the violence that happened in the community, the school faced low attendance as well as high rates of absenteeism as learners could not always come to school owing to the situation. Teachers themselves were also not always allowed on the premises. This resulted in the school being closed. To mitigate these negative factors, some parents registered their children in neighbouring schools which resulted in high dropout rates.

The response from the teachers indicated that the school has been affected by community violence:

*Oh, the school has been affected because some homes have moved from this area to other areas... It is affecting the, the enrolment of the school. You'll find that some have even no uniform because, their homes were burnt, yes. Absenteeism is common (**Participant Amanda**).*

*The school is affected by violence and because they lose enrolment and learners they become absent from school (**Participant Anele**).*

*Hmm, the school has been affected by community violence by eh, firstly enrolment, because parents, they, they take their children away to safety to safety schools, and also there is a lot of the absenteeism (**Participant Ntombi**).*

Two teachers have the same view on this effect and mentioned that:

*The enrolment, enrolment declined because learners couldn't come to school. The school has been affected a lot since learners flee their homes and slept in the bushes for their safety, others they never come back to school as they relocated to other communities due to this community violence. Even if learners come to school they have to be released early and that that affected the teaching schedule as they would miss some class lessons (**Participant Zimbini**)*

*Eh, there was poor, poor attendance. And it affected the enrolment of the learners. Some learners did not come back to school because the family relocated to other communities (**Participant Sibuyi**).*

Another teacher remarked that:

*Well, the attendance because learners could not come to school. Us teachers we could not come to school, we were scared to school and we were not allowed to get into school premises. It came to a point where we had to temporally report on duty at KwaQonda Full serviced school which is a neighbouring school (**Participant Zethu**).*

Other teachers added:

*Enrolment and poor attendance. Learners moved to other schools as parents relocated to other communities for safety. Poor attendance and absenteeism are common here at school because learners were sleeping in the bushes or veld, some their school uniform burnt during the incidence (**Participant Godfrey**)*

*I could say the school was affected a lot as the enrolment of learners has declined since other learners relocated and went to other schools (**Participant Lunga**).*

This can be also explained by Jimerson and Ferguson (2007) claimed that traumatised learners tend to drop out of school and possibly show anger and hostility in their adolescence stage. According to Hickman et al. (2008) learners that stopped schooling or left school presented high levels of repeating the grades, always being absent at school and challenging behaviours.

### **Theme 7: Delays in completing the syllabus**

The conditions under which learning took place made it difficult for the teachers to complete the syllabus within the time frames stipulated by the Department of education.



*There are more challenges. As learners are always absent from school, it makes teaching not effective as I have to always repeat every lesson each day. I don't finish the syllabus on time as per time frame because I have to individualize learners accordingly. Learners are restless and I have to do some relaxation exercises which is delaying me to complete the teaching lesson (**Participant Lunga**).*

*Yes, as a teacher I plan but I don't finish my work schedule because I have to pay more attention to the disturbed learners. It is hard for me as a teacher and it make my work difficult as I don't finish the syllabus mostly (**Participant Ntombi**).*

*It is not easy to work with traumatized learners because as a teacher you can't work with a sleeping learner so teaching was disturbed because when they hear the sound of the cars they will jump and go outside to check what was happening. Some of their parents were arrested so they could not concentrate which put me in an awkward situation as I will not finish my work schedule and syllabus (**Participant Zimbini**).*

*Uh, it affected me a lot because when I am doing my leaching lessons, as the learners has no concentration it makes teaching not effective. Learners were tired and sleepy in the classroom and it drained me as I had to spend more time explaining the lesson thus delaying me to*

*go to the next chapter of the class lesson. I could not finish the syllabus as we have time frames from the Department of Education (**Participant Sibu**).*

*Oh, it was difficult to finish syllabus on scheduled time frames by the Department of Education. I didn't have enough time to spend in the classrooms as learners were disturbed. I could not cover the syllabus as the school was closed for a long time(**Participant Zethu**).*

*You know, ourselves are being affected by this because in their performance, learners are behind. We spend more time as teachers trying to catch up with the syllabus whereas we don't have enough time. Remember were out of school for a long time and now when learners come back they forgot the work we did previously so now as a teacher I have to take them back to where we left and that is taking my time (**Participant Sinazo**)*

*I feel that teaching is disturbed because during class lessons I have to individualize learners or spend more time focusing on those that are mostly affected. That alone is emotional draining me as a teacher especially when learners are sleeping its really disturbing and sometimes I lose passion and eagerness .... mostly I don't finish the syllabus as there are time frames by the Department of Education (**Participant Godfrey**).*

*Yeah, it affected me a lot because to deal with these learners needs patience. As a teacher I have to remain calm mostly and it makes me to take time to finish the syllabus because I have to individualize the learners.*

*It is exhausting and emotional draining because as these learner's behaviour is problematic I have to spend more time focusing on them trying to discipline them whilst on the other hand I have to teach. I spend more time in repeating lessons and remember I have time frames as per Department of Education so it delaying me. I don't finish my teaching schedule. Teaching is not effective at all. Some didn't come to school for a long time and when they come back I have to repeat the chapters so that they don't remain behind (Participant Lunga).*

***Research Question 2: What is the preparedness of teachers in providing support to learners exposed to community violence?***

Concerning the second research question posed by this study, findings point to the teachers showing a willingness to support learners exposed to community violence, however, they felt ill-equipped to do so given that they had never worked with learners exposed to trauma. However, in their attempts to support learners, they implemented support systems such as offering individual lessons to learners and additionally assuming supportive roles such as that of mentor and mother. These findings are illuminated in the themes that follow.

**Theme 1: Teachers felt ill-equipped to support learners** Not having the skills and training to support learners exposed to incidents of community violence resulted in teachers feeling ill-equipped and less confident to help learners. A teacher presented this view as follows:

*Learners need counselling and motivation but as a teacher I am not equipped with skills to help the traumatized learners. This needs a*

*specialized people like psychologists but because I am the one who is always with the learners I had to act as a parent and try to calm them. Although my role is little because I don't have skills, we were also scared as teachers but in the classroom, I tried to normalize the situations so that learners can feel safe (Participant Zimbini).*

Teachers felt this role could be better implemented by mental health practitioners.

*.....Yeah, I have, a little role... because I don't have skills mostly to deal with mental needs of learners.....(Participant Amanda).*

*can say because of the school. I have no much skills. So, I don't think I have that much because if been us skilled any training then that I could say, yeah. So, because I lack skill, I don't have confidence yeah. ...If I don't have that skills to deal with these learners, otherwise so its not easy to just intervene when you don't have skills (Participant Ntombi).*

*Yes. You see ma'am, I can't have confidence whereas I never received any training or necessary skill to deal with trauma. And its really a challenge at school (Participant Godfrey)*

*Yes.... I try to. balance them although I am not confident enough with my interventions because I'm not equipped on how to deal with traumatized learners....( Participant Lunga)*

*This needs a specialized people like psychologists but because I am the one who is always with the learners I had to act as a parent and try to calm*

*them. Although my role is little because I don't have skills.....we were also scared as teachers but in the classroom I tried to normalize the situations so that learners can feel safe (**Participant Zimbini**).*

*Yeah, our role is, is too big. It is not equal to the task that we have as teachers (teaching task). Ah, this task is too heavy for us, eh because we must, we must have to, to do a lot of task, some of them are beyond our scope of practice so we have to devise the means to assist learners and not say we do not know... I do not have confidence in what I am doing because I never received any training on how to deal with traumatised learners. But because I am the one who is spending most time with the learners I have to do something. I mainly focus to those that are more traumatised. I give them support and try to understand their problems. I think if we can be trained as teachers on mental health and trauma that can benefit our learners (**Participant Sinazo**).*

*I don't have confidence at all but I told the learners to console each other, I used to pray in the classroom .... Uh, I was able to give them support as teacher even though I could see that they need more intervention and emotional support (**Participant Zethu**).*

These findings propose that teachers do not have enough understanding associated with the significance or efficacy of the trauma-informed strategies; they understand these strategies but do not have enough capacity or capability in implementing them, and perhaps there are a lot of obstacles to implementing those strategies (Westling, 2010). Maybe teachers need to be provided with knowledge or understanding about these

strategies and training that assist them to implement the strategies effectively in the classroom setting.

Alisic, et al. (2012) also trust that “it does not necessarily mean that teachers must be therapists or psychologists but they should have more understanding or know about traumatic stress and be confident to work with learners who experienced trauma” (p. 100). Providing extensive and enough skills may assist teachers in effectively dealing with these problems. Furthermore, the above excerpts also connect to (Crosby et al., 2015) argument that teachers who are cognizant that learners are experiencing trauma, but do not have enough training to effectively interfere, may have challenges interacting with or responding to these learners.

The study conducted by Alisic and colleagues (2012) proposes Dutch teachers do not have enough confidence to address trauma in class. Also, it seems Dutch teachers have inadequate training on how to support learners who experienced or witnessed possible traumatic incidents.

