

**THE RELATIONSHIP BETWEEN SOCIAL SUPPORT, SELF-ESTEEM AND
EXPOSURE TO COMMUNITY VIOLENCE ON ADOLESCENT'S PERCEPTIONS
OF WELL-BEING.**

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ABSTRACT

Violence is considered to be one of the most critical and threatening global problems plaguing the world today, leaving a trail of devastating consequences to societies, economies, cultures, families and individuals (Desjarlais & Kleinman, 1997). Adolescents who grow up in a context of violence learn distorted ways of thinking, acting, living and interacting. Aggressive tendencies and violent behaviour become internalised and adopted as acceptable ways to resolve conflict situations. Chronic, continuous exposure to violence results in physical, psychological and emotional disturbances, such as depression, anxiety, lowered self-confidence, sleep disturbances, decreased attention and concentration spans. This study addressed the form of violence known as community violence, i.e. violence that children experience within their communities (either as witnesses or as victims). This study investigated the effects of this negative environmental experience and investigated potential mediating and moderating variables that could influence the harmful effects of such experiences. The variables considered as mediating and/or moderating variables were social support and self-esteem. The theoretical framework adopted for this study was Bronfenbrenner's Bioecological Systems theory. This framework provides a theory through which the interaction of the variables of this study can be explained and understood. This study is part of a larger study which explored community violence, hope and well-being, therefore secondary data was utilised. The sample consisted of 568 Grade nine learners and data was collected through the administration of a questionnaire compiled through the combination of five scales: the *Children's Hope Scale*, the *Recent Exposure to Violence Scale (REVS)*, the *KIDSCREEN-52*, *social support scale* and *Rosenberg's self-esteem scale*. The data was analysed through regression and multiple regression. The results of the study found that neither social support nor self-esteem were mediators and only social support functioned as a moderator variable.

DECLARATION

The author hereby declares that this entire thesis, unless specifically indicated to the contrary in the text, is her own work.

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J. M. Fourie



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Giving thanks is the sacrifice that honours me – Psalm 50:23

I therefore wish to extend my heartfelt thanks and gratitude to those who have contributed in some way to the completion of this thesis and this entire journey.

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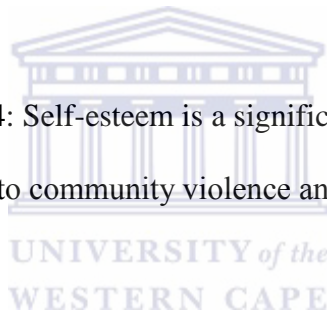
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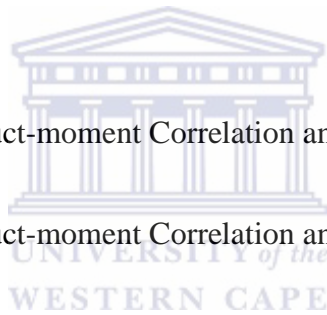
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CHAPTER 1: INTRODUCTION

1. Introduction

1.1 Background and Rationale

Violence is considered to be one of the most critical and threatening global problems plaguing the world today, leaving a trail of devastating consequences to societies, economies, cultures, families and individuals (Desjarlais & Kleinman, 1997). These consequences result in a multitude of trauma that manifests itself in “fear, pain, loss, grief, guilt, anxiety, hatred, sadness, and the dissolution of everyday forms of sociality, language, and experience” (Desjarlais & Kleinman, 1997, p. 1143). Similarly, Gilbert (1996) suggests that violence is a multifaceted phenomenon with multidimensional causes and consequences that have far reaching implications for more than just the victims and perpetrators. Hoffman and Mckendrick (1990) assert that no person is free from the effects of violence. If not directly involved, people are either lured in by the re-presentations of the violent events by the media, or are indirectly forced to carry the financial burden and deal with the social and emotional stress of living in a violent neighbourhood/environment (as cited in Gilbert, 1996). Mckendrick and Hoffman (1990) aptly state that “Violence breeds upon itself, and its insidious influence reaches out into every corner of present society, and also into the future, for today’s violence is the seed from which tomorrow’s violence will grow” (Gilbert, 1996, p. 873).

The level of violence in South Africa has been characterized as among the highest in the world (Altbeker, 2005 as cited in Leoschut, 2006). During 2004 to 2005 the murder rate in South Africa was 40.3 per 100 000 people (Crime Information Analysis Centre as cited in Leoschut, 2006). Furthermore, the city with one of the highest murder rate in the world is Cape Town (60 per 100 000), retaining its reputation as South Africa’s murder capital (Gie, 2009). Rape cases have dropped from 88 cases per 100 000 people in 2004, to 73 cases per 100 000 in 2007 (Gie, 2009). According

to Gilbert (1996), violence is embedded within social context, thus the abovementioned characterisation is attributed to South Africa's apartheid history, where structures and ideologies were put in place to discriminate against racial groups and perpetuate inequalities (Burnett, 1998). The apartheid system prescribed where people could live; what jobs they could apply for; the type of education they could obtain; the kind of facilities and resources they could have access to etc., the effects of which are still present today (Gilbert, 1996). Gie (2009) stated that "Although there is no simple or direct causal relationship between inequality and violence, inequality does appear to exacerbate the likelihood of violent crime, especially when it coincides with other factors" (p. 4). The United Nations (2006) furthermore contend that "Individuals and groups are more likely to engage in violence if they perceive a gap between what they have and what they believe they deserve (as cited in Gie, 2009, p. 4). Political violence was the type of violence that informed the macrosystemic structure during apartheid, with its abolition carrying an expectation of peace (Shields, Nadasen & Pierce, 2008). Although the level of political violence has decreased, the ghosts of the past have infiltrated the present and given birth to many other types of violence (Gilbert, 1996). Examples of the type of violence are gang-related and criminal violence; violence against women and children; domestic violence and other types of physical and sexual interpersonal violence, community violence and specific to South Africa, taxi violence (Gilbert, 1996; Ramphele, 1997).

Violence is disruptive and takes away from one's quality of life, regardless of the form/type that it presents itself in, and the impact of violence is in opposition to the value of individual, family and societal well-being (Gilbert, Selikow & Walker, 1996 as cited in Gilbert, 1996). By definition, well-being is "*A state of successful performance throughout the life course integrating physical, cognitive, and socio-emotional function that results in productive activities deemed significant by one's cultural community, fulfilling social relationships, and the ability to transcend moderate*

psychosocial and environmental problems (Pollard & Rosenberg, 2003, p. 14). Well-being is thus a holistic attribute of an individual, combining various factors and influences of both an internal and external nature. Literature suggests that both locally and internationally, there is an intense interest in the well-being of children (e.g. Amato & Keith, 1991; Land, Lamb & Mustillo, 2001; Savahl, Willenberg, & September, 2007), that can be traced back to the 1960's and 1970's. Within an ecosystemic framework, the well-being of children can be conceptualised as influenced by both external and internal factors, three of which are addressed within this study.

One of the external influences to well-being is exposure to violence. Violence is broadly defined as “a physical act that is destructive in nature and which is performed by someone for the purpose of either hurting or morally degrading another human being” (Burnett, 1998, p. 190). Exposure to violence poses a chronic threat to the well-being of children and adolescents, increasing the risk for developing psychological problems (Barbarin & Richter, 2001). Two of the major psychological effects of exposure to violence are anxiety and depression (Hikson & Krigley, 1991, as cited in Govender & Killian, 2001). However, the effects of exposure to violence are not universal, but instead is dependent on the norm understanding (for example, within the home or community), in corporation with factors such as “the child's developmental level, temperament, type of exposure and the availability of support in the family and immediate community” (Govender & Killian, 2001, p. 1). Young children are particularly affected by violent events as they are not able to protect themselves from the potential harmful effects (Usta & Farver, 2005). Dawes (1989) states that chronic and continuous exposure to violence could lead to the acquisition and internalisation of violent behaviour and aggressive tendencies, with the result that it is learnt and accepted as a natural way to deal with and resolve conflict (as cited in Govender & Killian, 2001). However, as mentioned above, while this is true for some children and adolescents, there are others that emerge

from violent experiences “unscathed” (Dawes, Tredoux & Feinstein, 1989, as cited in Govender & Killian, 2001).

Barbarin and Richter (2001) have declared that post-apartheid, violence has shifted from political violence to family and community violence as a result of economic issues and poverty (as cited in Shields et al., 2008). Community violence is defined as those “deliberate acts intended to cause physical harm against a person in the community” (McCart, et al., 2007, p. 434). In 2002, a staggering 70% of children reported “direct exposure to forms of community violence” (Parkes, 2002, p. 3) and in 2005, more than 4.3 million children in South Africa between the ages of 12 and 22 were victims of criminal acts (Govender, 2006). Shields et al. (2008) found that community violence is particularly problematic in Cape Town, with a comparison with Detroit in 2003 revealing a rape rate 1.5 times higher and a murder rate twice as high as found in Detroit. For this study, community violence exposure will refer to experiences of violent events heard of, witnessed or directly experienced as a victim (Brady, Gormon-Smith, Henry & Tolan, 2008). Shields (2008) states that “The use of force, excessive or otherwise, becomes part of violence in the community when it occurs in the community where others can observe it” (p. 590).

Furthermore, community violence exposure will also include experiences of family or in-home violence i.e. domestic violence, by allowing for violence that occurs in the home to be included in the conceptualisation of community violence (Muller, Goebel-Fabbri, Diamond & Dinklage, 2000), although domestic violence is not directly measured or measured separately. O’ Donnell, Schwab-Stone & Muyeed (2002) stated that domestic violence is a form of community violence and domestic violence was shown by Cummings (1998) and Margolin (1998) to correlate highly with community violence (as cited in O’ Donnell et al., 2002). Exposure to domestic violence results in serious psychological distress/problems for children and is related to cases of suicidal ideation

(Reynolds, Wallace, Hill, Weist & Nabors, 2001). Ramphele (1997) contends that an individual's "domestic dynamics" is critical to feeling nurtured and affirmed. According to Pelcovitz et al., (1994) 3.3 million children are exposed to domestic violence in America every year (as cited in Reynolds et al., 2001) and the health risk behaviours of both adults and adolescents have been associated with childhood domestic violence exposure (Anda et al., 1999; Dube et al., 2003 as cited in Thompson et al., 2007).

Community violence may also include violence in schools, an issue that is increasing monumentally within South African schools. Children and adolescents are at a greater risk of being violated at school than at any other place, freely coming to school armed with all sorts of weapons (Maluleka, 2010). One in five children is at risk of being threatened or harmed at school (Govender, 2006), with two learners, since the beginning of the year, from schools in KZN have died as a result of being stabbed (Maluleka, 2010). The community causes for violence in schools has been cited, amongst others, as poverty, unemployment, overcrowding and racial and ethnic disparities (Govender, 2006). Violence exposure in the community (for example through the presence of gangs and domestic violence), the glorification of violence in the media, easy access to drugs and alcohol and low self-esteem are amongst the reasons why children adopt violent behaviour and/or become victims of violence (Govender, 2006). It is these community problems that need to be eradicated before any change can be seen.

Burnett (1998) introduces another form of school violence, a form that highlights teachers and principals as the perpetrators, not children. Within the school system, children have very little authoritative power and the ideology inherent within schools enables teachers and principals to enforce discipline and order often with physical forms of punishment experienced as being violent. In South Africa, this macrosystemic ideology affords teachers and principals the right to put rules in

place and mete out punishment, the effects of which may be, for example, emotional blunting, loss of empathy, feelings of rejection, and a low self-esteem (Holdstock, 1990 as cited in Burnett, 1998). In the context of poverty, teachers may not have the resources, materials and cooperation from children and parents to reach their educational objectives and thus resort to inflicting physical or psychological violence on children (Burnett, 1998). Children are then socialised to accept violence as a “justifiable mechanism to dominate others in search of gratification and control in the context of their chronic poverty” (Burnett, 1998, p. 793).

A second external influence to well-being is social support. Social support has a major influence on psychological well-being and it is defined by Cobb (1976, p. 300) as “*information from others that one is loved and cared for, esteemed and valued, and part of a network of communication*” (as cited in Bal, Crombez, Van Oost & Debourdeauhuij, 2003, p. 1378). This definition implies that an individual belongs and is an intricate part of their social network. Friends and family are examples of important sources of social support for most individuals, and are thus responsible for assisting individuals to cope with stressful life events (Bal et al. 2003). According to Vernberg et al. (1996), each of the abovementioned sources play a specific role in the life of the traumatized individual. Family members serve as models of positive coping behaviour and provide feelings of safety, while friends, decrease isolation and assist the individual in coping (as cited in Bal et al., 2003).

Apart from the social support that children and adolescents can obtain from others, there is also support of an internal nature that they may be able to depend on, the most significant and important being self-esteem. This term refers to the perception that one has of oneself, either negative or positive, and carries much weight in the emotional well-being of an individual (Mussen et al., 1979). It is most important because it “is central to good psychological adjustment, personal happiness, and effective functioning in children and adults” (Mussen et al., 1979, p. 344). Harter

(1993) stated that “low self-esteem has been related to depression in both adults and adolescents” (as cited in Wills, 1994, p. 232). For young children, self-esteem incorporates the extent to which they feel valued, accepted, and judged by the adults and peers in their lives (Katz, 1995). If they have a high self-esteem, it means that they perceive themselves to be important, valued, supported and cherished by the adults and peers in their lives. It means that they perceive their safety and well-being as important to those around them. For those children and adolescents with a low self-esteem, the opposite of the above applies (Katz, 1995).