## **Theme 2: Offering individual lessons to learners as a support mechanism**

As a means of support, teachers sought to individualize some classes to improve academic performance. This was implemented as a way to pay more attention to each learner. Teachers emphasizing this view shared the following thoughts:

*Yes, yes, it, it affects their, their performance I have to make individual classes with them. So, this need my time, yes to help them, these learners. And it is difficult even to help them in a large number. You have to take a small number to help them because 'one learner is equal to ten'*

*learners. Yho! [laughs] So, you'll find that is on your shoulders as a teacher, and is too much workload yes (**Participant Amanda**).*

*With the little knowledge I have I was able to identify those that are more traumatized and my intervention was to individualize them so that I pay more attention to them but at the end I could see that they need more specialized intervention (**Participant Sib**)*

*you'll find that some of them, they, they are slow in learning. I have to individualise, I must individualise them. I must give them individual attention and that takes me lot of time to do that. So, it affects me a lot as a teacher, this eh, violence (**Participant Amanda**)*

The findings of the current study are closely related to the findings of Alisic et al. (2012, p. 100) that most teachers mentioned it is difficult to understand and balance their role as a “teacher of educational skills vs mental health care workers”. Teachers provide psychological support to learners exposed to trauma, but it is still a challenge for them to perform this duty when they are faced with day- to day responsibilities of being a teacher. (Alisic, 2012). Additional, teachers’ views on how to provide psychological support to learners are affected by their confidence in their personal capabilities. (Alisic, 2012; Kos, Richdale, & Hay, 2006).

Carole (2006) established that care and support given by an old person in children’s lives can significantly comfort and relieve children suffering from stress by reacting better to the need to be patient and to understanding. The paramount responses will need patience and understanding. They are:

- spending time with children and assure them that somebody is there for them and will attend to their problems willingly.

- encouraging children to express the trauma, however, do not force them to talk

- be honest in answering their questions in mature and proper language.

The study of Reinke and colleagues (2011) shows teachers trust they are playing a part to support the needs of learners emotionally and behavioural.

*To help learners deal with their trauma some teachers took on the role of being a mother to the learners while others played the role of a mentor. These roles were undertaken as a way to provide emotional support. In the interviews participants described their roles as follows: I wanted learners to be active in the classroom as they were always miserable so I was trying to distract their minds from that misery ... Learners need counselling. Since I am not equipped on how to deal with traumatized learners I just acted as mother to them. And I tried to mentor them by giving them hope and motivation. Okay, I told learners not to be scared as this situation will pass. I motivated them ensuring that education will continue regardless of this community violence, but my role was not enough as I am not trained or equipped to deal with traumatized learners .... Yeah, I gave them support even though it was not easy because the situation was bad for everyone (**Participant Sib**).*

*My role was little but I tried my best by talking to them that they must calm down because the situation is temporal and it's going to pass. Though I*



*was not equipped with necessary skills to deal with their needs I made them feel safe in the classroom. I told them to be patient (**Participant Zethu**).*

*As a teacher my role is not that much as I am not trained to mental health needs of learners but I act as a mothers to learners and give them emotional support because I spend more time with them in the classroom (**Participant Godfrey**).*

*Ehh! What happened ....as this situation. I give learners support and love. I noticed that they like fighting so I when they fight I used to call them both and hear they reason for fighting and tell them to apologize. I could say my role is not that much as I lack skills on how to deal with traumatized learners. I try to encourage learners to focus on their books and don't bother themselves about this whole situation of community violence (**Participant Lunga**).*

Furthermore, teachers articulated that they prefer extra distinctive and clear definite role so that each (e.g., school psychologist, teacher) expert execute in roles connected to their skills and capabilities. Teachers expressed that it was not easy in balancing between dealing with trauma and concentrating on “normal life” (Alisic, 2012). There is limited evidence concerning the fact that schools are prepared and able to react to learners’ chronic experience of community violence. (Ridgard et al., 2015).

### **Theme 3: Teachers taking on the roles of mentor and mother**

To help learners deal with their trauma some teachers took on the role of being a mother to the learners while others played the role of a mentor. These roles were undertaken as a way to provide emotional support. In the interviews participants described their roles as follows:

*I wanted learners to be active in the classroom as they were always miserable so I was trying to distract their minds from that misery ... Learners need counselling. Since I am not equipped on how to deal with traumatized learners I just acted as mother to them. And I tried to mentor them by giving them hope and motivation. Okay, I told learners not to be scared as this situation will pass. I motivated them ensuring that education will continue regardless of this community violence, but my role was not enough as I am not trained or equipped to deal with traumatized learners .... Yeah, I gave them support even though it was not easy because the situation was bad for everyone (**Participant Sibü**).*

*My role was little but I tried my best by talking to them that they must calm down because the situation is temporal and it's going to pass. Though I was not equipped with necessary skills to deal with their needs I made them feel safe in the classroom. I told them to be patient (**Participant Zethu**).*

*As a teacher my role is not that much as I am not trained to mental health needs of learners but I act as a mothers' learner and give them emotional support because I spend more time with them in the classroom (**Participant Godfrey**).*

*Ehh! What happened ....as this situation. I give learners support and love. I noticed that they like fighting so I when they fight I used to call them both and hear they reason for fighting and tell them to apologize. I could say my role is not that much as I lack skills on how to deal with traumatized learners. I try to encourage learners to focus on their books and don't bother*

*themselves about this whole situation of community violence (Participant Lunga).*

Furthermore, teachers articulated that they prefer extra distinctive and clear definite role so that each (e.g., school psychologist, teacher) expert execute in roles connected to their skills and capabilities. Teachers expressed that it was not easy in balancing between dealing with trauma and concentrating on “normal life” (Alisic, 2012). There is limited evidence concerning the fact that schools are prepared and able to react to learners’ chronic experience of community violence. (Ridgard et al., 2015).

### **Research Question 3: What trauma training or intervention programs are provided for teachers to deal with trauma in the classroom?**

Four themes were elicited that shed light on training or intervention programs surrounding managing trauma in the classroom. The first theme indicated that teachers were not provided with any training to help them work with learners exposed to trauma; the second theme showed that teachers' expectations for the Department of Education to assist were not met; whereas the third theme shed insight into the Council of Churches as the main provider of support for the school. The fourth and final theme indicated that teachers felt that mental health and psychological support services were still required for both learners and teachers at the school.

#### **Theme 1: Teachers not provided with trauma-based training**

Teachers expressed that they had not received trauma-based training nor were there any interventions put in place as support mechanisms. The passages below support the finding that teachers never receive any training and need more training on how to handle traumatized learners:

*What trauma? Uh, there's no training as such, let me be frank, you see, that there's no training, there's no training, there's no training. But to see we are willing to get, you see training from, from the government or from the Sister Departments, assisted both teachers and even the community, because you see, if things can happen, at least even the community, they need to see to be consulted because they've got it. When they think about this thing, it's very paining, it's very paining. Once that stress, they start running away, running away from their homes and sleeping in forest trees and even the young ones you see, because everybody is afraid of what will happen, you see, if this thing gets started again. And we're also insisting, assisting the government to intervene because you want to see if the government puts you in the mobile police station around so that, you see, nobody can come from maybe from KZN and come and kill people around here because you will find that you see some of the people who will be always coming and be killing people here, are coming from KZN*  
**(Participant Khwezi).**

*Yeah, we need more training to deal with traumatised learners as we are the ones that spend more time with learners in the classroom, we are dealing with learners from different backgrounds and they are more challenged as some don't have parent and staying at child headed families*  
**(Participant Ntombi).**

*No training ma'am. I think if we can be trained on how to deal with traumatized learners in the classroom will assist. Also, if the school can be*

*provided with psychologist and social workers that can intervene immediately (**Participant Sib**).*

Though studies revealed that schools are the best places where huge numbers of learners can be reached to be provided with mental health facilities, teachers frequently have limited training on how to do best in educating learners affected by trauma. (Chafouleas et al., 2016; Ko et al., 2008; Little & Akin-Little, 2013). This limited training can affect teachers' self-efficiency. Because of the momentous time teachers spend with learners every day, they are in the best position to identify changes in learners' behaviour, recognize potential obstructions to recovery, and provide class interventions that may reduce adverse psychological reactions to trauma and encourage recovery (Alisic, 2012; Baum, Rotter, Reidler, & Brom, 2009). Manage challenging learners' behaviour in class may be difficult for teachers, especially for new and trainee teachers (Shook, 2012).

Alisic et al. (2012) propose that when emerging trauma-informed strategies at school, begin with material that has a lot of information which will cover “strategies in facilitating how they can cope as they work with learners in class, recognizing signs of adaptive and maladaptive coping, referrals for learners and their families when specialized services are needed, caring of themselves under stressful situations” (p. 100).

Yoon et al. (2007) appraisal propose teachers need to be trained for many hours to obtain the knowledge and abilities or expertise needed to assist learners exposed to traumatic stress. Consequently, this lack of training might not be enough for the threshold for the quantity of specialized advancement needed to show effects on teachers' knowledge and abilities. Moreover, limited training opportunities may

clarify the research findings specifically to training extent and views of learners' requirements or the role of teachers.

### **Theme 2: Lack of support from the Department of Education**

In addition to not receiving training, the Department of Education was perceived as having failed the school given that no support was received from them. Teachers expectations were that their Department would provide psychologists and Social Workers to provide counselling and other interventions, however, this was not implemented as they were told that there were no mental health practitioners available in the district.

Teachers gave commentaries below concerning counsellors, psychologists, and the role of the Department of Education:

*Just only as the school we tried to help learners in organising Social Development and Home affairs to assist learners with school uniform and birth certificates as their belonging burnt during the incident. The Department of Education failed the school because there were no counsellors or psychologists came to the school to give support*  
**(Participant Sinazo)**

*Oh, in, in terms of trauma now? Yeah, it's difficult because the department doesn't have a psychologist or counsellors. I think it was 2018, they had some of the, eh the Specialists that were there, but we heard that they gone to other departments and, and when you go to Department of Education they said, Hey, we don't have anyone now". But, by that time they usually come and help those learners that need assistance. But now,*

*as from 2019 there, there are no, no Specialists to come and assist... (Participant Amanda)*

*Yhoo... here school tried to intervene in terms of supporting learners that dropped out by advising them to come back to school. But in terms on professional help there were no psychologists sent by the Department of Education to come and counsel learners and teachers. Our learners and teachers need counselling but I heard that the District does not have any psychologist and we are suffering here at school. We are all traumatized actually (Participant Lunga).*

*At the present moment, there's nothing. There's nothing. There's nothing at the present moment because truly speaking, even the people who were expecting to come, they did not come. I had to report the incident to the Department of Education in the Lusikisiki district. Well, we did not get any help from them (Participant Khwezi).*

*No. Nothing is done because we have no psychologist and counsellors at school (Participant Anele).*

*Since we are a full-service school, there is an SBST (School-Based Support Team) Learners are being referred to the Department of Education district to be helped by the psychologists and counsellors... Yeah, yeah. For traumatized learners, there is no enough intervention as currently there are no psychologist in the Department district..so it's really bad for the learners ... but even the Department didn't send anyone to counsel the school (Participant*

*Ntombi)*

*Department of Education never send anyone or give any support, no psychologists or social workers came to school(Participant Godfrey).*

Similar to these findings by Rademeyer (2008c) who remarked that the overall view of teachers is that there is not enough support from the provincial Department of Basic Education.

### **Theme 3: Prayer as the main source of support**

The main support received by the school was prayers from the Council of Churches and pastors in the community. The Council of Churches at times also provided counselling services. Teachers additionally referred to the Department of Health assisting by engaging the Council of Churches for assistance.

**Participant 5 Zimbini** said this regarding the support system that has been offered:

*The Council of Churches is the one that tried to counsel the learners and the teachers but there was nothing from Department of Education. ...*

*Council of churches Aye, yes, they came to pray for the school.*

Both **Participants Sibu** and **Zethu** also stated this:

*By the Council of Churches, of the Council of Churches always came to pray. I feel the Department of Education did not support us as there were no psychologist or social workers visited the school (Participant Sibu)*

*Uh, Only Council of Churches ...Yeah ..council of Churches came to pray at school but there was nothing from Department of Education (Participant Zethu).*



*Yeah, except the State Department, you see. It was the Department of Health, yeah, the department that always visits us here just to assist if we need the Council of Churches, you see you see. You could always get the prayers from the pastors around. You see, those are the people who are helping us you see, mostly. Yeah (**Participant Khwezi**).*

According to Van der Kolk (1996), religion is fulfilling a crucial role to provide a sense of purpose in the expression of scary reality by causing anguish and distress in a large context and by affirming common ways how children suffer through generations, periods and space. Therefore, this study proposes, that religious conviction can assist individuals to go above the entrenched nature of their distress. Andries (2010) is concurring with van der Kolk and also mentioned that many strategies to cope for learners exposed to violence involve a sense of humour, coping through religion, making sense of the condition and relying on support from friends and old people.

#### **Theme 4: The need for mental health and psychological support**

The experience of community violence led teachers to conclude that mental health and psychological support were a real need for learners and themselves. Given that no counselling or psychological support services had been received to help the community, teachers felt that these incidences of violence added to the trauma that they had already experienced in their personal lives and therefore mental health support was a requirement.

Some teachers revealed that psychologists and counsellors are required at school to give counselling and support to learners and teachers.

*Yeah, and then you see, another thing that I think we need to be assisted here. The counselling is to be done towards the educators, or both educators and the learners. We need to council, or a psychologist, any person who can, can just come in and help. Even the community. Yeah, this is such that now we're in this situation of a pandemic, we can learn about what we need, the awareness campaign to where the community of Kwakhanyayo be invited and be helped by the government of South Africa (Participant Khwezi).*

*Yes, unresolved traumas because they were here in this community, some of them. And it's not necessarily this community violence alone that affected. We do have our own traumas from our homes, from our relationships, from everywhere. So now this one added to something that already there, that was already there (Participant Lunga).*

The Advance Academic Programmes (AAP) (2004) defines schools as basic and main places to remove communal obstacles to the treatment of psychological disorders (like an absence of insurance coverage, limited transport, and stigmatizing mental disorders) and perilous in providing counselling facilities, evaluations or examinations, how to intervene and where to refer those affected. Mental health services that are based at schools vary from extensive school programs to particular, customized interventions, and amenities from the number of educational and clinical specialists.

Though school social workers, counsellors, and psychologists are regularly seen as the main professionals to provide mental health services, studies propose that it is the class teacher's responsibility to implement mental health interventions. The latest literature review is exploring how teachers are part of the delivery of school-based mental health services, the approaches they use to deliver (e.g., school-wide, small group, or individualized) and the efficiency of the interventions (Franklin et al., 2012).

Besides particular group interventions, there is a wide range of collective methods for creating a more supportive school setting that benefits learners exposed to trauma. Alike to SAMHSA's model, trauma therapy provides an outline that provides trauma-informed services. "Trauma therapy is regularly categorized by Herman's three steps (1997): 1) establish security, 2) remember and mourn the trauma, and 3) connect with other people" (as cited in Bell et al., 2013, p. 143). Teachers' involvement in each of these steps can assist to stimulate recovery. In aggregation to trauma-informed training and experience to work with trauma-affected people, teachers need to be equipped to participate in personal care (Crosby et al., 2015). Experiencing exhaustion may damage how being effective when dealing with learners exposed to trauma (Figley, 2001; Ray et al., 2013).

#### **4.3. Conclusion**

This chapter present, discuss and analyze data employing thematic analysis. Topics were generated employing the key themes found in the data. In doing that, exploring the impact of violence on learners exposed to trauma directly or indirectly was done. The impact of violence was explored to be mostly psychological. These were perceived to disturb the learners' academic performance at a later stage.

Additionally, the findings point to the teachers showing a willingness to support learners exposed to community violence, however, they felt ill-equipped to do so given that they had never worked with learners exposed to trauma. However, in their attempts to support learners, teachers implemented support systems such as offering individual lessons to learners and additionally assuming supportive roles such as that of mentor and mother. The findings indicated that teachers were not provided with any training to help them work with learners exposed to trauma and their expectations for the Department of Basic Education to assist were not met. Furthermore, findings shed insight into the Council of Churches as the main provider of support for the school. Finally, teachers felt that mental health and psychological support services were still required for both learners and teachers at the school.

# **CHAPTER 5**

## **5.1 Introduction**

The current chapter outlines a general discussions and summary of the results found from the study, the conclusion of the study and recommendations proposed by the participants and the researcher on the methods teachers and schools use in supporting and mitigating adversative effects of trauma on learners exposed to community violence.

As stated initially, the research questions of this study are:

1. What are teachers' views on classroom behaviour and academic performance of learners exposed to community violence?
2. What is the preparedness of teachers in providing support to learners exposed to community violence?
3. What trauma training or intervention programmes are provided for teachers to deal with trauma in the classroom?

## **5.2 Discussion**

The research intended to explore teacher's views and experiences on the effects of community violence on learners at Lusikisiki. Through semi-structured interviews, the focus was on exploring how teachers' are prepared and capable of responding to learners' chronic exposure to community violence and their approach to supporting learners experiencing traumatic stress in the classroom.

The information gained from the participants could thus engage the Department of Education into providing schools with Psychologists, Counsellors and

Social Workers to provide counselling and other interventions in supporting learners and teachers. According to Pitsoe (2013), the Department of Basic Education's responsibility is to set rules; develop approaches or methods; monitor and evaluate how to implement the rural education policy. Also, its responsibility is to ensure that assets and materials needed to implement the policy are accessible. However, it must also fill the gaps in meeting the problems faced by the schools in rural areas and also need to be enthusiastically involved in the upgrade and development of schools in rural areas. Again, the Department of Basic Education needs to be committed to providing enough financial resources and enough personnel in rural schools. A need to strategize on how to recruit psychologists and counsellors for rural schools should be considered.

Utilising the research questions, literature review and findings with relation to Bronfenbrenner's (1979) ecological systems theory, an outline is discussed below.