This study aims to look at social support, self-esteem and exposure to community violence (ECV) and their combined influence on children/adolescents’ perceptions of their well-being. Social support, self-esteem and ECV have already been discussed above in the context applicable for this study. With reference to perceptions of well-being, for this study, it will refer to the way that adolescents feel about and perceive their lives (Homel & Burns, 2004). This study forms part of a larger study on hope, ECV and well-being where the aim was to explore the influence of hope in contexts of community violence (see Isaacs et al., 2010).

1.2 Rationale

The way in which adults perceive their environments and the dangers within it influences the way that children and adolescents view their safety and well-being (Usta & Farver, 2005). While in the USA, about 60 percent of parents rate their communities as good places to raise their children, less than a third of the children agreed that the communities were good places to be raised in (Farver, Ghosh & Garcia, 2000; Usta & Farver, 2005). A number of studies have found discrepancies between parents’ accounts of the type and amount of violence that their children are exposed to and the accounts of their children (e.g. Hill & Jones, 1997; Richters & Martinez, 1993). A possible reason for this is that parents are not completely aware of what their children are doing or who they

are associating with (Thompson et al., 2007). Parents thus underestimate the consequence of violence exposure as they have a “reduced awareness of children’s vulnerability to physical or psychological harm both inside and outside the home” (Thompson et al., 2007, p. 455). Coulton and Korbin (2007) similarly state that children possess their own perceptions of their neighbourhoods which often does not correspond with that of their parents or other adults. Savahl et al., (2009) states that “South African children often experience many challenges and barriers which could compromise the manner in which they perceive their own abilities to overcome these challenges and so could influence their perception of well-being” (p. 3). Therefore, this study’s significance lies in the focus that it has on adolescents’ own self-reports of their perceptions regarding their exposure to community violence. This aspect is further impressed upon by Spencer (1984 as cited in Thompson et al., 2007) who states that “an important component of understanding the impact of a violent event on a child’s development is the inclusion of assessments of the child’s reality and perception” (p. 455). Furthermore, this study addresses a limitation that was highlighted by Veenema (2001) in that research on exposure to violence needs to “identify factors that may mediate the effects of a child’s exposure to violence” (p. 172). This study addresses this limitation by investigating social support and self-esteem as mediators and moderators of exposure to community violence.

In addition, exposure to violence serves as a barrier to well-being, executing a possible negative effect on one’s self-esteem (Farver, et al., 2000; Savahl, Willenberg & September 2007), which could be exacerbated in non-supportive environments (Snyder, 2002). A study by Isaacs et al., (2009), found that a negative relationship exists between exposure to violence and children’s perceptions of well-being, and Bal, et al., (2003) stated that the moderating effect of social support in the relationship between a stressful event and how an individual copes has only been studied in adults. It is therefore important to investigate the psychological impact of environmental

experiences on children. This study therefore proposes to investigate whether a relationship exists between self-esteem, social support and children's perceptions of well-being. The findings of this study could add to knowledge and literature on the ever growing field of child and adolescent well-being and aid in the development of community and family interventions. As mentioned above, this study forms part of a larger study which explored community violence, hope and well-being. It differs significantly in that instead of hope, self-esteem and social support are tested for their influence on well-being.

1.3 Aims of the study

The aim of this study is to investigate the relationship that social support, self-esteem and ECV has on adolescents' perceptions of well-being. The following research question guides the study: *Does social support and self-esteem mediate and/or moderate the effects of exposure to community violence on adolescents' perceptions of well-being?* This will be done by investigating whether ECV is an accurate predictor of well-being and whether social support and self-esteem are able to act as mediators or moderators to the effects of the abovementioned prediction. For this study, social support, self-esteem and ECV will be considered as dimensions of well-being,

Hypothesis 1: Exposure to community violence is a significant predictor of well-being.

Hypothesis 2: There is a significant relationship between self-esteem and adolescents' perception of well-being.

Hypothesis 3: There is a significant relationship between social support and adolescents' perceptions of well-being.

Hypothesis 4: Self-esteem is a significant mediator¹ in the relationship between exposure to community violence and adolescents' perceptions of wellbeing.

¹ Explains why certain interactions occur i.e. the mechanism through which Predictor variables influences the Outcome variables (Pretorius, 2007).

Hypothesis 5: Self-esteem is a significant moderator² in the relationship between exposure to community violence and adolescents' perceptions of well-being.

Hypothesis 6: Social Support is a significant mediator in the relationship between exposure to community violence and adolescents' perceptions of well-being.

Hypothesis 7: Social Support is a significant moderator in the relationship between exposure to community violence and adolescents' perceptions of well-being.

1.4 Conclusion

This chapter has provided a background and contextualisation of the research topic. Also discussed was the rationale for the study, the broad aims that guide the study, as well as the specific seven hypotheses to be tested in the study. A brief introduction to the literature surrounding each of the variables of interest was also provided. This allows for the current study to be positioned within the context of the general existing body of knowledge. The following chapter will provide a more detailed discussion and analysis of the existing literature with respect to ECV, social support and self-esteem as dimensions of and in relation to well-being.

² The third variable that influences the strength and direction of the relationship between the Predictor variable and the Outcome variable (Pretorius, 2007).

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

The following chapter provides a review of existing literature in the fields of community violence, social support and self-esteem. Community violence, social support and self-esteem are considered as dimensions of well-being and are discussed as such within this chapter. Specifically, the literature review is structured as follows: community violence as a dimension of well-being and the effects of community violence within specific areas in an adolescents' life; social support as a dimension of well-being and its function in the life of an adolescent; self-esteem as a dimension of well-being and its effect on different areas in the life of an adolescent. This chapter concludes with a discussion of the theoretical framework to be considered for this study, Bronfenbrenner's Bioecological Systems Theory.

2.1 Community violence exposure as a dimension of well-being

Buckner, Beardslee and Bassuk (2004), have stated that being exposed to community violence, in any form, is one of the most damaging experiences that a child can encounter, and adolescents in particular are exposed to shocking amounts of violence (Veenema, 2001). Finkelhor, Ormrod, Turner, & Hamby (2005), in a U.S. survey on community and in-home violence found that 1.1% of children had been witness to physical abuse, 3.5% of children had been witness to domestic violence, 13.8% of children had been witness to assault using a weapon and 20.9% of children had been witness to assault without using a weapon in the preceding 12 months (as cited in Thompson et al., 2007). In the Western Cape, about 68% of adolescents between the ages of 12 and 17 have reported seeing someone being victimised and of the above percentage, 16% reported being the actual victim of an assault (Dawes et al., 2006). Environments and communities within South Africa and the Western Cape differ greatly on many scales increasing the likelihood that the type of violence experienced will differ based on where one resides (Savahl et al., 2009). The current study

will use adolescents sampled from high, medium and low violence areas in the South Metropolitan Education Management and Development Centre (EMDC South).

2.1.1 Effects of exposure to community violence

2.1.1.1 Safety

School safety

Generally in previous studies, a negative association has been found to exist between exposure to violence and children's feelings of safety. According to Isaacs et al. (2009) "when children are exposed to violence their well-being, sense of self and opportunities to play safely within their environments is compromised" (p. 3). One environment in which children may frequently be exposed to violence is the school environment. As previously mentioned, children are more at risk of being violated at school than at any other place (Warner, 2010), thus resulting in a compromise of their safety. The school environment forms part of the microsystem of a child (Boemmel & Briscoe, 2001; Paquette & Ryan, 2001; Swick & Willaims, 2006; Visser, 2007; Van Wyk & Grundlingh, 2008), and thus has direct contact with the child, exerting a direct effect on their development. The increase of violence in schools and the various forms of violence exposure in schools has been a frequent topic in the media (Raviv, Raviv, Shimoni, Fox & Leavitt, 1999). An international study by Raviv et al., (1999) investigated violence exposure in school and its relationship to emotional distress with 1031 second and fourth grade children from 11 elementary schools in Tel Aviv. The schools were classified as "Low Violence Environment-LVE schools" (six of the schools) and "High Violence Environment-LVE schools" (five of the schools) (Raviv et al., 1999, p. 339). This study also took into account television violence exposure "to determine whether respondents could distinguish between real-life experiences and scenes they had seen on television" (Raviv et al., 1999, p. 339). The Violence Exposure Scale for Children-Group Administration was

used to measure the children's exposure to violence in the school environment and on television, and the Levonn Scale was used to measure the distress symptoms (Raviv et al., 1999).

The study found, predictably, that early childhood is also characterised by large amounts of violence and diverse forms of violence in school, but also that young children are able to accurately report their experiences (Raviv et al., 1999). The children were able to distinguish between the violence they saw in real life and the violence they saw on television i.e. reality versus fiction. The children who came from the schools classified as high violence schools reported more violence exposure (as witnesses and as victims) than the children who came from the schools classified as low violence schools. However, this finding could not be taken as absolute which alerted the researchers to the fact that the rate of violence in the "so-called" low violence school neighbourhoods were in fact relatively high (Raviv et al., 1999). The study more specifically found that the children (30% - 50%) were victims to some or other form of physical violence (60% - 70%) and verbal violence (80% - 90%), and were witness to pushing, kicking and hitting (70% - 80%) (Raviv et al., 1999). The results also showed that the older children experienced more violence than the younger children, suggesting that the amount of violence that a child is exposed to increases with age; the boys were found to have more exposure to violence than the girls and finally the girls displayed much higher distress levels than the boys (Raviv et al., 1999).

In South Africa, a study by The National Youth Victimization discovered that 12 months prior to the study, 41.4% of young people had been victim to a number of crimes (2003 National Victims of Crime Survey as cited in Leoschut, 2006). And young people between the ages of 12 and 22 are those continually at the receiving end of the increasing violence (Finkelhor & Asdigian, 1996 as cited in Leoschut, 2006). In the study by Leoschut (2006), 21.8% of youth had witnessed intentional

violence by their family members towards each other, with 39.8% including the use of weapons and 27.6% of those resulting in physical wounds.

Neighbourhood/community safety

Another element of an adolescents' microsystem is the neighbourhood/community that they reside in (Boemmel & Briscoe, 2001; Paquette & Ryan, 2001; Swick & Willaims, 2006; Visser, 2007; Van Wyk & Grundlingh, 2008). Neighbourhoods are places of social organization, the most immediate context that adds meaning on a daily basis to the identity of those who live in it (Coulton & Korbin, 2007). As previously mentioned, Rogoff (2003) states that the microsystem (more specifically here, the neighbourhood) may either hold the child's first experience of love and nurturing or their first experiences of violence (as cited in Swick & Willaims, 2006). Similarly, a study by Farver et al., (2000), found that "children who lived in high violence neighbourhoods felt unsafe playing outdoors, were more distrustful of the police, had a lower perceived self-competence and an external locus of control" (p. 139). Furthermore, Raviv et al., (1999) found that "the environment or neighbourhood influences the forms that violence takes" (p. 350) and negative effects occur as a result of living in neighbourhoods/communities characterised by a multitude of harmful conditions and threatening factors (Coulton & Korbin, 2007). This thus raises the importance of looking at the neighbourhood/community context for its effects on adolescent well-being (Mcdonell, 2007).

O'Brien Caughy, Murray Nettles & O'Campo (2008) contend that neighbourhood characteristics provide an explanation for the variation in the behavioural and emotional problems in children. Curtis, Dooley & Phipps (2004), in their study on child well-being and neighbourhood quality found a relationship between the characteristics of a neighbourhood and the well-being of a child. More specifically, "lower-quality neighbourhoods are generally associated with poorer outcomes for children" (p. 1925). O'Brien et al., (2008) found that in their sample of 405 families, the

children who resided in communities characterised by “high degrees of physical and social disorder, fear of crime and fear of retaliation” had more internalizing behaviour problems than the children who lived in other communities (p. 47).

2.1.1.2 Learning

Learning is impacted in a variety of ways by social conditions (Bloch, 2006) and in a study by Henrich et al., (2004), investigating the effects of ECV on academic achievement and feeling safe in school, 759 urban middle-school learners were sampled and distinguished as either being a witness to or, a victim of violence. Each circumstance presents different effects i.e. being a witness to violence may result in more internalizing problems, such as depression, whereas being a victim of violence may result in more externalizing problems, such as re-enacting the violence. The study found that being a witness to violence was linked to lower academic achievement levels over time, whereas being a victim of violence was linked to less feelings of safety in school and not linked to lower academic achievement levels over time (Henrich, et al., 2004). The latter was found in males who reported a minimum level of parental support.

2.1.1.3 Psychological and physiological effects

Osofsky (1995), in her study on the effects of exposure to violence on elementary school and younger aged children, draws attention to the fact that psychologically there is a ripple effect within children exposed to violence. This ripple effect could range from for example, “temporary upset in the child to clear symptoms of post-traumatic stress disorder (PTSD)” (p. 784). She defines exposure to chronic community violence as “frequent and continual exposure to the use of guns, knives, and drugs, and random violence” (Osofsky, 1995, p. 784) and dispels the belief that young children are not affected by it, instead highlighting the fact that children’s developmental well-being is affected by such chronic exposure. For example, children may suffer from anxiety disorders,

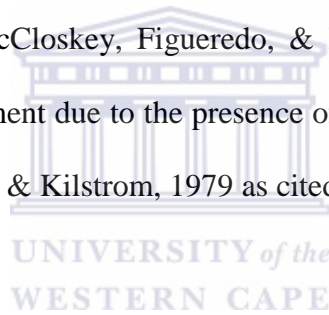
sleep disturbances and nightmares, decreased attention and concentration spans, less autonomous movement, disruptions in emotional development, aggression and depression (Osofsky, 1995; Usta & Farver, 2005). Similarly, Thompson et al., (2007) found through investigation of self-reports that witnessed violence is strongly linked to a variety of psychological disorders, not excluding depression, substance use and substance dependence, and posttraumatic stress disorder.