### ***5.2.1 Theoretical Implications***

The study finds that learners who experienced or witnessed community violence were susceptible to emulating destructive behaviours in class. According to Bronfenbrenner (1994), violence at schools is a result of compound relations between the other systems (such as the people, family, public, society and culture). Violent practices occurring outside school premises tumble over in school and visa-versa, more to Bronfenbrenner's principle of interdependence, the cycle of violence carries on. The aftermath of children exposed to childhood trauma touches on all stages of Bronfenbrenner's ecological framework. The ascriptions that children exposed to trauma exhibit challenging behaviours can give expedient perception into the impact on the interconnected systems of Bronfenbrenner's ecological framework. In the microsystem, children are interacting with the world, for instance, in the school and

home setting, and when trauma is occurring in this system, there is the possibility of shattering the ability to trust safety and security. The world's negative view that traumatized children may develop is reflected in the chronosystem. There is a belief that trauma symptoms and particularly chronic trauma result in a sensitive risk and danger for impending or upcoming trauma exposure. This escalates the risk that children have adverse ideologies and worldviews.

As is evident in previous studies and in what this study finds, the problem regarding how to diagnose and treat a traumatised child has been available for a long time. People like mental health professionals, educators and parents in the exosystem are unable to completely conceptualise the signs that come after trauma. For instance, it is well identified and recognised that learners and teachers become victims in South Africa and are struggling a lot with challenging behaviour (Margolin and Gordis (2004). There is a strong probability that categorized behaviour in South African schools reflects the trauma exposure of the child and that the behaviours as part of the signs. This has a direct influence on the mesosystems; according to Bronfenbrenner's ecological framework, the mesosystem includes how a microsystem and mesosystem interact with each other (Santrock, 2009). Consequently, a child that experienced trauma is at high risk of being unable to receive the actual and efficient methods of treatment. Through the discussion in Chapter 4, a child who experienced and witnessed trauma might also display somatic symptoms, which may erroneously be dismissed as illness or bad behaviour by the child. If a clear set of symptoms can be identified, then, after a child has been exposed to trauma, it will enable caregivers, parents, teachers and health workers to recognise these symptoms when they appear and to begin to see through the eyes of the child. This will enable the relationship between the exosystem

and mesosystem to be more efficient and therefore contribute to the psychological wellbeing of traumatized children.

However, the findings of this study also exposed how the different systems within Bronfenbrenner's ecological framework contribute to the resistance of children exposed to trauma. A safer and more secure home background and experiencing a healthy and functioning mesosystem contribute to the resilience of traumatized children. The results also discussed how people who experienced trauma undergo the processes such as the desensitizing that occurs within dreams to overcome the trauma. All systems in the ecological model of Bronfenbrenner may help to understand the healing process after a child has been exposed to trauma. However, again it has a possibility of completely failing the needs of traumatized children; as the systems may give support and healing for traumatized children or it may provide an experience of being revictimized.

#### ***5.2.2 Classroom behaviour and academic performance of learners exposed to community violence***

Teachers in this study felt that learners were impacted by violence mentally, emotional, behaviourally and academically. A decline in learners' academic performance was observed and learners further exhibited poor concentration and restlessness and teachers perceived them as fearful and anxious. The learners lost their concentration in the classroom as they always think about the incidence of violence and often fear what will happen when they are going back home. Most of the learners developed bizarre behaviours as they are withdrawn, violent, emotional, irritable and unreasonable. To be exposed to or to be a victim of violence proves to be an



experience that some learners become vulnerable and feel not safe at school and within their communities. The school experiencing low school attendance and high dropout rates from learners and teachers being impacted by not being able to complete the syllabus timeously.

### ***5.2.3 The preparedness of teachers in providing support to learners exposed to community violence***

To a certain extent, the teachers show a willingness to support learners exposed to community violence. However, not having the skills and training to support learners exposed to incidents of community violence resulted in teachers feeling ill-equipped and not confident to help learners. Teachers felt this role could be better implemented by mental health practitioners. Furthermore, in their attempts to support learners they implemented support systems such as offering individual lessons to learners and additionally assuming supportive roles such as that of mentor and mother. Some teachers sought to individualize some learners in order to improve academic performance and this was implemented as a way to give more attention to each learner.

### ***5.2.4 Trauma training or intervention programs provided for teachers to deal with trauma in the classroom***

This study found that teachers were not provided with any training to help them work with learners exposed to trauma and their expectations for the Department of Basic Education to provide support and assistance were not met as the Council of Churches was the main provider of support for the school. Other significant approaches were recommended, including training and workshops for teachers. Many

teachers never received training on how to assist a traumatised learner. They need to go to workshops and advanced training to prepare them to address possible conditions of trauma in the classroom. This could boost teachers' confidence in addressing trauma in class. Skills development workshops are essential to make sure that teachers are coping well in class. Steps should also be taken by the Department of Basic Education in providing teachers with necessary and suitable skills and abilities to address trauma at schools.

### **5.3 Strengths and limitations of the study**

This research in itself is considered a main strength of the study; as it contributes to the knowledge that has not received much attention in the country based on the effects of community violence on learners, particularly on how teachers respond to affected learners in the classroom. There is an extreme escalation of community violence in South Africa particularly amongst rural communities and has a great influence on teachers who experience the impact of community violence on learners. This then can cause the Department of Basic Education, schools management and community leaders to help in the implementation of programs that can assist in restraining community violence. This study could contribute greatly to interventions in the future by shedding more light and a better perspective on the community violence.

Limited research has been conducted on this particular study, a lot of studies done were mostly quantitative and were done in schools that are in urban areas, so this qualitative study provides extra understanding and insight into the teachers' experiences on classroom behaviour and academic performance of learners exposed to community violence. Interacting with the teachers was easy and I obtained more sense and gist of their experiences. I got more perception into the set of behaviours displayed by learners in the classroom and the

preparedness of teachers in providing support to learners affected by community violence. The strength or strong point of the study was again the fact that it is exploratory, thus allowing the researcher to detect topics through the in-depth and complete information that was received from the respondents.

The process of data collection was successful. Through the process, 10 effective detailed and in-depth semi-structured interviews were done thus giving participants to be free and open when sharing their experiences. This led to obtaining more information and the process was productive. Rapport was established between the researcher and the participants as they share their experiences, understanding and facts. Limitations were observed so that the study remain reliable and valid.

Nonetheless, since the study is exploratory, that alone limits the research as it concentrated on fewer teachers and a particular school. The information collected is not generalising the whole population. However, the smaller sample was advantageous to the researcher as it was easy to get broad, detailed information about the study as already indicated. The sample size of the study was not large as it was a 10-sample size when considering the whole population of the country. Thus, the researcher is mindful and fully conscious that the outcome of the study could not be generalized to a large school population but is appropriate for this study.

Another limitation of this study is that the findings cannot be generalized to all learners, and the stages of exposure to trauma were not the same. Therefore, the interpretation of results needs to be based on a specific perspective and be perceived inclusively.

Some of the limitations of the research included:

Other teachers were not present at the time that was arranged for the interviews although the researcher often communicated with the school in terms of the time frame of the interviews.

Unexpected conditions such as school meetings resulted in spending more time on the interviews but fortunately, all ten (10) teachers managed to participate.

It was difficult to transcribe the recordings of the interviews as the questions were semi-structured and open-ended. Regardless of these limitations, this research gave an inclusive understanding of the effect of trauma on learners' psychological health and well-being and identified what is missing in the literature review so that more research on child trauma can be conducted.

## **5.4 Recommendations**

### ***5.4.1 Research***

Literature review revealed limited research focusing on teachers' views and experiences on the effects of trauma on learners and their ability to deal with trauma in the classroom. With fewer studies existing on this topic, this study is intending to investigate an extensive series of variables and possible training that can equip teachers to support traumatized learners. It is important to encourage scholars to conduct more research on the exploration of variables in this study. For instance, teachers who participated in this study gave overall views of the nature of trauma training they need to help in dealing with the impact of community violence on learners in schools. Future studies may seek to gather more information on the types of training that teachers need so that they obtain more knowledge of the effects of trauma on learners. Moreover, the study collected more data regarding teachers' experiences of the learners' needs such as, academically, emotionally, and behaviourally. The study area has the advantage of benefiting from exploring teachers' views of the particular way that these needs show in class.

In future, more research is essential to collect neutral data concerning teachers' capabilities and expertise specifically in child traumatic stress and trauma-informed care. This data can notify and update the stakeholders (Department of Basic Education) to decide on trauma specialised training for teachers.

More research is needed to investigate the effect of trauma training on teachers' views on the needs of learners experiencing traumatic stress, the part they play to support these learners, and their self-efficiency to provide this support. More future research

done in South African schools will assist all stakeholders in creating effective intervention and look again at what is existing currently. Existing policy to be revisited and reviewed to make it work on how to curb other possible upcoming events of community violent actions. Community violence is still viewed as a major problem that affects schools and communities in the country (South Africa). More investigations are needed for gaining more knowledge of community violence at schools and the effects on learners.