2.2 Social support as a dimension of child well-being

According to Osofsky (1995), the level of disturbance that a child exposed to violence experiences is dependent, amongst other things, on “the family and community context, and the availability of other family members and community supports” (p. 785). Similarly, according to Spaccarelli (1994), the way in which adolescents deal with a stressful event (for example, a shooting), is dependent on their “perception of the availability of social support in their relationships with significant others” (as cited in Bal et al. 2003, p. 1378). In other words, the availability of the family and community to provide social support is of utmost importance to the maintenance of a child’s well-being, provides for better adjustment overall (Bal et al. 2003) and is an important catalyst in the development of resilience in children (Govender & Killian, 2001). Berman, Kurtines, Silverman and Serafini (1996) found that a significantly weaker relationship existed between PTSD symptoms and exposure to violence among children that had greater perceived social support from friends and adults. Pryor-Brown and Cowen (1989) further found that the size of the social support network is important (as cited in White, Bruce, Farrell & Kliwer, 1998). Research in the U.S. on children and community violence identifies social support as a positive factor that decreases the adverse effects of ECV (Shields et al., 2008), but social support was also identified as being less effective in instances of high levels of violence (Hammack, Richards, Luo, Edlymm & Roy, 2004 as cited in Shields et al., 2008).

2.2.1 Social support as a protective factor

Many previous studies have shown the protective nature of social support (e.g. Astin, Lawrence, & Foy, 1993; Conte & Scherman, 1987; Kurtz, Gaudin, Howing, & Wodarski, 1993; Runtz & Schallow, 1997; Testa, Miller, Downs & Panek, 1992). These studies respectively have shown that in the development of psychopathology, social support can reduce the negative effects of child sexual abuse and physical abuse (Muller, Goebel-Fabbri, Diamond & Dinklage, 2000). Caliso and Milner (1994), found that for victims of violence that occurs in their families, receiving social support from a non-abusive parent or any other caregiver provides the victim with emotional and cognitive support, as well as positive examples of social interaction (as cited in Muller et al., 2000). Maternal support decreased the occurrence of behaviour problems and PTSD symptoms in witnesses of domestic violence (McCloskey, Figueredo, & Koss, 1995; Rossman, et al., 1997). Adults who survived child maltreatment due to the presence of social support reported that they did not abuse their own children (Hunter & Kilstrom, 1979 as cited in Muller et al., 2000).



Muller et al. (2000), in their study aimed to investigate the buffering effect that social support may play in the relationship between exposure to community and family violence and psychopathology in high risk adolescents. This study was classified as exploratory in nature as no study until then had distinguished between family and community violence. Exposure to violence was categorised into ‘witnessed’ and ‘victimized’ experiences in the family and the community respectively, and “the protective or buffering effect of social support was examined in the relationships between violence exposure and both internalizing and externalizing measures of psychopathology” (Muller et al., 2000, p. 452). The study found that social support acted as a buffer only for the effects of exposure to family violence but not for the effects of exposure to community violence. In other words, the relationship between ECV and psychopathology was not in any way dependent on the level of social support that the adolescent reported (Muller et al., 2000). More specifically, “in examining

the relationship between exposure to community violence and psychopathology, differences between the low and high social support groups were nonsignificant, and they showed no particular pattern with respect to social support status” (Muller et al., 2000, p. 461). Possible explanations for these findings are that firstly, the effects of exposure to family violence are different to the effects of exposure to community violence, e.g. exposure to family violence affects development differently to exposure to community violence. Secondly, community violence was found to not correlate highly with measures of psychopathology (Muller et al., 2000).

2.2.2 Type of social support

The effect of social support varies depending on who provides the support. Hill and Madhere (1996) found that support from family reduces anxiety, support from teachers in the classroom, increases the development of socially acceptable behaviour in the classroom, and support from peers moderates feelings of anxiety (as cited in O’Donnell, Schwab-Stone & Muyeed, 2002). Ramphele (2008) posits that “Parental responses to violence play an important part in shaping adolescents’ different developmental outcomes” (p. 1195). Furthermore, adolescents will rely on different people in their lives for support depending on the type of stressful situation. For example, Bowlby (1969) states that “when placed in a situation of danger or fear, children generally turn to adults, usually their parents, for protection, support, and understanding” (as cited in Muller et al., 2000, p. 451), and when their school environment is unable to provide support, adolescents exposed to violence will rely on support from peers more and more to cultivate “personal development and self-actualization” (O’Donnell, Schwab-Stone & Muyeed, 2002, p. 1278). In cases of domestic violence, many parents occupy the roles of either perpetrator, victim or sometimes both, thus leaving them unable to accurately assess or devote attention to the emotional needs of their child/children, rendering them unable to provide any type of support to their child/children (Zuckerman et al., 1995). Therefore, for those children who witness domestic violence, a different source of support,

i.e. support from those other than their parents, is crucial in the protection and prevention of maladaptive outcomes (as cited in Muller et al., 2000).

A study by Bal, et al. (2003) investigated the role that social support plays in the selection of the coping strategies that adolescents may use after a stressful event. The sample consisted of 1045 adolescents and it was found that those adolescents who reported low perceptions of availability of familial support, suffered from more behavioural and trauma-specific symptoms (Bal et al., 2003). Other studies have shown that “a lack of familial support in adolescence is often associated with more distress, higher levels of problem behaviour, and lower life satisfaction” (Bal et al., 2003, p. 1390). The adolescents that reported high perceptions of availability of support from friends, suffered from more externalizing and internalizing behaviour disturbances. Feiring, Taska and Lewis (1998) state, that those adolescents who rely on their friends as their primary source of support after stressful events, do so as a result of the inability to draw on familial protection. This could result in adolescents falling prey to illegal and antisocial activities with their peer group, such as stealing, vandalising property and drug and alcohol abuse (as cited in Bal et al., 2003). Furthermore, Bal et al., (2003) found that although adolescents rely on friends and family for everyday interaction, they are more inclined to reach out to family members in times of great stress. Most importantly the abovementioned study highlighted the fact that “social support can only be of help when it conforms to the coping strategies that are most adequate in the stressful situation” (Bal et al., 2003, p. 1391). Luther and Zigler (1991) found that informal support from peers is connected to a decrease in academic adjustment, demonstrating that some forms of support could have a potential negative influence (as cited in O’Donnell, Schwab-Stone & Muyeed, 2002). Similarly O’Donnell, Schwab-Stone and Muyeed (2002) concur with their statement that “the same factors that serve a protective function under one set of circumstances may not serve such a function under different conditions, and may differentially impact different outcome variables” (p. 1266).

2.2.2.1 Family social support

As mentioned previously, not all children will fall prey to the negative effects of community violence exposure. Those who “escape” are often protected by factors that insulate them from the negative influences of such stressors, either through “directly influencing adjustment, or by modifying or reducing the impact of stressors on negative outcomes” (White et al., 1998, p. 188). The existence of solid, positive family support is one of the factors that serve to insulate adolescents from the potential harmful effects of violence. To emphasise the above statement, previous studies have found that the effects of witnessing violence for children is different depending on the amount of social support that they have (White et al., 1998).

An investigation into family social support as a moderating influence was undertaken by White et al., (1998). They focused not only on traditional family structures but chose to expand their focus to include extended families as so many children are brought up in homes that do not reflect the traditional family, e.g. some children are brought up by their grandparents. They investigated the extent to which family social support moderates the relationship between ECV and anxiety (White et al., 1998). Important to note as a comparison to the current study is that ECV was measured through use of the *Things I Have Seen and Heard* survey, in which students had to rate how frequently they were exposed to each item in their lives, excluding what they had seen or heard on t.v. or in a movie, and that hierarchical regression was used to ascertain the relationship between exposure to violence and anxiety, as well as the moderating role of family social support (White et al., 1998). The results of the abovementioned study did not find a moderating effect for family social support in the relationship between ECV and anxiety. However, for both boys and girls in the study “low levels of family social support were associated with greater increases in worry over time” and for girls “a strong negative relationship was found between anxiety and family support” (White et al., 1998, p. 199).

2.2.3 Social support and resilience

Those children and adolescents who, despite the negative chronic stress that is community violence, proceed to develop positively and adapt successfully have encouraged studies on resilience. Resilience was first defined by Werner (1984) as “the ability to cope effectively with stress and to exhibit an unusual degree of psychological strength for one’s age and circumstances” (O’Donnell et al., 2002, p. 1266). However, current researchers have said that resilience should instead be seen as “successful coping in specific domains, including both behavioural and emotional arenas” (O’Donnell et al., 2002, p. 1266). Furthermore, it should be distinguished from the concept of competency, the latter being defined as “successful adaptation in multiple domains” and resilience referring “specifically to competence under conditions of high stress” (O’Donnell et al., 2002, p. 1266). O’Donnell et al. (2002), in their study, investigated resilience as a multidimensional construct, sampling children that were exposed to community violence as witnesses and as victims, analysing the data longitudinally and cross-sectionally. Amongst other factors, the study looked at social support as a protective factor and its effect on the development of resilience. Parent support, peer support and school support were measured (O’Donnell et al., 2002). Three scales, namely parent communication, parent concern and parental supervision were used to measure parent support, and three scales, namely attachment to school, teacher support and academic motivation were used to measure school support (O’Donnell et al., 2002). The study found that all three types of social support affected the development of resilience, the most being in children who were victims of community violence, followed by those who had witnessed community violence and lastly those children who had not experienced community violence at all. More specifically, cross-sectionally in both victimized and witnessed community violence groups, parent support showed to be a strong predictor in the development of resilience in the areas of “self-reliance”, “substance abuse”, “school misconduct”, and “depression”, whereas longitudinally in the victimized group,

school support showed to predict the development of resilience in the areas of “substance abuse” and “school misconduct” (O’ Donnell et al., 2002, p. 1277).

2.3 Self-esteem as a dimension of well-being

Self-esteem develops from infancy through the attachments and love that children receive from the primary caregivers in their lives (Katz, 1996). From these primary caregivers they learn that they are valued and important. Neighbourhoods and/or communities act as further socialization agents. Children and adolescents within these contexts interact with various role models and obtain information about the rules of society, morals, social constructions of justice and fairness and conflict resolution etc. (Farver et al., 2000; Usta & Farver, 2005). These interactions contribute to the way in which children shape their views about society, about others and most importantly about themselves within that society; also, whether they view their neighbourhoods as good and safe environments, or not (Farver et al., 2000; Usta & Farver, 2005). The way children view themselves is to a large degree a result of their experiences within the home and the extent to which they identify with their parents (Mussen, et al., 1979).

2.3.1 Self-esteem and safety

An important facet to the definition of self-esteem in children is safety (Katz, 1996). According to Glendinning and Inglis (1999), self-esteem is domain/context specific, which means that any perceived threat to their safety evokes increased anxiety, vulnerability, stress and heightened awareness. This in turn compromises how children see themselves and their ability to handle threatening situations (Farver et al., 2000). The study by Farver et al., (2000), in which they investigated children’s perceptions of their neighbourhoods found that “children who reported feeling safer in their neighbourhoods consistently had higher perceived global self-worth...and had a more internal locus of control than did children who felt less safe in their neighbourhoods” (p. 151).

Wills (1994) stated that adolescents strive and seek to maintain positive attitudes about themselves, but these attempts are often clouded by situations that have a negative effect on their self-attitudes. Within these situations, a lack of self-confidence and a “less than” view of themselves renders adolescents unable to make constructive decisions (Glendinning & Inglis, 1999). Lack of self-esteem and self-confidence can thus be seen as sources of potential problems within adolescents (Glendinning & Inglis, 1999).

2.3.2 The problem of low self-esteem

According to Glendinning and Inglis (1999), “a lack of self-confidence and self-esteem are problems in youth and these have consequences for problem health behaviours - drugs, alcohol and tobacco use” (p. 673). Thus for adolescents, the risk for substance use is related to a low self-esteem (Wills, 1994). Self-esteem and a positive self-worth are therefore the significant factors in the promotion of health lifestyles in adolescence and as mentioned above, having a lack of self-confidence renders adolescents unable to make decisions leading them to adopt unhealthy lifestyles (Glendinning & Inglis, 1999).

Some theorists believe that the inability of adolescents to make sound decisions implies some sense of a loss in control and a loss in their ability to cope. Wills (1994) conducted a study to investigate the relationship between self-esteem and perceived control in 1,775 male and female grade eight adolescents (mean age of 13.5 years) with regards to substance use. A questionnaire was administered measuring self-esteem, perceived control and substance use. A 10-item Likert scale was used to measure both self-esteem and perceived control respectively, a 5-item scale to measure positive esteem and a 5-item scale to measure negative esteem, and similarly, a 5-item scale to measure positive control and a 5-item scale to measure negative control (Wills, 1994). The results showed there to be significant relationships between self-esteem, perceived control and substance

use respectively as well as a high correlation between self-esteem and perceived control (Wills, 1994). In other words, an adolescent with a high self-esteem perceives themselves to have more control and thus can make better decisions regarding the use of substances. Similarly, as mentioned before, access to drugs and alcohol and low-self esteem are amongst the reasons why adolescents adopt violent behaviour or become victims of violence (Govender, 2006).

2.3.3 Self-esteem and witnessing domestic violence

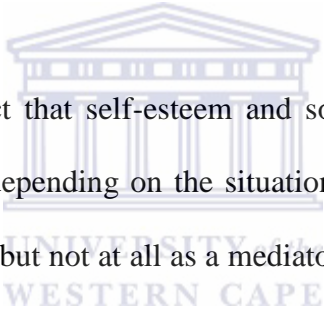
Disruptions in family structure and family harmony (as in incidences of domestic violence exposure) have a negative relationship with self-esteem and control to the extent that it leads to lower self-esteem and lower perceived control in adolescents (Wills, 1994). According to Campbell & Lewandowski, (1997) witnessing domestic violence affects children by decreasing their feelings of safety, decreasing their trust of adults as their protectors, and leading to the belief that events are unpredictable and uncontrollable (as cited in Reynolds et al., 2001). To restore their feeling of control in situations of domestic violence “many victims may blame themselves for what happened, which could result in feelings of shame, guilt, lack of trust, lowered self-esteem, and depression” (Reynolds et al., 2001, p. 1202).