Lastly, this research has the advantage of benefiting from possible upcoming studies that will focus and report on the limitations mentioned above. For instance, researchers are motivated and recommended to employ several techniques of research (i.e., experimental design or focus groups) in generating further inclusive knowledge of teachers' views and experiences to support learners exposed to child traumatic stress.

#### ***5.4.2 Practice***

Based on the findings of this study, teachers and the researcher advise and suggest that the following recommendations be implemented:

- The teachers stated that counselling is needed to help them address and deal with the impact of community violence and assist learners to cope. Other teachers used their money to get specialized help (psychologists), thus causing financial strain. It is therefore recommended that the Department of Basic Education must make provision for services that can support traumatized learners and teachers at school.
- All teachers proposed that the Department of Basic Education be required to hire psychologists and other professionals e.g counsellors in rural schools as teachers are not proper trained to address trauma as they assist learners with

several emotional and psychological problems. Life skills programs are needed to integrate with the teaching of essential skills and expertise, like beliefs, ethical values, standards, principles, how to manage anger, morals, anger management, and how to deal with stress.

- Employing social workers at schools: this research revealed that many learners are from broken families, others stay with single parents or their grandparents, and some come from child-headed families. This is problematic for teachers when they need to meet with learners' guardians or parents as they find that learners stay with their siblings and grandparents who will not be able to attend those meetings. Teachers noticed that some learners lack a support system and no one set the rules and instructions at home. Social workers can be able to identify affected learners and play an important role by giving those learners emotional and social support.
- Topics that may educate learners about violence need to be introduced at schools, such as causes, effects, how to avoid it and conflict resolution strategies. This will raise awareness of violence and create positive and moral behaviour in learners thus decreasing the level of violence among themselves.
- Implementation of awareness campaigns about the signs and symptoms of childhood trauma exposure is needed and necessary in schools. In South Africa campaigns like 16 Days of Activism and The Child Protection Week are operative but that is insufficient as there is an increased number of learners who experience trauma daily. The systems within the chronosystem of Bronfenbrenner's ecological model such as the involvement of religious institutions, schools and non-governmental organizations should be essential to

prevent child trauma-inducing elements daily. Particularly, schools would benefit if all teachers are attending training and workshops on child trauma and counselling for the symptomology could be identified early and decrease the risk of secondary victimization of the traumatized learners.

- The creation of trauma-informed programs would be an advantage to best understand the skills that are required by teachers in providing trauma-informed strategies and approaches in class. Bandura (1993), stated that learning new skills and knowledge needs persistence if a person is confronted with problems, as teachers may be presented with difficulties when dealing with traumatized learners. Yet, there is a lot that is expected from the teachers' responsibility in dealing with traumatized learners. Results of this research attract consideration to the serious necessity to conduct more trauma-specific training for teachers in all grade levels and at each phase of their profession. To provide extensive training in order to provide trauma-informed classroom support for teachers on how to identify and support traumatized learners. Also, the results of this research show that teachers lack self-confidence in their capacity to handle and address the academic, emotional, and behavioural needs of traumatized learners as they never received any training.
- Moreover, the Department of Basic Education at the district level is responsible for making available ongoing educational opportunities that link teachers to multidisciplinary teams – including psychologists, educational specialists, behavioural specialists, teaching colleagues, and nurses – aimed and intended to the conceptualization and monitoring of academic, emotional, and behavioural needs of learners that experienced child traumatic stress.



## **5.5 Conclusion**

The current study explored the teachers' views and experiences of the effects of community violence on learners in Lusikiski. Data collected from different teachers, previous studies and the theory by Bronfenbrenner (1979) assisted in addressing the research questions of this study. Findings were discussed and important aspects discovered were highlighted. Study limitations were mentioned. The strengths were connected to the qualitative and exploratory nature of the study which produced more comprehensive knowledge of this research. One of the factors that limited the study was the sample size of ten (10) participants instead of considering more teachers within the school. These encouraged future studies to consider the larger population in avoiding generalising the whole school and all teachers.

It is important for the Department of Basic Education to recognize and understand teachers' efforts in dealing with traumatized learners. With their exceptional experiences, they play a significant role in the lives of learners exposed to community violence. Teachers need to be provided with the necessary support to cope with the increasing challenged environment at risk of community violence. This support should be given by the Department of Basic Education authorities, in the form of professional support and as obviously specified required intervention and training programs that empower the teachers with relevant and necessary skills to address trauma in the classroom.

Actions need to explore how to protect learners and teachers emotionally and physically in the violent community using more innovative approach. Teachers are needed to be equipped urgently with comprehensive training techniques. They need to be trained on methods that can best prevent violence both at schools and within the

community, and processes that can be used in the protection of learners and teachers ensuring they do not become victims. The involvement of schools when processing this training is important as it will be easy to facilitate programs that generate a more educated and responsible society. As violence is always moulded in society, schools need to offer local onsite support for learners and teachers exposed to violence. Schools need to work and collectively with the community structures like churches and social services to bring about change. Community violence is viewed to have a negative impact and results in schools not only currently but in the future.

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## **APPENDIX A: SEMI-STRUCTURED INTERVIEW GUIDE**

1. How do you think learners have been affected by community violence?
2. How has the school been affected by community violence?
3. How do you see your role as it relates to attending to learners' mental health needs?
4. What are some challenges you face when asked to recognise and intervene in the mental health of your learners?
5. What signs and/or behaviours do you notice in the classroom that alerts you to the fact that a child may have or is being impacted by trauma?
6. How does working with learners exposed to violence affect you as a teacher?
7. How confident, if at all are you in your ability to balance the individual needs of learners experiencing traumatic stress with the needs of the class as a whole?
8. What do you have in place to help students who have experienced traumas?
9. Do you have any thoughts on how your school or community is doing regarding trauma informed care with students?
10. What type of training have you had regarding learners exposed to trauma?

## APPENDIX B: CONSENT FORM

### NELSON MANDELA METROPOLITAN UNIVERSITY INFORMED CONSENT FORM

<b>RESEARCHER'S DETAILS</b>	
<b>Title of the research project</b>	<b>An Exploration of teachers' view and experiences on the effects of community violence on learners at Lusikiski</b>
<b>Reference number</b>	
<b>Principal investigator</b>	<b>NOLUFEFE GWARUBANA</b>
<b>Address</b>	<b>75 PHILIP STREET, ESTCOURT</b>
<b>Postal Code</b>	<b>3310</b>
<b>Contact telephone number (private numbers not advisable)</b>	<b>0823311302</b>

<b>A. <u>DECLARATION BY OR ON BEHALF OF PARTICIPANT</u></b>		<u>Initial</u>
<b>I, the participant and the undersigned</b>	(full names)	
<b>ID number</b>		
<b><u>OR</u></b>		
<b>I, in my capacity as</b>	(parent or guardian)	
<b>of the participant</b>	(full names)	
<b>ID number</b>		
<b>Address (of participant)</b>		

<b>A.1 HEREBY CONFIRM AS FOLLOWS:</b>		<u>Initial</u>
<b>I, the participant, was invited to participate in the above-mentioned research project</b>		
<b>that is being undertaken by</b>	<b>NOLUFEFE GWARUBANA</b>	

<b>from</b>	FUCULTY OF HEALTH SCIENCE- DEPT OF PSYCHOLOGY	
<b>of the Nelson Mandela Metropolitan University.</b>		

<b>THE FOLLOWING ASPECTS HAVE BEEN EXPLAINED TO ME, THE PARTICIPANT:</b>			<b><u>Initial</u></b>
2. 1	<b>Aim:</b>	<p>This study aims to gain an understanding of teachers' views and experiences on learners exposed to community violence from the perspectives of teachers in the school and also aims to discover their preparedness to provide support to learners with trauma related to community violence.</p> <p>The information will be used to/for to inform future interventions</p>	
2. 2	<b>Procedures:</b>	I understand that the participants will be asked to participate in individual interviews lasting approximately 30 – 45 minutes.	
2. 3	<b>Risks:</b>	<p>Slight or temporary risk of harm to the participants and there are remedial measures available.</p> <p>The participants will be informed that the interviews conducted may cause some psychological distress as some questions may trigger an emotional response. The researcher is registered with HPCSA as a Registered Counselor in Trauma Counselling (PRC 0014583) and will be able to address any emotional reactions elicited during interviews. For continued intervention the researcher will arrange with the Clinical Psychologist from the nearest Public Hospital (Mthatha General Hospital) to assist those that will need more sessions.</p>	
2. 4	<b>Possible benefits:</b>	No	
2. 5	<b>Confidentiality:</b>	My identity will not be revealed in any discussion, description or scientific publications by the investigators.	
2. 6	<b>Access to findings:</b>	Any new information or benefit that develops during the course of the study will be shared as follows: oral feedback will be provided.	



2. 6	<b>Voluntary participation / refusal / discontinuation:</b>	My participation is voluntary	<b>YES</b>		
		My decision whether or not to participate will in no way affect my	<b>TRUE</b>		

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		present or future care / employment / lifestyle			
--	--	---	--	--	--

<b>3. THE INFORMATION ABOVE WAS EXPLAINED TO ME/THE PARTICIPANT BY:</b>					<b><u>Initial</u></b>
NOLUFEFE GWARUBANA					
in	<b>Afrikaans</b>		<b>English</b>	X	<b>Xhosa</b>
					<b>Other</b>
and I am in command of this language, <b>or</b> it was satisfactorily translated to me by					
(name of translator)					
I was given the opportunity to ask questions and all these questions were answered satisfactorily.					