According to Jaffe, Wolfe & Wilson (1990), boys and girls differ in their reactions to witnessing domestic violence (as cited in Reynolds et al., 2001). For example, boys that witness domestic violence are more likely to abuse their partners when they are older and girls who witness domestic violence are more likely to be abused themselves (Pelcovitz et al., 1994 as cited in Reynolds et al., 2001). Reynolds et al., (2001) similarly found that in their sample of 45 children (aged 5-11), males and females differed in their outcomes following experiences of witnessing domestic violence. They found that the males exhibited a stronger emotional response to witnessing domestic violence than the girls and that for the boys who had witnessed domestic violence “higher levels of symptoms

indicative of post-traumatic stress were associated with greater numbers of depressive symptoms and lower self-esteem” (p. 1204).

2.4 Summary of the literature

The existing literature on ECV reflects a broad but also a specific understanding of the dynamics characterising this phenomenon. The literature captured the essence that ECV affects the adolescent on many levels personal to the adolescent but also in many areas and contexts of their lives. However, the literature considered each facet as separate entities not as interconnected facets that are linked to one another. Thus, the current study addresses this limitation through investigating this phenomenon within an ecological framework.



Existing literature highlights the fact that self-esteem and social support are both very complex constructs that function differently depending on the situation. Social support was investigated in some of the literature as a moderator but not at all as a mediator, a gap which the current study aims to fill. The study by White et al (1998) looked specifically at type of social support namely family social support and did not find a moderating role. This finding could be because social support was investigated by type and not generally, as in the current study. It could be that the family were unable to provide adequate support to the children, thus resulting in the non-moderating role. Therefore, the current study attempts to control for this occurrence through considering social support broadly. Self-esteem within the existing literature was not investigated for mediating or moderating functions. For this reason, the current study is significant as it addresses this dearth in the literature.

2.5 Theoretical Framework

Many different theories offer ways to explain and understand violence, for example, the social learning theory, psychodynamic theories, critical theories and cognitive theories. Each theory purports different factors that contribute to violence and help to understand violent behaviour. Bronfennbrenner (1979) however introduced an ecological framework that illustrates systems which surround the individual, both exerting an influence on and also being influenced by the individual. This theory forms the framework for this study as it encapsulates the way in which internal (self-esteem) and external (social support and exposure to community violence) factors form a system that can influence overall well-being. It is this theory that forms the theoretical framework for this study. The section below presents a discussion of Bronfennbrenner's *Bioecological Systems theory*.

2.5.1 Ecological perspective

The theory/theoretical framework chosen for this study takes an ecological perspective on child development that draws our attention simultaneously to both the biological and social systems at work in a child's development. This ecological perspective calls for a look "both *inward* to the day-to-day interaction of the child in the family, the school, the neighbourhood, and the peer group, and *outward* to the forces that shape these social contexts..." (Garbarino, 1993, p. 3).

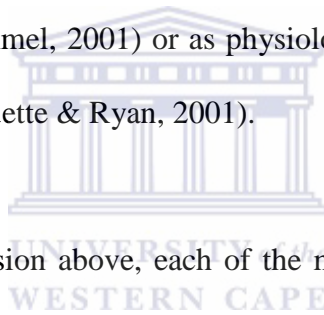
Bronfennbrenner's ecological model, recently renamed the *Bioecological Systems theory* places the individual in the centre of a nested system/layers that interact with and exert an influence on the individual (Paquette & Ryan, 2001; Boemmel & Briscoe, 2001). It was so renamed to highlight the fact that both a child and adolescents' biological disposition and their physical and social environmental circumstances shape their development (Boemmel & Briscoe, 2001). This theory places the adolescent within a social context of development made up of bi-directional relationships with prominent structures (Boemmel & Briscoe, 2001). In other words, the adolescent is both

influenced by and influences their environment. Each layer around the adolescent consists of individuals, groups of individuals and structures. The first layer, i.e. the layer nearest to the child or adolescent is called the Microsystem. This system contains parents, family, friends, teachers, school, neighbourhood/community, childcare etc (Boemmel & Briscoe, 2001; Paquette & Ryan, 2001; Swick & Williams, 2006; Visser, 2007; Van Wyk & Grundlingh, 2008). Boemmel & Briscoe (2001), further describe a microsystem as anything or anyone “that is in direct contact with the child for a substantial period of time” (p. 1). The microsystem has immediate and direct contact with a child or adolescent and thus has an immediate effect on their development. Rogoff (2003), states that the microsystem may either hold a child’s first experiences of love and nurturing or their first experiences of violence (as cited in Swick & Williams, 2006).

The next layer is called the Mesosystem. This system consists of the relationships/connections (2 or more) between the people and structures within the microsystem, which contribute to a child’s development (Boemmel & Briscoe, 2001; Van Wyk & Grundlingh, 2008). For example, the relationship between a parent and teacher, between the community and the religious institution etc. (Paquette & Ryan, 2001). Bronfenbrenner emphasises the necessity for a smooth and strong relationship to exist between the microsystem structures, so that positive development can be enhanced (Visser, 2007). For example, in relation to this study, the attitudes that are taught about violent behaviour at school need to correspond to the attitudes learnt at home about violent behaviour in order for it to be successfully learnt and adopted by a child or adolescent.

The exosystem refers to those social settings or contexts that a child or adolescent is not involved in or experiences directly, but that still exerts an effect on the child or adolescent (Garbarino, 1993; Paquette & Ryan, 2001; Swick & Williams, 2006). The effect is indirect and results from the interconnection between microsystem entities and other settings. Examples are school boards, church councils, or jobs that require parents to work extra hours on a regular basis, taking away

time that parents need to spend with their children (Boemmel & Briscoe, 2001; Garbarino, 1993). The macrosystem is the outermost layer (Paquette & Ryan, 2001) and represents the “umbrella” that covers society. It contains all the global ideologies, cultural beliefs, values, morals, policies, economies, and laws etc. that influence attitudes and behaviour and govern the interactions between the other layers (Paquette & Ryan, 2001; Van Wyk & Grundlingh, 2008; Visser, 2007). The macrosystem could also serve as a source of support for the child or adolescent (Boemmel & Briscoe, 2001). For example, for children and adolescents exposed to violence, the constitution stipulates their rights. Lastly, Bronfenbrenner postulates a chronosystem which refers to any changes, both internal and external, that affect the development of a child. These changes may occur as events in a child’s life that alter the circumstances within the child’s life, for example, parental divorce, death etc. (Briscoe & Brommel, 2001) or as physiological changes that occur as the child matures and develops with age (Paquette & Ryan, 2001).



As was demonstrated by the discussion above, each of the major developmental theories have as their focus a single aspect of an individual’s development. Thus, on their own, they present a limitation for the purposes of this study as they are unable to simultaneously incorporate all the aspects under investigation. Therefore, Bronfenbrenner’s ecological systems theory provides an adequate framework from which to assess all the variables of interest to this study, as it represents the systematic relationship between exposure to community violence, self-esteem, social support and well-being. Garbarino (1993), more aptly states that “A systems approach may help us discover the connections among what might at first seem to be unrelated events” (p. 5).

2.6 Conclusion

This chapter presented a discussion on the existing literature around community violence, social support and self-esteem. It concluded with an explication of the theoretical framework that is

considered within this study. The subsequent chapter will detail the methodological issues adhered to and considered upon for this study.



CHAPTER 3: METHOD

This chapter documents the methodological considerations attended to for the current study. This study as previously mentioned, forms part of a larger study which explored community violence, hope and well-being thus using the data from the previous study (i.e. secondary data). The participant information, data collection tool, procedures and ethical considerations from the previous study as applicable to the current study are discussed below. In addition, unique to this study is the data analysis technique: Multiple Regression, which is also described and discussed below.

3.1 Research design

This study is quantitative in nature and the research design implemented for this study was a correlational design. Correlational designs are used in order to describe relationships between variables, through testing whether a relationship exists (Shavelson, 1981). Correlational designs are not interested in causality but rather whether a change in one variable influences a change in another variable, and whether the relationship is statistically significant (Pretorius, 2007). This study therefore tested whether a relationship exists between social support, self-esteem and children's perceptions of well-being respectively. More specifically, this study looked at whether ECV is a significant predictor of well-being and whether social support and self-esteem respectively mediates and/or moderates the effects of the abovementioned relationship.

3.2 Participants

Stratified random sampling was used to collect the sample. Stratified random sampling was used as the areas were stratified into three strata: low, medium and high violence areas, which allowed for comparisons to be drawn between the three areas. This sampling method was further suitable as it allowed for the areas to be divided into strata and which were then delineated according to the criterion for the study i.e. low, medium and high violence areas. Low violence areas are defined as

traditionally advantaged communities, characterised by professionals employed in high level positions. Low violence areas, furthermore, contain good infrastructure and high quality services. Medium violence areas are less advantaged areas, with middle income inhabitants, adequate access to resources and services and low unemployment. High violence areas are identified as those areas with poor services, high unemployment, high crime rate, high incidences of substance abuse and poverty. A simple random sample was then taken from each stratum, after which sub-samples were joined to form the total sample. The strata consisted of low, medium and high violence exposure.

Table 1: Frequency statistics for gender

		Frequency	Percent
Valid	MALE	215	38.1
	FEMALE	348	61.6
	Total	563	99.6
Missing	System	2	.4
Total		565	100.0

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Table 2: Frequency statistics for age

		Frequency	Percent
Valid	14	147	26.0
	15	314	55.6
	16	62	11.0
	17	27	4.8
	18	15	2.7
	Total	565	100.0

Table 3: Frequency statistics for place of residence

	Frequency	Percent
Valid Low	122	21.6
Med	140	24.8
High	303	53.6
Total	565	100.0

The sample consisted of male and female Grade nine learners (N = 565), between the ages of 14 and 18 years from six public schools, from low violence, medium and high violence areas within the South Metropole Education Management and Development Centre (EMDC South). It is important to note that majority of the sample resided in areas characterised as high violence areas (n = 303, 53.6%).



3.3 Data collection tool

The data was collected through the administration of a questionnaire. The *Children's Hope Scale*, the *Recent Exposure to Violence Scale (REVS)*, the *KIDSCREEN-52*, a social support scale and a self-esteem scale were used to compile the questionnaire. Section A of the questionnaire required demographic information and Section B was made up of the abovementioned scales. All three scales were tested for reliability, indicating acceptable internal consistency values i.e. 0.7 – 0.8 and higher (Fields, 2009). The *Recent Exposure to Violence Scale (REVS)* consisted of 26 items assessing the adolescents' exposure to violence (seen, heard of or directly experienced) **over the past year** at home, at school and in their neighbourhood. It is an adapted version of the REVS 22-item scale (Savahl et al., 2009). The scale looked at threats (six items); smacking, hitting, punching (six items); beatings (six items); knife attacks (two items); guns/shootings (four items) and abuse (two items). A four-point Likert scale was used, ranging from never (1) to almost every day (4). The Cronbach alpha scores for items on the scale ranged between 0.52 – 0.80: "(1) witness of

neighbourhood violence ($\alpha = 0.80$); (2) *victim/witness of neighbourhood violence* ($\alpha = 0.77$); (3) *witness of school violence* ($\alpha = 0.76$); (4) *victim/witness of a shooting or knife attack* ($\alpha = 0.75$); (5) *victim of school or neighbourhood violence* ($\alpha = 0.72$) and *sexual abuse* ($\alpha = 0.52$)” (Savahl et al., 2009, p.8). According to Field (2009), as mentioned above, a cronbach’s alpha value of .7 to .8 is acceptable thus the above items excluding sexual abuse can be considered reliable. However, the mean cronbach alpha for all 26 items was .72 which indicates acceptable reliability for the items on scale (Savahl et al., 2009). The *KIDSCREEN-52* was used to measure well-being. It measured the constructs of physical and psychological well-being respectively, financial circumstances, self-perception, social acceptance and school environment. The internal consistency of the *KIDSCREEN-52* obtained through Cronbach’s alpha yielded a score between 0.77 and 0.89. Construct validity in terms of item-scale correlations yielded a score of .40 on each item. Overall reliability for the social support scale obtained through Cronbach’s alpha is .84 (Kafaar, 2004). The Rosenberg Self-Esteem Scale demonstrates high construct validity, concurrent validity and predictive validity with satisfactory test-retest reliability of .85 and .88 over a two week period. This indicates high internal consistency (Rosenberg, 1979).

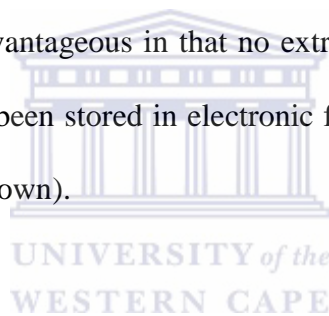
3.4 Procedures

Permission to conduct the study was obtained from the University of the Western Cape and a proposal of the study was then sent to the Western Cape Education Department in order to gain permission to administer the questionnaires at the schools. After the proposal was accepted, the respective schools were contacted and meetings with the principal or a teacher were scheduled in order to discuss the appropriate day, time and venue for the questionnaires to be administered. Before any of the participants were allowed to complete the questionnaire, they and their parent or guardian were required to sign a consent form and then return it to school.