<b>4.</b>	No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.	
-----------	---	--

<b>5.</b>	Participation in this study will not result in any additional cost to myself.	
-----------	---	--

<b>A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT:</b>	
Signed/confirmed on 20 at	
	Signature of witness:

Signature or right thumb print of participant	Full name of witness:
---	-----------------------

<b><u>B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)</u></b>									
I,	NOLUFEFE GWARUBANA	declare that:							
1.	I have explained the information given in this document to	(name of patient/participant)							
	and / or his / her representative	(name of representative)							
2.	He / she was encouraged and given ample time to ask me any questions;								
3.	This conversation was conducted in	<b>Afrikaans</b>		<b>English</b>	X	<b>Xhosa</b>		<b>Other</b>	
	And no translator was used <u>OR</u> this conversation was translated into								
	(language)		by	(name of translator)					
4.	I have detached Section D and handed it to the participant	<b>YES</b>			<b>NO</b>				
Signed/confirmed on at								20	
Signature of interviewer		Signature of witness:							
		Full name of witness:							

<b><u>C. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT</u></b>
---

Dear participant/representative of the participant

Thank you for your/the participant's participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

You will receive free counselling after the interview with the researcher and follow up counselling will be arranged with a psychologist.

(indicate any circumstances which should be reported to the investigator)

Kindly contact	NOLUFEFE GWARUBANA
at telephone number	0823311302

## Appendix C: Permission to conduct research with school principal



• PO Box 77000 • Nelson Mandela University

• Port Elizabeth • 6031 • South Africa • [www.mandela.ac.za](http://www.mandela.ac.za)

[09 December 2020]

Mr Z.D Lurwengu

Principal

Mkhankomo Full Service School

P.O. Box 743

LUSIKISIKI

Tel: 0834874023

For attention: Mr Lurwengu

### **REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN MKHANKOMO FULL SERVICE SCHOOL**

Dear Mr Lurhwengu

My name is Nolufefe Gwarubana, and I am a Masters of Psychology student at the Nelson Mandela University in Port Elizabeth. The research I wish to conduct for my Master's dissertation involves: An exploration of teachers' views and experiences on the effects of community violence on learners at Lusikisiki.

This project will be conducted under the supervision of Prof Magnolia Ngcobo Sithole, Contact details: 041 504 2354/2916 Email Address: Ngcobo-Sithole, Magnolia (Prof) (Summerstrand South Campus) <Magnolia.Ngcobo-Sithole@mandela.ac.za>, (Nelson Mandela University, South Africa).

I am hereby seeking your consent to approach the teachers at Mkhankomo Full Service School to participate in this project.

I have provided you with a copy of my dissertation or thesis proposal which includes copies of the measure and consent and assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Nelson Mandela University Research Ethics Committee (Human).

Upon completion of the study, I undertake to provide the Department of Education with a bound copy of the full research report. If you require any further information, please do not hesitate to contact me on 0823311302 and email address:

[Nolufefe.Gwarubana@labour.gov.za](mailto:Nolufefe.Gwarubana@labour.gov.za).

Thank you for your time and consideration in this matter.

Yours sincerely,

Nolufefe.Gwarubana

Nelson Mandela University

## **Appendix D: Permission to conduct research with Participants**

Dear participants

My name is Nolufefe Gwarubana; I am a Nelson Mandela University student, studying Masters Arts in Psychology (Research). I am writing this letter as I am seeking potential participants for my research. The title of my research is an exploration of teachers' views and experiences on the effects of community violence on learners at Lusikisiki. This study aims to gain an understanding of teachers' views and experiences on learners exposed to community violence from the perspectives of teachers in the school and also aims to discover their preparedness to provide support to learners with trauma related to community violence.

Professor Magnolia Ngcobo-Sithole Contact details: 041 504 2354/2916 Email Address: Magnolia.Ngcobo-Sithole@mandela.ac.za, who is the head of the Nelson Mandela Psychology department will supervise this study.

Thank you in advance for considering participating in the study.

Yours Sincerely

Nolufefe Gwarubana

0823311302

Nolufefe.Gwarubana@labour.gov.za

## Appendix E: Permission to conduct research with Department of Education: Eastern Cape



• PO Box 77000 • Nelson Mandela University

• Port Elizabeth • 6031 • South Africa • [www.mandela.ac.za](http://www.mandela.ac.za)

[09 December 2020]

Mr Dyasi  
District Director  
Old Lusikisiki College of Education  
R61 Main Road  
LUSIKISIKI  
Tel: (039) 253 1946  
For attention: Mr Dyasi

### **REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN SCHOOL**

Dear Mr Dyasi

My name is Nolufefe Gwarubana, and I am a Masters of Psychology student at the Nelson Mandela University in Port Elizabeth. The research I wish to conduct for my Master's dissertation involves: An exploration of teachers' views and experiences on the effects of community violence on learners at Lusikisiki.

This project will be conducted under the supervision of Professor Magnolia Ngcobo Sithole,  
Contact details: 041 504 2354/2916 Email Address: Magnolia.Ngcobo-Sithole@mandela.ac.za, (Nelson Mandela University, South Africa).

I am hereby seeking your consent to approach the principal at Mkhankomo Full Service School to provide participants for this project.

I have provided you with a copy of my dissertation or thesis proposal which includes copies of the measure and consent and assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Nelson Mandela University Research Ethics Committee (Human).

Upon completion of the study, I undertake to provide the Department of Education with a bound copy of the full research report. If you require any further information, please do not hesitate to contact me on 0823311302 and email address: Nolufefe.Gwarubana@labour.gov.za. Thank you for your time and consideration in this matter.

Please see the attached letter which will be provided to the school principal.

Yours sincerely,

Nolufefe.Gwarubana

Nelson Mandela University

## Appendix F: Use of audio Recorder for Research Purpose

Nelson Mandela University – Department of Psychology

### PERMISSION FORM

Participant name & contacts (address, phone etc)	
Name of researcher & level of research (Honours/ Masters/Ph.D.)	
Brief title of the project	
supervisor	

Declaration		
(Please initial/tick blocks next to the relevant statements)		
1. The nature of the research and the nature of my participation have been explained to me	verbally	
	in writing	
2. I agree to be interviewed and to allow Audio recordings to be made of the interviews	audio	
	Video tape	
3. The Audio recordings may be transcribed	Without conditions	
	Only by the researcher	
	by one or more nominated third parties:	
I have been informed by the researcher that the Audio recordings will be erased once the study is complete and the report has been written.		
Signatures		
Signature of participant		Date:
Witnessed by researcher		

## **Appendix G: Oral information**

Dear Participants

I am Nolufefe Gwarubana conducting a research study under supervision of Professor Magnolia Ngcobo- Sithole who is the head of the Nelson Mandela Psychology department.

Nolufefe Gwarubana is registered Masters in Research Psychology (Dissertation only) with Nelson Mandela University I am seeking potential participants for the research mentioned above and to collect the data. The title of my research is an exploration of teachers' views and experiences on the effects of community violence on learners at Lusikisiki. The objectives of the study are: -To explore and describe teachers' views on classroom behaviour and academic performance of learners exposed to community violence, -To explore and describe teachers' preparedness to provide support to learners with trauma related to community violence, -To identify any trauma trainings or intervention programmes provided for teachers to deal with trauma in the classroom.

There are specific characteristics in the kind of potential participants I am seeking for. They include

- Participants should be teachers from Mkhankomo Full Service School.
- Have been actively involved with learners exposed to community violence in classroom
- Be willing to participate. Wearing of masks and sanitizing during interview On the other hand, the exclusion criteria for the participants will consider the following: Teachers affected by community violence.
- The research has been through the FPGSC, Department of Psychology, and been granted clearance. Thank you for your time and participation. The study has been approved by the Research Ethics Committee (Human) of the Nelson Mandela University. If you choose to be a part of this project, here is what will happen;
- you will be required to read the information letter to make the informed decision whether to participate or not
- Consent form will be distributed and you are expected to read and sign if you qualify to be part of the study and you would like to participate. This will verify that you understand and agree to the conditions
- You will be conducting one-on-one individual interviews through audio recording.
- You are requested to indicate after interviews if you need to consult with psychologist.