The questionnaires were administered at each school in a classroom during a period arranged by the principal of the school. The period was 45 minutes long and at times staff members of the respective school were present. The questionnaire took about 30 minutes to complete and the completed questionnaires were then sealed and locked in the project managers' office until it was to be coded and analysed with SPSS (Statistical Package for the Social Sciences).

3.5 Data analysis

Due to the fact that this study used existing data, a secondary data analysis was performed to answer the research question. "Secondary data analysis is the method of using pre-existing data in a different way or to answer a different research question than that intended by those who collected the data" (Schutt, 2007). This is advantageous in that no extra resources were given out to collect data and since the data had already been stored in electronic format, more time was devoted to the actual analysis (Boslaugh, year unknown).

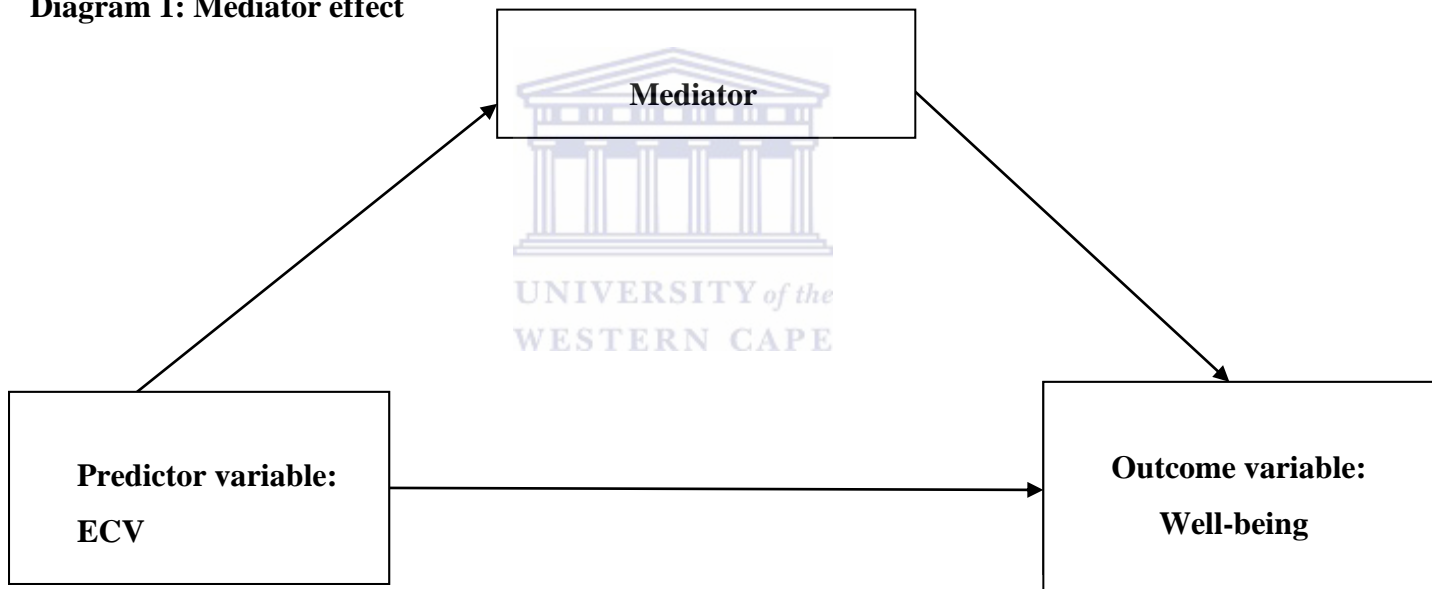


Data was analysed using the Statistical Package for the Social Sciences (SPSS 17). Descriptive and inferential statistics (regression and multiple regression) were computed. According to Pretorius (2007), "regression is concerned with predicting one variable on the basis of our knowledge of another variable" (p. 93). Therefore, to test H_1 linear regression was done to test whether ECV(predictor variable) is a significant predictor of well-being (outcome variable). A Pearson Product-moment Correlation analysis (Pretorius, 2007) was done to test whether there is a significant relationship between perceptions of well-being, and self-esteem and social support respectively (H_2 and H_3).

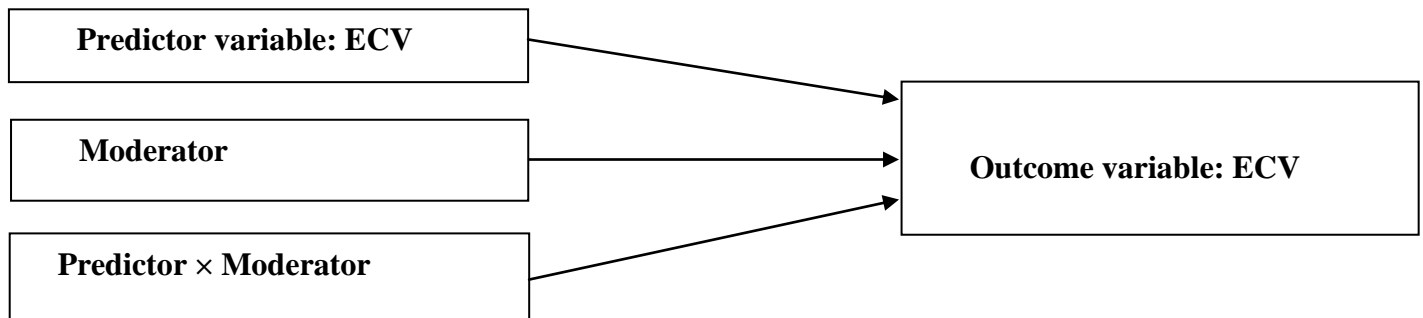
Multiple Regression

Multiple regression “is a method of examining the individual and collective contributions of several predictor variables to the variation of a outcome variable (Pretorius, 2007, p. 253). A *Product-term multiple regression* analysis was conducted to test whether a relationship exists between exposure to community violence, social support, self-esteem (the predictor variables) and perceptions of well-being (outcome variable). This specific multivariate statistical technique was used as it allows one to establish which of the two variables (self-esteem or social support) functions as a mediator and/or moderator in the effects of exposure to violence on perceptions of well-being (H₄, H₅, H₆ and H₇).

Diagram 1: Mediator effect



According to Pretorius (2007), a mediator is that third variable that explains why certain interactions occur i.e. it is the mechanism through which predictor variables influence the outcome variables. Similarly, Baron and Kenny (1986) state that “mediators speak to how or why such effects occur” (p. 1176).

Diagram 2: Moderator effect

A moderator is that third variable that influences the strength and direction of the relationship between the predictor variable and the outcome variable. It interacts with the predictor variable to exert an impact on the outcome variable (Baron & Kenny, 1986; Pretorius, 2007). Baron and Kenny (1986) state that a moderator can either be a qualitative variable (such as sex or race), or a quantitative variable (such as level of reward). Moderators change the effect of the predictor variable on the outcome variable, depending on the level of the moderator and specifies “when certain effects will hold” (Baron & Kenny, 1986, p. 1176).

To conduct this analytic procedure, the guidelines as illustrated by Pretorius (2007) were followed. Two regression analyses were conducted for each predictor variable, each with three “steps”. Before the regression can be run two scores need to be calculated namely, the deviation scores for exposure to community violence, self-esteem and social support and then the interaction scores. The deviation score refers to the score minus the mean and the interaction score is the deviation score of each third variable multiplied by the deviation score for ECV (Pretorius, 2007). The regression runs with three steps as follows:

Step 1: ECV was entered as the predictor variable (IV) with well-being entered as the outcome variable (DV).

Step 2: ECV and the third variable (self-esteem or social support) was entered as the IV with well-being as the DV.

Step 3: The calculated deviation scores for ECV and the third variable (self-esteem or social support) are multiplied together i.e. the interaction score and entered as the IV to obtain the product term with well-being as the DV.

To determine whether social support and self-esteem act as mediator variables, Pretorius (2007) states that three conditions need to be met. Firstly, step one of the first regression analyses must be significant to show that the predictor variable affects the outcome variable. Secondly, step one of the second regression analysis must be significant to show that the third variable has an affect on the outcome variable. Lastly, step 2 in the first regression analysis must be investigated. If the adverse condition (exposure to community violence) is reduced from step one to an insignificant level at step two, the third variable (self-esteem or social support) is a mediator variable. To determine whether social support and self-esteem act as moderator variables, the third step must be investigated. If the interaction score is significant, then the third variable is a moderator variable.

3.6 Ethical considerations

The ethical guidelines stipulated by the University of the Western Cape and of the Western Cape Education Department were strictly adhered to. Participants were fully informed of the nature of the study, its aims and objections, and their anticipated role in this study. Voluntary and informed consent were obtained by having each of the participants and their parents sign the consent forms. The participants' right to anonymity and confidentiality were respected. The only manner of identification of the questionnaires was an identity code in order to refer if any of the data was captured incorrectly. The participants, therefore, remained completely anonymous. Before administration of the questionnaire, the researchers ensured that participants were aware of the aims

and objectives of the research and were also informed of the structure of the questionnaire. Participants were not obligated to participate if they so requested even after they signed their consent form. The collected information was secured in a safe location and only discussed amongst the research team, which was also explained to the participants. The participants who experienced any trauma or difficulties relating to the topic were referred to an appropriate source.

3.7 Conclusion

The issues highlighted within this chapter were addressed to ensure smooth statistical analyses. Sample size, standardized administration procedures, ethical considerations and clear explication of the analytic techniques to be conducted are central issues in facilitating the implementation of the research design. The results of each of the statistical analyses are presented in the next chapter.



CHAPTER 4: RESULTS

The seven hypotheses as set forth in Chapter 1 were so developed to operationalise the research topic and to allow for the variables of interest to be tested. The analytic techniques described in the previous chapter were chosen as the means to test the stipulated hypotheses. The following chapter thus presents the results of the analyses.

4.1 Hypothesis 1: Exposure to community violence is a significant predictor of well-being

Linear regression was used to test hypothesis 1. This technique allows predicting an outcome (well-being) based on one predictor variable (exposure to community violence) (Field, 2009).

Table 4: Correlation between well-being and exposure to community violence

		WellbeingTotal	ViolenceTotal
Pearson Correlation	WellbeingTotal	1.000	-.157
	ViolenceTotal	-.157	1.000
Sig. (1-tailed)	WellbeingTotal	.	.000
	ViolenceTotal	.000	.
N	WellbeingTotal	457	457
	ViolenceTotal	457	457

The previous study on ECV, hope and well-being found that a negative relationship exists between ECV and well-being. This finding was confirmed by the regression analysis which produced a negligible but significant correlation coefficient ($r = -.157$; $p < 0.05$). This figure indicates that the relationship between ECV and well-being is small and negative, suggesting that as the level or amount of ECV increases, well-being decreases.

Table 5: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.157 ^a	.025	.022	25.703	.025	11.488	1	455	.001	1.998

a. Predictors: (Constant), ViolenceTotal

The R^2 value of 0.025 indicates the amount of variance in well-being that is accounted for by ECV.

This means that ECV alone accounts for only 2.5% of the variance in well-being.

Table 6: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7589.050	1	7589.050	11.488	.001 ^a
	Residual	300586.188	455	660.629		
	Total	308175.239	456			

a. Predictors: (Constant), ViolenceTotal

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The ANOVA within the linear regression produces the F-ratio (11.488) as presented in table 6. According to Field (2009), the ANOVA “tells us whether the (regression) model, overall, results in a significantly good degree of prediction of the outcome variable” (p. 207). It is the statistical test for the significance of R^2 and the value for this test is represented by the F-ratio. The F-ratio is significant ($p < 0.05$) meaning that there is a less than 5% chance that the F-ratio will be obtained if the null hypothesis was true. This means that we can conclude that ECV accounts for a small, but statistically significant proportion of variance in well-being and that ECV is a significant predictor of well-being.

Table 7: Coefficients table

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	214.877	5.280		40.700	.000					
	ViolenceTotal	-.417	.123	-.157	-3.389	.001	-.157	-.157	-.157	1.000	1.000

The B score represents “the change in the outcome associated with a unit change in the predictor” and tells us more about the relationship between the predictor and the outcome (Field, 2009, p. 208). In other words, if ECV increases by one unit, well-being decreases by .417. Lastly, the t-score is a measure of the ability of the predictor variable to estimate values of the outcome variable. It tests the hypothesis that the B value ($b = -.417$) is significantly different from zero (Field, 2009). If the t-score is significant, it increases our confidence in the ability of the predictor variable to do the abovementioned. The linear regression for this study yielded a t-score of -3.389 that is significant at $p < 0.05$, $p = .001$. Therefore we can conclude, as previously stated, that ECV does significantly predict well-being. Hypothesis 1 is not rejected.

4.2 Hypothesis 2 and 3

Correlations allow us to determine whether a statistical relationship exist between two variables and to measure that relationship (Field, 2009; Pretorius, 2007). If a relationship exists, we can say that the two variables covary i.e. a change in one variable is associated with a change in the other variable (Pretorius, 2007). For hypotheses 2 and 3, Pearson Product-moment Correlation analyses were conducted, the results of which are presented below.

4.2.1 Hypothesis 2: There is a significant relationship between self-esteem and adolescents' perceptions of well-being.

Table 8: Results of Pearson Product-moment Correlation analysis (Self-esteem)

		Self Esteemindex	Wellbeing Total
SelfEsteemindex	Pearson Correlation	1	.337**
	Sig. (2-tailed)		.000
	N	564	457
WellbeingTotal	Pearson Correlation	.337**	1
	Sig. (2-tailed)	.000	
	N	457	459

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation analysis found a significant positive relationship between self-esteem and well-being ($r = .337$; $p < 0.01$, $p = .000$). An alpha level of 0.01 is a very stringent test of the correlation which increases confidence in the result. This indicates that a significant relationship exists between self-esteem and children's perceptions of well-being. Hypothesis 2 is not rejected.