## Appendix H



**basic education**  
Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA

For admin. use

Reference number:

### REQUEST TO CONDUCT RESEARCH IN THE NATIONAL DEPARTMENT OF BASIC EDUCATION

#### 1. PARTICULARS OF THE RESEARCHER/S (if there is more than one researcher involved, provide the details of the main researcher)

1.1. Personal details	
Title (Prof/Dr/Mr/Mrs/Ms):	Ms
Surname and initials:	Gwarubana N.
First names/s:	Nolufefe
SA ID number:	7709091104082
work permit number (If not SA citizen):	

1.2 Contact details	
Tel home:	
Tel work:	036 342 9371
Cell:	0823311302
Email address:	Nolufefe.Gwarubana@labour.gov.za
Home address:	20 Mount Currie Drive, Kokstad
Postal code:	4700
Postal address:	75 Philip Street, Estcourt
Postal code:	3310

#### 2. PARTICULARS OF AFFILIATED ORGANISATION (if applicable)

2.1 Affiliated organisation	
Name of organisation:	
Position:	
Head of organisation/research promoter:	

Tel (head/research promoter):	
Email address(head/research promoter):	

### 3. STUDENT AND POSTGRADUATE ENTROLMENT PARTICULARS (if applicable)

3.1 Enrolment particulars	
Name of institution:	Nelson Mandela University
Degree/qualification:	Masters of Psychology: Research
Faculty and discipline/area of study:	Health Sciences
Name of supervisor/promoter:	Prof Magnolia Ngcobo-Sithole
Student number:	223321435

### 4. PURPOSE AND DETAILS OF PROPOSED RESEARCH

4.1 Purpose of the research (please indicate by placing a cross where appropriate)	
Undergraduate study - Self	
Post graduate study - Self	<b>X</b>
Private company/agency - Commissioned by National Government Department	
Private research by independent research	
Non-government organisation	
Department of Basic Education	
Commissions and committees	
Independent research agencies	
Statutory research agencies	
Higher education institutions only	
Other (specify)	

4.2 Details of proposed research
<b>Full title of research project/thesis/dissertation</b>
An exploration of teachers' views and experiences on the effects of community violence on learners at Lusikisiki.
<b>Brief description of proposed research</b>
The study will focus on the teachers' views on learners exposed to community violence and also aims to discover their preparedness to provide support to learners with trauma related to community violence.
<b>Value of the research to the National Department of Basic Education</b>

This study may be of tremendous benefit to the body of knowledge in education. The social value of this study is that, this study will ensure that those who participate in the research will benefit by receiving free counselling services should they need it during or after the face to face interview. Feedback on the study findings will also be given to the participants and the school which will enlighten them about responses to trauma. The school has up to 9 grade levels, therefore the researcher will select any teacher from each grade. Thus, the researcher will select a minimum of 6 participants and will be guided by data saturation when to stop with the interviews. Inclusion criteria will also be ability to participate willingly in the study and have enough time to do so.

#### **4.2. Details of proposed research**

The data for this study will be collected at Mkhankomo Full Service School which is located at Khanyayo village in the Eastern Cape, on the border of Lusikisiki and Mbizana. The research study area (Khanyayo village) is situated in north-eastern Pondoland on the Wild Coast of the Eastern Cape Province. Due to the community violence learners had suffered a lot of trauma which had psychological effects on them when they went back to school after the incident.

This study aims to gain an understanding of teachers' views and experiences on learners exposed to community violence from the perspectives of teachers in the school and also aims to discover their preparedness to provide support to learners with trauma related to community violence.

It is anticipated that this study will provide an understanding of the effects of community violence on learners from the perspectives and experiences of teachers in the school. Participants consented to be part of the study will be assured that their responses would be kept confidential and that their individual responses could not be identified. It will be explained to the participants that their participation in the study will be free and voluntary and that they could withdraw from the study at any given time without repercussions. This will be to ensure right of any participants. These rights include autonomy (participants are under no obligation to reply to any question that they are not comfortable with). Sufficient and clear information will be provided to the participants by means of an information sheet and by verbal discussion. Each participant will be given an informed consent form, including information about the purpose of the study, information about participating in the study and a request for permission to record the audio of the interview. All subjects' personal information will be protected. The interview will be administered face to face interaction in a conducive venue and the researcher will ensure 1.5m social distance, sanitizing and wearing of masks all the time as adherence to level 1 COVID 19 regulations.

<b>Envisage date of completion of research at the DBE (day/month/year):</b>	31/10/2021
<b>Envisaged date of submission of research report and research summary to DBE (Month/Year)</b>	February 2022

## **5. REQUEST OF INTERVIEWS WITH DBE OFFICIALS**

### **5.1 DBE official details**

Name of official/s requested to interview*:	
Unit/division:	
Area of interest of research (if you do not know the name of a particular DBE official/s you would like to interview):	Teachers at Mkhankomo Full service School

*\*if you do not know the name of the official in the DBE that you would like to interview, specify the unit or area of interest for your research, and the RCME Directorate will advise accordingly.*

<b>5.2. Key questions for the DBE official (also attach a draft questionnaire)</b>
1. How do you think learners have been affected by community violence? 2. How has the school been affected by community violence? 3. How do you see your role as it relates to attending to learners' mental health needs?
4. What are some challenges you face when asked to recognise and intervene in the mental health of your learners? 5. What signs and/or behaviours do you notice in the classroom that alerts you to the fact that a child may have or is being impacted by trauma? 6. How does working with learners exposed to violence affect you as a teacher? 7. How confident, if at all are you in your ability to balance the individual needs of learners experiencing traumatic stress with the needs of the class as a whole? 8. What do you have in place to help students who have experienced traumas? 9. Do you have any thoughts on how your school or community is doing regarding trauma informed care with students? 10. What type of training have you had regarding learners exposed to trauma?

## 11. DATA REQUEST

<b>11.1. Request for datasets available to the DBE (please indicate by placing a cross where appropriate)</b>	
Education Management Information System ("EMIS")	
Grade 12 examination results	
Former Systematic Evaluations	
Annual National Assessments ("ANA")	
National Education Infrastructure Management System ("NEIMS")	
Personnel Salary System ("PERSAL")	
Learner Unit Record Information and Tracking System ("LURITS")	
Other (specify)	

<b>6.2. Data should be disaggregated by:</b> (please indicate by placing a cross where appropriate)	
Provincial Department of Education	<b>X</b>
National Government Departments (specify)	
Trends in international Mathematics and Science Study (“TIMMS”)	
Progress in International Reading Literacy study (“PIRLS”)	
The Southern and Eastern Africa Consortium for Monitoring Educational Quality (“SACMEQ”)	
Data from the World Bank	
Data from the HSRC	
Other (specify)	

**12. ATTACHMENTS** (please indicate which of the following attachments are accompanying this form)

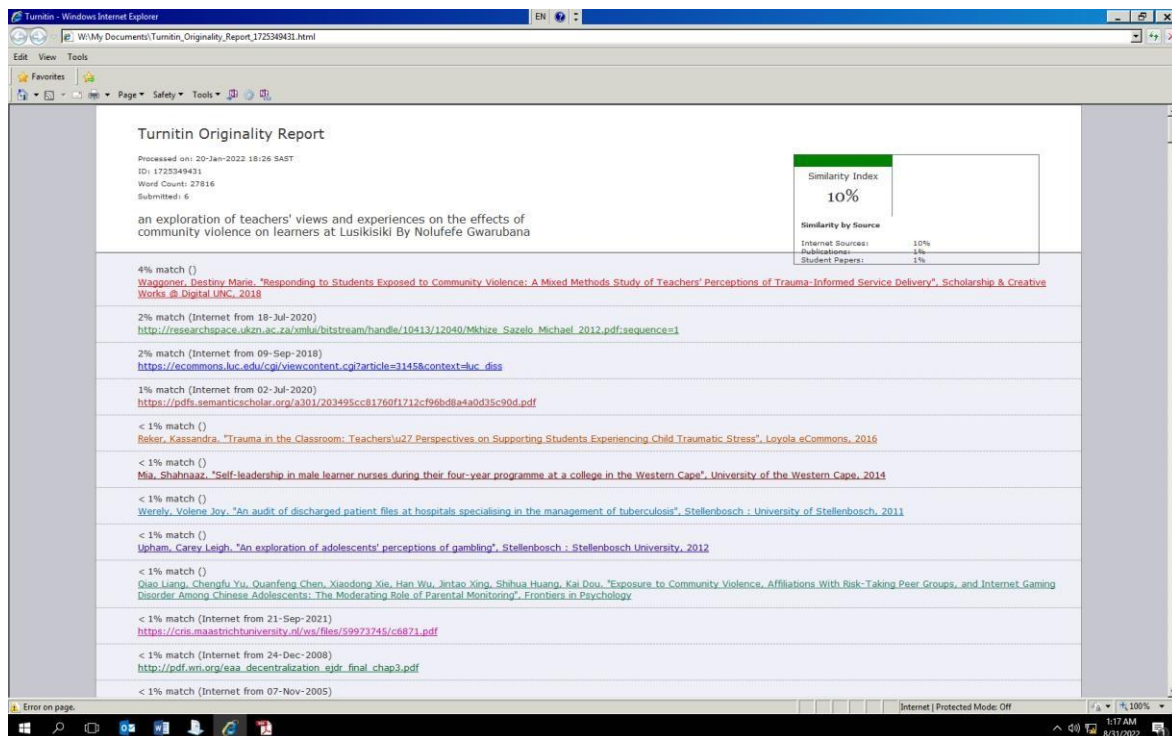
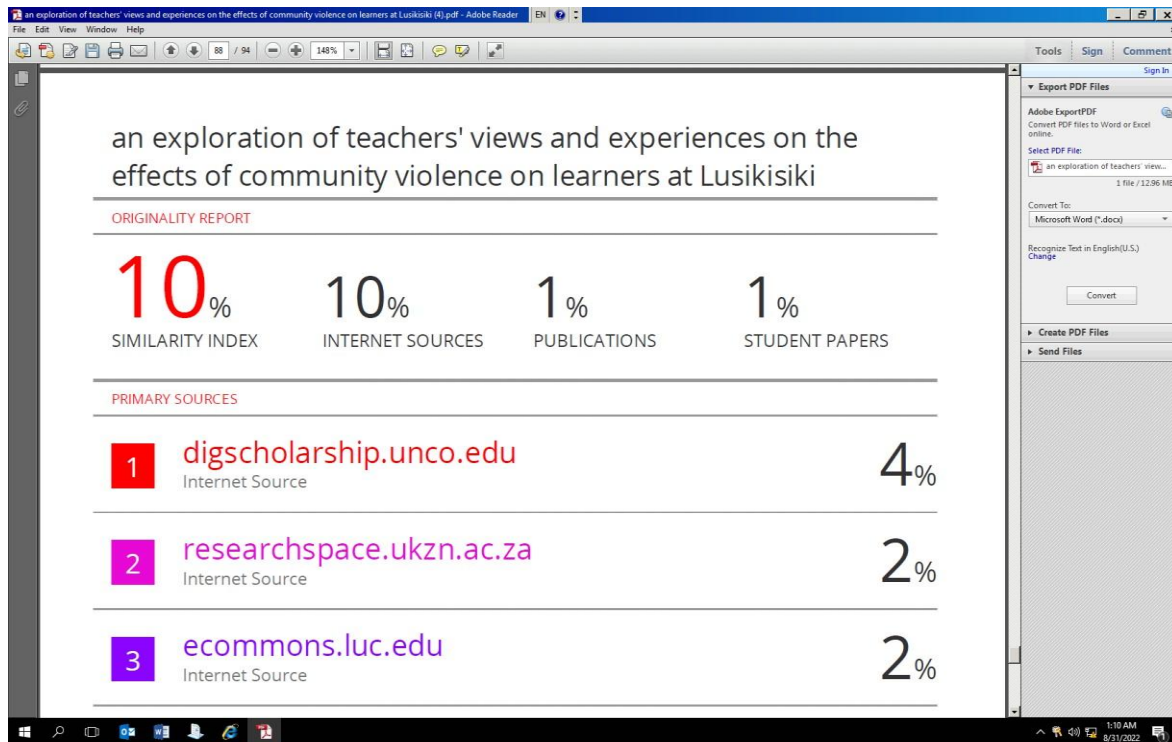
<b>7.1 Attachments</b> ( please indicate by placing a cross where appropriate)	
Approved research proposal	
Draft questionnaire for DBE official/s to be interviewed/survey for DBE officials to complete	<b>X</b>
Ethics clearance for study	
A letter clearance for study	
A letter from your supervisor confirming registration of your course (university students)	<b>x</b>
Other (specify)	

**13. COMMENTS**

If you have any additional comments/concerns, please specify them in the box below.

This form, along with the relevant documentation should be emailed to [research@dbe.gov.za](mailto:research@dbe.gov.za). All queries pertaining to the status of the research request can be directed to Mr T. Tshirado at [tshirado.t@dbe.gov.za](mailto:tshirado.t@dbe.gov.za) or Ms S Mabasa at [mabasa.s@dbe.gov.za](mailto:mabasa.s@dbe.gov.za)

# Appendix I: TURNITIN REPORT



## APPENDIX J: RECH APPROVAL LETTER



PO Box 77000, Nelson Mandela University, Port Elizabeth, 6031, South Africa [mandela.ac.za](http://mandela.ac.za)

Chairperson: Research Ethics  
Committee (Human)

Tel: +27 (0)41 504 2347

[sharlene.govender@mandela.ac.za](mailto:sharlene.govender@mandela.ac.za)

NHREC registration nr: REC-042508-025 Ref:

[H20-HEA-PSY-017] / Approval]

17 December 2020

Prof M Ngcobo-Sithole

Faculty: Health Sciences

Dear Prof Ngcobo-Sithole

AN EXPLORATION OF TEACHERS' VIEWS AND EXPERIENCES ON THE EFFECTS OF  
COMMUNITY VIOLENCE ON LEARNERS AT LUSIKISIKI

PRP: Prof M Ngcobo-Sithole  
PI: Ms N Gwarubana

Your above-entitled application served at the Research Ethics Committee (Human) (*25 November 2020*) for approval. The study is classified as a medium risk study. The ethics clearance reference number is **H20-HEAPSY-017** and approval is subject to the following conditions:

1. The immediate completion and return of the attached acknowledgement to [Imtiaz.Khan@mandela.ac.za](mailto:Imtiaz.Khan@mandela.ac.za), the date of receipt of such returned acknowledgement



determining the final date of approval for the study where after data collection may commence.

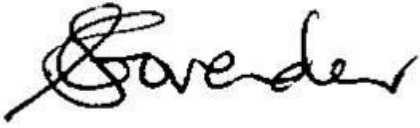
2. Approval for data collection is for 1 calendar year from date of receipt of above mentioned acknowledgement.
3. The submission of an annual progress report by the PRP on the data collection activities of the study (form RECH-004 available on Research Ethics Committee (Human) portal) by 15 November this year for studies approved/extended in the period October of the previous year up to and including September of this year, or 15 November next year for studies approved/extended after September this year.
4. In the event of a requirement to extend the period of data collection (i.e. for a period in excess of 1 calendar year from date of approval), completion of an extension request is required (form RECH-005 available on Research Ethics Committee (Human) portal)
5. In the event of any changes made to the study (excluding extension of the study), completion of an amendments form is required (form RECH-006 available on Research Ethics Committee (Human) portal).
6. Immediate submission (and possible discontinuation of the study in the case of serious events) of the relevant report to RECH (form RECH-007 available on Research Ethics Committee (Human) portal) in the event of any unanticipated problems, serious incidents or adverse events observed during the course of the study.
7. Immediate submission of a Study Termination Report to RECH (form RECH-008 available on Research Ethics Committee (Human) portal) upon expected or unexpected closure/termination of study.
8. Immediate submission of a Study Exception Report of RECH (form RECH-009 available on Research Ethics Committee (Human) portal) in the event of any study deviations, violations and/or exceptions.
9. Acknowledgement that the study could be subjected to passive and/or active monitoring without prior notice at the discretion of Research Ethics Committee (Human).

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Please quote the ethics clearance reference number in all correspondence and enquiries related to the study. For speedy processing of email queries (to be directed to [Imtiaz.Khan@mandela.ac.za](mailto:Imtiaz.Khan@mandela.ac.za)), it is recommended that the ethics clearance reference number together with an indication of the query appear in the subject line of the email.

We wish you well with the study.

Yours sincerely



Dr S Govender

Chairperson: Research Ethics Committee (Human)

Cc: Department of Research Development  
Faculty Manager: Health Sciences

Appendix 1: Acknowledgement of conditions for ethical approval

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<b>ACKNOWLEDGEMENT OF CONDITIONS FOR ETHICS APPROVAL</b>
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**I, PROF M NGCOBO-SITHOLE (PRP) of the study entitled [H20-HEA-PSY-017] AN EXPLORATION OF TEACHERS' VIEWS AND EXPERIENCES ON THE EFFECTS OF COMMUNITY VIOLENCE ON LEARNERS**

**AT LUSIKISIKI, do hereby agree to the following approval conditions:**

1. The submission of an annual progress report by myself on the data collection activities of the study by 15 November this year for studies approved in the period October of the previous year up to and including September of this year, or 15 November next year for studies approved after September this year. It is noted that there will be no call for the submission thereof. The onus for submission of the annual report by the stipulated date rests on myself. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the submission of the annual report.
2. Submission of the relevant request to RECH in the event of any amendments to the study for approval by RECH prior to any partial or full implementation thereof. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the requesting for any amendments to the study.
3. Submission of the relevant request to RECH in the event of any extension to the study for approval by RECH prior to the implementation thereof.
4. Immediate submission of the relevant report to RECH in the event of any unanticipated problems, serious incidents or adverse events. I am aware of the guidelines (available on

Research Ethics Committee (Human) portal) pertinent to the reporting of any unanticipated problems, serious incidents or adverse events.

5. Immediate discontinuation of the study in the event of any serious unanticipated problems, serious incidents or serious adverse events.
6. Immediate submission of the relevant report to RECH in the event of the unexpected closure/discontinuation of the study (for example, de-registration of the PI).
7. Immediate submission of the relevant report to RECH in the event of study deviations, violations and/or exceptions. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the reporting of any study deviations, violations and/or exceptions.
8. Acknowledgement that the study could be subjected to passive and/or active monitoring without prior notice at the discretion of RECH. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the active monitoring of a study.

Signed: Mb Ngcobo-Sithole Date: 17/12/2020