4.2.2 Hypothesis 3: There is a significant relationship between social support and adolescents' perceptions of well-being.

Table 9: Results of Pearson Product-moment Correlation analysis (Social Support)

		Wellbeing Total	SocSupindex
WellbeingTotal	Pearson Correlation	1	.358**
	Sig. (2-tailed)		.000
	N	459	459
SocSupindex	Pearson Correlation	.358**	1
	Sig. (2-tailed)	.000	
	N	459	568

** . Correlation is significant at the 0.01 level (2-tailed).

Similarly, a significant positive relationship exists between social support and well-being ($r = .358$; $p < 0.01$). SPSS has used the 0.01 alpha level increasing confidence in the correlation coefficient. Thus we can conclude that a significant relationship exists between social support and children's perceptions of well-being. Hypothesis 3 is not rejected.

Table 10: Composite Results of Pearson Product-moment Correlation analysis

	Self - Esteem	Sig.	Social Support	Sig.
Well-being	.337	.000	.358	.000

4.3 Hypothesis 4 and 5

A *Product-term multiple regression* was conducted to test the hypotheses below. This type of multiple regression allows for mediator and moderator effects to be tested. The results of the analyses, for both self-esteem and social support are presented below.

4.3.1 Hypothesis 4: Self-esteem is a significant mediator in the relationship between exposure to community violence and adolescents' perceptions of well-being.

Table 11: Correlation coefficients

		Wellbeing Total	ViolenceTotal	SifEstindex	SEinteraction score
Pearson Correlation	WellbeingTotal	1.000	-.157	.313	-.035
	ViolenceTotal	-.157	1.000	-.133	.017
	SifEstindex	.313	-.133	1.000	-.340
	SEinteractionscore	-.035	.017	-.340	1.000
Sig. (1-tailed)	WellbeingTotal	.	.000	.000	.225
	ViolenceTotal	.000	.	.002	.356
	SifEstindex	.000	.002	.	.000
	SEinteractionscore	.225	.356	.000	.
N	WellbeingTotal	457	457	457	457
	ViolenceTotal	457	457	457	457
	SifEstindex	457	457	457	457
	SEinteractionscore	457	457	457	457

The above table is presented to illustrate that self-esteem has a negative relationship with ECV ($r = -.133, p < 0.05$). This indicates that as ECV increases, so adolescents' self-esteem decreases.

Table 12: Results of First Multiple Regression for self-esteem

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	214.877	5.280		40.700	.000
	ViolenceTotal	-.417	.123	-.157	-3.389	.001
2	(Constant)	171.322	8.263		20.735	.000
	ViolenceTotal	-.312	.118	-.117	-2.629	.009
	SlfEstindex	1.395	.210	.297	6.656	.000
3	(Constant)	167.884	8.513		19.720	.000
	ViolenceTotal	-.306	.118	-.115	-2.584	.010
	SlfEstindex	1.518	.222	.323	6.824	.000
	SEinteractionscore	.036	.022	.076	1.628	.104

Table 13: Results of Second Multiple Regression for self-esteem

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	156.230	5.982		26.118	.000
	SlfEstindex	1.468	.209	.313	7.024	.000
2	(Constant)	171.322	8.263		20.735	.000
	SlfEstindex	1.395	.210	.297	6.656	.000
	ViolenceTotal	-.312	.118	-.117	-2.629	.009
3	(Constant)	167.884	8.513		19.720	.000
	SlfEstindex	1.518	.222	.323	6.824	.000
	ViolenceTotal	-.306	.118	-.115	-2.584	.010
	SEinteractionscore	.036	.022	.076	1.628	.104

To test whether self-esteem has a mediating effect i.e. acts as a mediator, the three conditions mentioned in chapter 3 must be met. Table 12 illustrates that step one of the first regression for self-esteem is significant ($p < 0.05, p = .001$), satisfying the first condition as set forth by Pretorius (2007). Table 13 further shows that step one of the second regression is also significant ($p < 0.05, p = .000$), satisfying the second condition as set forth by Pretorius (2007). Lastly, table 12 illustrates

that the beta coefficient for violence is reduced, but not to a non-significant level i.e. it is still significant ($p < 0.05$, $p = .009$). This means that when ECV is considered with self-esteem, ECV still has a significant effect on well-being, thus self-esteem does not act as a mediator. Therefore, self-esteem is not a significant mediator in the relationship between ECV and adolescents' perception of well-being. Hypothesis 4 is rejected.

4.3.2 Hypothesis 5: Self-esteem is a significant moderator in the relationship between exposure to community violence and adolescents' perceptions of well-being.

To test whether self-esteem has a moderating effect i.e. acts as a moderator, Pretorius (2007) states that we need to look at step 3 of the regression analysis. He states that if the product of the adverse condition (exposure to community violence) and the third variable (self-esteem) - interaction score - is significant then self-esteem is a moderator variable. Table 12 illustrates that the interaction score is non-significant ($p > 0.05$, $p = .104$). Therefore, self-esteem is not a significant moderator in the relationship between ECV and adolescents' perceptions of well-being. Hypothesis 5 is rejected.

4.4 Hypothesis 6 and 7

4.4.1 Hypothesis 6: Social support is a significant mediator in the relationship between exposure to community violence and adolescents' perceptions of well-being.

Table 14: Results of First Multiple Regression for social support

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	214.877	5.280		40.700	.000
	ViolenceTotal	-.417	.123	-.157	-3.389	.001
2	(Constant)	164.362	8.000		20.546	.000
	ViolenceTotal	-.301	.116	-.113	-2.592	.010
	SocSupindex	.972	.121	.351	8.034	.000
3	(Constant)	160.890	8.146		19.751	.000
	ViolenceTotal	-.282	.116	-.106	-2.429	.016
	SocSupindex	1.035	.124	.374	8.324	.000
	SSinteractionscore	.025	.012	.092	2.068	.039

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Table 15: Results of Second Multiple Regression for social support

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	149.952	5.788		25.907	.000
	SocSupindex	1.011	.121	.365	8.369	.000
2	(Constant)	164.362	8.000		20.546	.000
	SocSupindex	.972	.121	.351	8.034	.000
	ViolenceTotal	-.301	.116	-.113	-2.592	.010
3	(Constant)	160.890	8.146		19.751	.000
	SocSupindex	1.035	.124	.374	8.324	.000
	ViolenceTotal	-.282	.116	-.106	-2.429	.016
	SSinteractionscore	.025	.012	.092	2.068	.039

Step one of the first regression for social support is significant ($p < 0.05$, $p = .001$), satisfying the first condition as stipulated by Pretorius (2007). Table 15 shows that step one of the second

regression is also significant ($p < 0.05$, $p = .000$), satisfying the second condition as stipulated by Pretorius (2007). However, when we look at step 2 of the first regression analysis (the third condition as set forth by Pretorius, 2007), the adverse condition (ECV) is reduced but not to a non-significant level. Table 14 shows that the beta coefficient for violence is reduced, but not to a non-significant level i.e. it is still significant ($p < 0.05$, $p = .010$). Therefore, by considering all of Pretorius's conditions we find that when ECV is considered with social support, ECV still has a significant effect on well-being, thus social support does not act as a mediator. Therefore, social support is not a significant mediator in the relationship between ECV and adolescents' perception of well-being, and Hypothesis 4 can be rejected.

4.4.2 Hypothesis 7: Social support is a significant moderator in the relationship between exposure to community violence and adolescents' perceptions of well-being.

To test whether social support has a moderating effect i.e. acts as a moderator, Pretorius (2007) states that we need to look at step 3 of the first regression analysis. He states that if the product of the adverse condition (ECV) and the third variable (social support) - interaction score - is significant then social support is a moderator variable. Table 14 illustrates that the interaction score is significant ($p < 0.05$, $p = .039$). Therefore, social support is a significant moderator in the relationship between ECV and adolescents' perceptions of well-being. Hypothesis 5 is not rejected.

4.5 Conclusion

The results of the analyses showed that hypothesis 1 was not rejected (ECV is a significant predictor of well-being); hypothesis 2 and 3 respectively were not rejected (There is a significant relationship between self-esteem and adolescents' perceptions of well-being; There is a significant relationship between social support and adolescents' perceptions of well-being); hypothesis 4 was rejected (Self-esteem is not a significant mediator in the relationship between ECV and adolescents' perceptions

of well-being); hypothesis 5 was rejected (Self-esteem is not a significant moderator in the relationship between ECV and adolescents' perceptions of well-being); hypothesis 6 was rejected (Social support is not a significant mediator in the relationship between ECV and adolescents' perceptions of well-being)) and hypothesis 7 was not rejected (Social support is a significant moderator in the relationship between ECV and adolescents' perceptions of well-being). The subsequent chapter will present a contextualised discussion of the results/findings, using the reviewed literature to either support or contradict the findings. Bronfennbrenner's Bioecological systems theory will also be incorporated to help explain and contextualise the findings.



CHAPTER 5: DISCUSSION AND CONCLUSION

The results of the statistical analyses were presented in pure numeric form in the previous chapter. The subsequent chapter will provide further interrogation and discussion of the results within the context of the current study. Previous literature and the theoretical framework of this study will be used to guide this process. The chapter will conclude with a conclusion, limitations of the current study and recommendations for future research in this area.

5.1 Exposure to community violence as a significant predictor of well-being.

The results of the study have shown that ECV significantly predicts well-being. Interpreted within the context of this study, the above result means that for the adolescents within this sample, their ECV influenced their perceptions of their individual well-being. Furthermore, a significant negative relationship was found to exist between ECV and well-being. Although negligible, it indicates that as the level of ECV increases, adolescents' perceptions of their well-being will decrease. Or alternatively, the more community violence adolescents are exposed to the lower their perception of their well-being. The above findings are consistent with the literature which states that exposure to violence poses a chronic threat to the well-being of children and adolescents (Barbarin & Richter, 2001). Isaacs et al. (2009), more specifically identifies the effect on well-being stating that "when children are exposed to community violence their well-being...is compromised" (p. 3).

Similarly, Curtis, Dooley and Phipps (2004) found that a relationship exists between neighbourhood characteristics and child well-being. Savahl et al. (2009) stated that the type of violence (and perhaps one can even venture to include the *amount* of violence) that one experiences, will differ depending on place of residence. According to Bronfennbrenner's Bioecological Systems theory, the neighbourhood/community is located within the microsystem (Boemmel & Briscoe, 2001; Paquette & Ryan, 2001; Swick & Williams, 2006; Visser, 2007; Van Wyk & Grundlingh, 2008),

representing either a child's first experiences of love and nurturing or their first experiences of violence (Rogoff, 2003 as cited in Swick & Williams, 2006). The areas/place of residence represented within this study were identified as low, medium and high violence areas (chapter 3), therefore the amount of influence that ECV exerts onto the well-being of the adolescents within the sample would be dependent on which of the areas they resided in. The microsystem is the system closest to the adolescent exerting the most immediate effect on their development; therefore it stands to reason that ECV within the microsystem will directly affect the well-being of the adolescent.

Furthermore, from a chronosystemic and macrosystemic viewpoint, the government during apartheid in South Africa (as alluded to previously) dictated where specific racial groups could reside. The Group Areas Act through forced removal allocated specific areas for 'white' and 'non-white' racial groups that were systematically disadvantaged in similar ways to that which characterise the three violence areas in this study (Seekings & Nattrass, 2005). These forced removals and dictated reallocations caused violence and unrest amongst the people often fuelled by overt inequalities, like those that characterise the three violence areas (Seekings & Nattrass, 2005). Due to the fact that these inequalities still exist today, an ecosystemic framework such as Bronfenbrenner's, aids in understanding the continued presence of violence in communities and its subsequent effect on well-being.

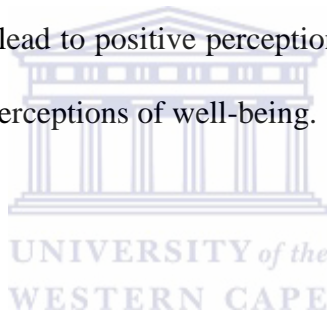
5.2 Self-esteem

5.2.1 Correlation

A significant positive relationship was found to exist between self-esteem and well-being. This indicates that the individual presence of self-esteem with respect to an adolescent positively increases or decreases their perceptions of their well-being. In other words, as adolescents' self-

esteem increases their perceptions of well-being increases. Similarly, as an adolescents' self-esteem decreases, so their perceptions of their well-being decreases.

Self-esteem is an internal influence to well-being and thus centres on how the adolescent feels about themselves, affecting the emotional well-being of an adolescent. Adolescents may either have a high self-esteem or a low self-esteem, with a low self-esteem related to depression (Harter, 1993 as cited in Wills, 1994) and problem health behaviours like drugs, alcohol and tobacco use (Glendinning & Inglis, 1999). High self-esteem, however, leads to the perception that they are important, valued, supported and cherished by the adults and peers in their lives (Katz, 1995), as well as promoting healthy lifestyles (Glendinning & Inglis, 1999). Thus, in the context of this study, high self-esteem in adolescents will lead to positive perceptions of well-being, and low self-esteem in adolescents will lead to negative perceptions of well-being.



5.2.2 Self-esteem as a mediator

Veenema (2001) stated that research on exposure to violence needs to “identify factors that may mediate the effects of a child’s exposure to violence” (p. 172). Thus, the current study addressed Veenema’s (2001) statement through investigating whether self-esteem and/or social support act as significant mediators in the relationship between ECV and well-being. The current study found that self-esteem does not significantly mediate the relationship between ECV and adolescents’ perceptions of well-being. Self-esteem is thus not a mediator variable. One reason for this finding is confirmed by the low correlation coefficient obtained between self-esteem and well-being ($r = .337$, table 8), as well as the negative correlation coefficient obtained between self-esteem and ECV ($r = -.133$, table 11). Both results, although significant, are negligible. Thus, the mere presence of this third variable may not be strong or significant enough to influence or affect the interaction between ECV and well-being. A second reason could be that the concept of self-esteem for these adolescents

has not yet been properly developed. Grade 9 is only the second year of high school, so adolescents may still be developing their sense of self and what self-esteem means, as self-esteem is a subjective perception of one's self, leaving room for the element of inaccuracy in an individual's evaluation of self. Kafaar (2004) stated (based on the work of Baumeister, et al., 2003) that "high self-esteem could be a balanced and justified evaluation of one's self-worth or an inflated and arrogant sense of one's superiority over others" and "low self-esteem could be an accurate, well-founded evaluation of one's shortcomings or an unrealistic distortion of one's worth due to a sense of insecurity or inferiority" (p. 10).

The second reason is further supported by literature which states that self-esteem is developed from infancy through interactions with primary caregivers, like parents and their extended family and their neighbourhood/community (Katz, 1996; Farver et al., 2000; Usta & Farver, 2005). Self-esteem is therefore a concept and characteristic that adolescents' need to learn and then attribute their own meaning to. Mussen et al. (1979) confirms this through saying that the way that children view themselves is largely attributed to their experiences within the home and the extent to which they identify with their parents. The majority of the sample lived with their parents, however whether this is single parent homes or not is unknown, with the rest of the sample residing with other family members or other people. Thus, their understanding of self-esteem may be incorrect or distorted based on their home and community environment, once again rendering this third variable unable to significantly influence or affect the effect of ECV on their perceptions of well-being. In adopting an ecological perspective, self-esteem is conceptualised as an individual characteristic that is developed through personal growth and reflection that is initiated by separate microsystem entities (e.g. primary caregivers, like parents and extended family and the neighbourhood/community). Incorrect/distorted or healthy conceptions of self-esteem are then fostered and maintained through mesosystemic interactions i.e. the relationships/connections (2 or more) between the people and

structures within the microsystem, which contribute to a child's development (Boemmel & Briscoe, 2001; Van Wyk & Grundlingh, 2008).

5.2.3 Self-esteem as a moderator

The current study takes Veenema's (2001) statement one step further by investigating self-esteem and social support not only as mediators but also as moderators. The results showed that self-esteem does not significantly moderate the relationship between ECV and adolescents' perceptions of well-being. This finding can be explained by the beta coefficient obtained in step 3 of the regression analysis ($r = .076$, table 12). Furthermore, this results is non-significant ($p > 0.05$; $p = .104$). Therefore, the requirements stipulated by Pretorius (2007) were not met. Self-esteem is a dichotomous variable, i.e. an individual can either have a high self-esteem or a low self-esteem. However, in this study, the level of the third variable was not obtained for each adolescent. Baron and Kenny (1986) state that moderators change the effect of the predictor variable on the outcome variable, depending on *the level of the moderator...*). Instead a composite score (index) was obtained for each adolescent on the self-esteem scale. Thus although an interaction effect is found, it cannot be accepted as the result of a moderator function.

5.3 Social Support

5.3.1 Correlation

A significant positive relationship was found to exist between social support and well-being. This indicates that the individual presence of social support, with respect to an adolescent, positively increases or decreases their perceptions of their well-being. In other words, as the presence and availability of social support increases, adolescents' perceptions of their well-being increases and vice versa. Social support has a major influence on psychological well-being with literature suggesting that social support can act as a protective factor (e.g. Astin, Lawrence & Foy, 1993;

Conte & Scherman, 1987; Kurtz, Gaudin, Howing & Wodarski, 1993; Runtz & Schallow, 1997; Tests, Miller, Downs & Panek, 1992). Thus when adolescents perceive the existence or more importantly, the availability of social support within their relationships with others, they are better able to deal with stressful situations (Spaccarelli, 1994 as cited in Bal et al., 2003). Furthermore, the presence of social support leads to overall positive outcomes for an adolescents' well-being, for example, it acts as a catalyst in the development of resilience (Govender & Killian, 2001; O' Donnell et al., 2002); encourages the selection of positive coping strategies (Bal et al., 2003); and reduces the development of psychological difficulties or disorders (Berman, Kurtines, Silverman & Serafini, 1996 as cited in White et al., 1998).

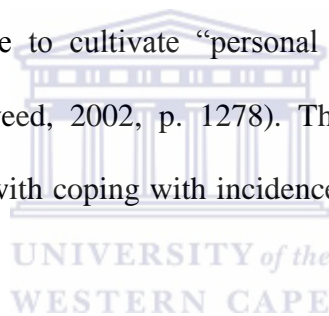
As previously mentioned, social support is defined by Cobb (1976, p. 300) as "*information from others that one is loved and cared for, esteemed and valued, and part of a network of communication*" (as cited in Bal, Crombez, Van Oost & Debourdeauhuij, 2003, p. 1378). Therefore, adolescents may seek social support from their family, friends/peers, the community and from their school, with each performing a different role. Bal et al., (2003) states that the availability of the family and community to provide social support is of utmost importance to the maintenance of a child's well-being. Thus, in the context of this study, an increase in the presence and availability of social support will increase positive perceptions of their well-being; whereas a decrease or lack of the presence and availability of social support will decrease adolescents' perceptions of their well-being.

5.3.2 Social Support as a mediator

When social support was investigated, it was also found to not significantly mediate the relationship between ECV and adolescents' perceptions of well-being. Thus social support is not a mediator variable. This could be explained, as with self-esteem, by the low correlation coefficient obtained

between social support and well-being ($r = .358$, table 9). This result although significant, is small suggesting that the mere presence of this third variable alone may not be strong enough to influence or affect the interaction between ECV and well-being.

For example, the effect of social support varies depending on who provides the support (O'Donnell et al., 2002). Adolescents will lean on different people in their lives for support depending on the type of stressful situation (Muller et al., 2000). For example, Bowlby (1969) highlights that “when placed in a situation of danger or fear, children generally turn to adults, usually their parents, for protection, support, and understanding” (as cited in Muller et al., 2000, p. 451), and when their school environment is unable to provide support, adolescents exposed to violence will rely on support from peers more and more to cultivate “personal development and self-actualization” (O'Donnell, Schwab-Stone & Muyeed, 2002, p. 1278). Therefore, if adolescents do not have support networks in place to assist with coping with incidences of community violence, their well-being will be affected.



In addition, contrary to other literature, O'Donnell et al., (2002) found that “the same factors that serve a protective function under one set of circumstances may not serve such a function under different conditions, and may differentially impact different outcome variables” (p. 1266). Interpreted within the context of this study, the adolescents may have, for example, sought support from friends due to an inability to access familial protection (Feiring et al., 1998). But this type of social support could lead to negative outcomes, such as participating in illegal and antisocial activities (as cited in Bal et al., 2003). Luther and Zigler (1991) also provide evidence that some types of social support have the potential to negatively influence an adolescent. Bal et al., (2003) further stipulate that “social support can only be of help when it conforms to the coping strategies that are most adequate in the stressful situation” (p. 1391).

As previously delineated, the current study accepted domestic violence as a type/form of community violence. It is therefore plausible that the adolescents within the sample may live within homes where domestic violence is present, and may have been unable to rely on their caregivers for support, as the roles of victim and perpetrator would be occupied by their caregivers in the home. Zuckerman et al., (1995) state that in cases of domestic violence, the roles of perpetrator or victim are occupied by the parents, thus the parents are unable to accurately assess nor devote attention to the emotional needs of their child/children. In other words, they are unable to provide support. Furthermore, Bal et al. (2003) stated that “a lack of familial support in adolescence is often associated with more distress, higher levels of problem behaviour, and lower life satisfaction” (p. 1390). Adolescents’ perceptions of their lives may then become more negative.

The ‘inability’ of social support to perform a mediating function in this sample may suggest that other factors may be influencing the quality of social support (if provided) or the presence and availability of it entirely. These factors and their influence can be better understood within the ecological framework of this study. Firstly, the characteristics used to classify high violence areas namely unemployment, poverty, socioeconomic status, domestic violence, poor services and infrastructure, high crime rate and substance abuse, all fall within the microsystem. These factors also further interact and influence one another within the mesosystem. These factors all represent negative aspects of peoples’ lives, thus rendering them emotionally and physically unable to provide social support to others. Unemployment (of the parents of the adolescents) also falls within the exosystem. The exosystem is that system that exerts an indirect effect on the adolescent (Garbarino, 1993; Paquette & Ryan, 2001; Swick & Williams, 2006). In other words, if adolescents’ parents are unable to find work, they may resort to the use of substances or even domestic violence to deal with their emotions and thus be unable to provide the social support that the adolescent needs. Lastly, a factor not investigated within this study, but that may explain the above finding, is religion.

Religion may be considered as microsystemic or exosystemic. Most religions place great value on caring for and helping others. Therefore, if those people that the adolescents depend on and look to for social support do not assimilate those religious values into their worldview and belief system they may not want to provide social support to them.

5.3.3 Social Support as a moderator

Contrary to self-esteem, results showed that social support significantly moderates the relationship between ECV and adolescents' perceptions of well-being. In other words, it acts as a moderator variable in the abovementioned interaction. This means, that in interaction with exposure to community violence, social support is able to influence or affect the effect of ECV on adolescents' perceptions of well-being. This consequently means that some type of social support was present and available to the adolescents. The social support may have taken on a protective function and buffered the negative effects of ECV (Muller et al., 2000). Muller et al., (2000) found however, that social support only acted as a buffer for incidences of exposure to family violence and not for incidences of exposure to community violence. The finding of the current study however, is not consistent with this finding as the type of violence was not distinctly categorised and family violence was conceptualised as a form of community violence, thus almost contradicting the moderating function occupied by social support in this study.

Similarly, a study by White et al. (1998) specified the type of social support and investigated the relationship between ECV and anxiety, as well as the moderating role of family social support. The results of the study showed that family social support did not moderate the relationship between ECV and anxiety. However, the current study demonstrates an overall moderating function of social support across the different types of social support, with the social support scale addressing questions relating to family (parents and extended family) and friends (in the neighbourhood or at

school). Furthermore, Hill and Madhere (1996) found that support from friends moderates feelings of anxiety.

The moderating function of social support found could also be explained through what O'Donnell et al. (2002) identify as resilience i.e. “successful coping in specific domains, including both behavioural and emotional arenas” and “competence under conditions of high stress” (p. 1266). Parent support, school support and peer support were measured, as in the current study. The study found that all three types of social support affected the development of resilience. Therefore, within the sample, the development of resilience due to the presence and availability of social support could act as a buffer to the effects of exposure to community violence.

5.4 Further contextualising the findings

As previously discussed, Bronfenbrenner's Bioecological Systems theory identifies five systems/layers that surround an individual, each influencing and being influenced by the individual namely, the Microsystem, Mesosystem, Exosystem, Macrosystem and Chronosystem (Paquette & Ryan, 2001; Boemmel & Briscoe, 2001). The five systems represent social contexts within which the adolescent develops bi-directional relationships, which influence their development and well-being (Boemmel & Briscoe, 2001). Within this study two specific systems emerged, the microsystem and the mesosystem. The microsystem is anything or anyone “that is in direct contact with the child for a substantial period of time” (Boemmel & Briscoe, 2001, p. 1). This study focused on four such microsystem entities: school, parents/family, friends/peers, and the adolescents' neighbourhood/community. Self-esteem and social support were investigated and considered within these areas: self-esteem as an internal influence that is taught, learnt and integrated; and social support as an external influence that is provided. Community violence was also investigated as a phenomenon that occurred within these microsystemic entities. Within the microsystem, each entity

interacts individually and directly with the adolescent regarding the three variables of interest (self-esteem, social support and community violence). These direct interactions thus affect the adolescents' perceptions of well-being.

The mesosystem, which consists of the relationships/interconnections (2 or more) between the people and structures within the mesosystem, allow the entities and variables of interest to interact, thus affecting the adolescents' perceptions of their well-being even more. When self-esteem and social support fail to contribute positively within the life of the adolescent, their development is negatively affected (as previously discussed) and so too their perceptions of well-being. The microsystem entities have the power to transform the influence of the three variables, but they need to work together, as represented by the mesosystem. Bronfenbrenner emphasises that smooth and strong relationships between microsystem entities are essential to ensuring positive development (Visser, 2007). If this requirement is not met, adolescents may navigate across microsystem entities to find what they need. For example, with social support, adolescents will navigate from their parents/family, to their school environment, peers or other sources (Muller et al., 2000; O'Donnell et al., 2002) often with negative outcomes. For example, a study by Bal et al. (2003) found that adolescents that reported high perceptions of availability of support from friends, suffered from more externalizing and internalizing behaviour disturbances. In other words, there needs to be consistency and coherence within the mesosystem, particularly because adolescence is viewed as a "growth process towards adulthood" (Louw et al., 1998). Furthermore, research by Boutler (1995) posits that "South African adolescents struggle with issues such as self-confidence, self-esteem, emotional stability, health, family influences, personal freedom, group sociability and moral sense" (as cited in Louw et al., 1998, p. 387).

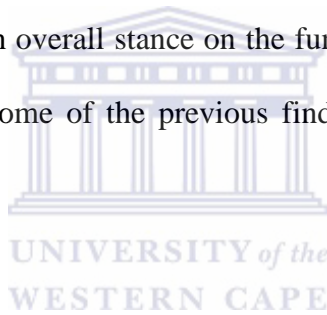
Information informing the exosystem layer of Bronfenbrenner's theory is hard to speculate within this study, as no specific information regarding, for example, the occupations of the adolescents' parents, their school governing bodies or church councils was obtained. The macrosystem, however, which is the outermost layer containing all the global ideologies, cultural beliefs, values, moral, policies, economies, and laws etc that influence attitudes and behaviours and governs the interactions between the other layers (Paquette & Ryan, 2001; Van Wyk & Grundlingh, 2008; Visser, 2007) could be applied to the findings of this study. Community violence occurs within individual microsystem structures or entities, so conflicting messages regarding violence reflected within the mesosystem could contribute to distorted views of the role of violence. These messages are funnelled down by the macrosystem, informing what parents, friends, teachers and the neighbourhood communicate to adolescents about violence. Govender and Killian (2009) state that the effects of violence exposure is dependent on the norm understanding regarding violence, and Dawes (1989 as cited in Govender & Killian, 2001) says that chronic and continuous exposure to violence could lead to the acquisition and internalisation of violent behaviour and aggressive tendencies, with the result that it is learnt and accepted as a natural way to deal with and resolve conflict. Furthermore, as stated in chapter 1, violence exposure in the community (for example through the presence of gangs and domestic violence), the glorification of violence in the media, easy access to drugs and alcohol and low self-esteem are amongst the reasons why children adopt violent behaviour and/or become victims of violence (Govender, 2006). This could also explain why self-esteem did not moderate nor mediate the effects of ECV on well-being.

5.5 Summary of the findings

The study found that ECV significantly predicts adolescents' perceptions of well-being. This interaction was further investigated through two 'third' variables namely self-esteem and social support. These variables were investigated to ascertain whether they could affect or influence the

effect of ECV on adolescents' perceptions of well-being. It was found that self-esteem neither mediates nor moderates the relationship between ECV and adolescents' perceptions of well-being, whereas social support acts only as a moderator variable, i.e. it moderates (changes the strength and direction of) the relationship between ECV and well-being. Social support does not act as a mediator.

The current literature on social support seems to be situation specific and thus not generalisable across situations. This conclusion is supported by a quote by O'Donnell et al. (2002) who says that "the same factors that serve a protective function under one set of circumstances may not serve such a function under different conditions, and may differentially impact different outcome variables" (p. 1266). The current study provides an overall stance on the function of social support and thus may explain the contradiction between some of the previous findings and the findings of the current study.



The interest in well-being has had its place in psychology for many years and the field is continually growing. While this study will be adding to the myriad of literature on this subject, its significance lies in its addressing two often easily overlooked factors of development namely, self-esteem and social support. Although there are numerous studies on self-esteem and social support on an individual level, investigating their combined influence as mediators or moderators in a context of violence (a context so commonly found in the Western Cape), could open doors to pragmatic interventions that are implementable on a community level.

5.6 Limitations and Recommendations

Limitations of this study include the fact that the use of secondary data disadvantaged the interpretation of the findings somewhat as it did not allow for first-hand contact with the sample in

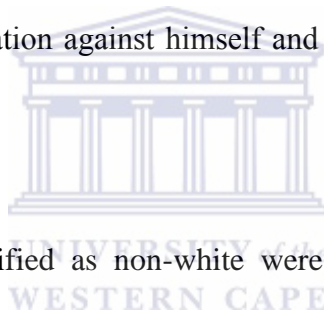
their respective areas. This means that certain issues that were perhaps unique to the three areas (low, medium and high violence areas) were not accurately represented and interpreted. Also, there is no record as to whether the concepts were understood by the participants, which does affect the results, for example with self-esteem. Secondly, the questionnaire did not address whether the adolescents were perpetrators of the violence. It only considered the adolescents as victims or witnesses of community violence. However, literature states that adolescents attend school armed with different kinds of weapons (unknown author, 2006) and this may provide an explanation as to why self-esteem did not mediate or moderate the effect of ECV on adolescents' perceptions of well-being.

Recommendations for future research on ECV and well-being are that the mediator and moderator functions of self-esteem and social support be more thoroughly investigated. For this study, it was expected that self-esteem would function as a mediator or a moderator variable. Thus, for future research the effect of self-esteem as a third variable should perhaps be investigated within its dichotomy (high and low self-esteem) to establish whether it moderates at a level of self-esteem, and social support should also be investigated in terms of the level of social support (high or low). The two variables should also be investigated to ascertain which of the two variables is the better mediator or moderator. This distinction could further assist the development of interventions.

5.7 Conclusion

The state of violence in post-apartheid South Africa does not entirely illustrate the change that the new democracy had aspired to encourage. Inequalities among racial groups along access to resources, infrastructure, service delivery, employment and education, to mention a few, are still evident. However, to say that we have not achieved a "new" democratic South Africa is a sweeping statement. The attainment of this should much rather be viewed as a matter of degree. In relation to

violence, the focal point and place of departure of this study, apartheid has left a legacy that extends far beyond race. The face of violence has shifted from a “top-down” process to horizontal violence, i.e. violence has shifted from political violence to community and interpersonal violence. There is no longer a common national enemy, but individual enemies. Community violence sees families fighting amongst themselves, neighbours fighting against neighbours, children fighting against each other, teachers fighting with children and even with parents, obliterating the social network that should be providing social support. Confidence in people and bonds with others weaken (Bulhan, 1985) and individuals may then tend to ‘cope’ with stressful situations, by lashing out at those nearest to them, consequently perpetuating the cycle that is community violence. Fanon (1968, p. 54) aptly states that “under the cumulative impact of this impossible situation, he [the oppressed] turns his anger as well as his frustration against himself and his own people” (as cited in Bulhan, 1985, p. 143).



During apartheid, individuals classified as non-white were made to feel less than their white counterparts. Once categorized, a law that may be considered violent, the stage is set for even further violence and victimisation (Bulhan, 1985). This ideology of white supremacy tainted the minds of many non-white South Africans to the point that the perceptions of themselves were scarred. The oppressed were then left filled with self-doubt, feelings of inferiority and low self-worth (Bulhan, 1985), perceptions that are represented within the concept of self-esteem. Adolescents in post-apartheid South Africa still fight with this issue, where feelings of insecurity, inferiority and a distorted evaluation of their worth is too often depicted. This once again highlights the effects of apartheid long after it has been eradicated.

“We tend to recognise violence mostly in those instances when it is blatantly destructive and contrary to the established norms of society. A cold-blooded murder in a dark alley, a shocking case

of child abuse in a neighbourhood of ill-repute, a devastating and senseless war in distant lands – we commonly associate violence with such events. The media, with its selective and sensational “news” also reinforces our limited and controlled conception of violence” (Bulhan, 1985, p. 131). This study however highlights the fact that violence is present within our backyards and draws attention to the necessity to further explore and investigate the phenomenon that is community violence, the effects of which are more than just skin-deep.



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**APPENDIX A:
CONSENT FORM
FOR LEARNERS**



**APPENDIX B:
CONSENT FORM
FOR PARENTS/
GUARDIANS**




UNIVERSITY of the
WEST OF ENGLAND


APPENDIX C: QUESTIONNAIRE



**APPENDIX D:
INFORMATION
LETTER FOR
PRINCIPALS**

A faint watermark of the University of Western Cape logo is visible in the background. It features a classical building with columns and the text "UNIVERSITY OF WESTERN CAPE" below it.

**INFORMATION
LETTER FOR
LEARNERS AND
PARENTS**

The logo of the University of the Western Cape is centered behind the text. It features a classical building with a pediment and columns, with the text 'UNIVERSITY of the WESTERN CAPE' overlaid on it.



Department of Psychology
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 Tel: 27 21 959 2283

UNIVERSITY of the
WESTERN CAPE

DEAR LEARNER

The Department of Psychology at the University of the Western Cape is conducting a research study which wants to find out how exposure to violence and hope affects adolescents' well-being.

If you agree to participate, you will be asked to complete a questionnaire, consisting of questions regarding violence in your community, your sense of hope and how it affects your well-being. This questionnaire contains no right or wrong answers and should not take you longer than 30 minutes to complete. You will remain anonymous which means that no-one will know your name and your responses on the questionnaire. The research process is guided by strict ethical considerations of the University of the Western Cape and will be adhered to at all times.

If the questionnaire or any part of this process results in any emotional discomfort counselling will be arranged by the researcher without any cost. Should you have any further queries, please feel free to contact **Ms S Isaacs** or **Mr. S. Savahl**

PLEASE NOTE THE FOLLOWING

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be made known and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name.....
Participant's signature.....
Date.....

Ms. S. Isaacs (Research Intern)
Mr. S. Savahl (Supervising Psychologist)
 Department of Psychology
 University of the Western Cape
 (w) 021 959 3713 (c) 074 197 7704



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**UNIVERSITY of the
 WESTERN CAPE**

DEAR PARENTS/GUARDIAN

The Department of Psychology at the University of the Western Cape is conducting a research study which wants to find out how exposure to violence and hope affects adolescents' well-being.

If you agree to participate, your child will be asked to complete a questionnaire, consisting of questions regarding violence in your community, their sense of hope and how it affects their well-being. This questionnaire contains no right or wrong answers and should not take your child longer than 30 minutes to complete. Your child will remain anonymous which means that no-one will know their name and their responses on the questionnaire. The research process is guided by strict ethical considerations of the University of the Western Cape and the Western Cape Education Department and will be adhered to at all times.

If the questionnaire or any part of this process results in any emotional discomfort counselling will be arranged by the researcher without any cost. Should you have any further queries, please feel free to contact **Ms S Isaacs** or **Mr. S. Savahl**

The study has been described to me in language that I understand and I freely and voluntarily agree for my child to participate. My questions about the study have been answered. I understand that my child's identity will not be made known and that he/she may withdraw from the study without giving a reason at any time and this will not negatively affect him/her in any way.

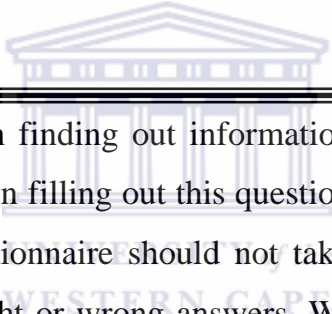
Parent's/Guardian's name.....
Parent's/Guardian's signature.....
Date.....

Ms. S. Isaacs (Research Intern)
Mr. S. Savahl (Supervising Psychologist)
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ID (For office purposes only)

THE INFLUENCE OF EXPOSURE TO VIOLENCE AND HOPE ON ADOLESCENTS' PERCEPTIONS OF WELL- BEING



This study is interested in finding out information about violence, hope and well-being. Your cooperation in filling out this questionnaire will be greatly appreciated. Completion of this questionnaire should not take longer than 30 minutes. Please note that there are no right or wrong answers. We are only interested in what you think.


Participants in this study will remain anonymous, which means that no-one will know your name. You are free to withdraw from the study at any stage of the process. Should you experience any difficulty as a result of this study, counseling will be arranged.

Section A

This section consists of 6 questions aimed at finding out more about you, the participant.

✓ Please tick the box.

1. Age: <input type="checkbox"/>	2. Gender: 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
3. Language: 1. English <input type="checkbox"/> 2. Afrikaans <input type="checkbox"/> 3. Xhosa <input type="checkbox"/> 4. Other <input type="checkbox"/>	4. Religion: 1. Christianity <input type="checkbox"/> 2. Islam <input type="checkbox"/> 3. Hinduism <input type="checkbox"/> 4. Judaism <input type="checkbox"/> 5. African traditional <input type="checkbox"/> 6. Other <input type="checkbox"/>
5. Live with: 1. Parents <input type="checkbox"/> 2. Other family <input type="checkbox"/> 3. Alone <input type="checkbox"/> 4. Partner <input type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other <input type="checkbox"/>	6. No. of brothers/sisters: <input type="checkbox"/>
7. In what area do you live? (e.g. Mitchells Plain, Khayelitsha, Bergvliet) -----	



Section B

8. Below is a list of statements about how you describe and think about yourself and how you do things in general. Read each sentence carefully. There are no right or wrong answers.

✓ Please tick the box.

	None of the time 1	A little of the time 2	Some of the time 3	A lot of the time 4	Most of the time 5	All of the time 6
1. I think I am doing well.						
2. I can think of many ways to get the things in life that are most important to me.						
3. I am doing just as well as other teenagers my age.						
4. When I have a problem, I can come up with lots of ways to solve it						
5. I think the things I have done in the past will help me in the future.						
6. Even when others want to quit, I know that I can find ways to solve the problem.						

9. Below is a list of statements that describes how you see, hear about, or experience scary, frightening, or violent events. We would like to know about the experiences you have had with these events over the past year.

✓ Please tick the box.

Threats
(over the past year)

	Never 1	Sometimes 2	Often 3	Almost everyday 4
1. How often over the past year did anyone at home tell you they were going to hurt you?				
2. How often over the past year did anyone at school tell you they were going to hurt you?				
3. How often over the past year did anyone in your neighborhood tell you they were going to hurt you?				
4. How often over the past year did you see someone else at home being told they were going to be hurt?				
5. How often over the past year did you see someone else at school being told they were going to be hurt?				
6. How often over the past year did you see someone else in your neighborhood being told they were going to be hurt?				

**Smacking, Hitting, Punching
(Over the past year)**

	Never 1	Sometimes 2	Often 3	Almost everyday 4
7. How often over the past year have you yourself been smacked, punched, or hit by someone at home ?				
8. How often over the past year have you yourself been smacked, punched, or hit by someone in school ?				
9. How often over the past year have you yourself been smacked, punched, or hit by someone in your neighborhood ?				
10. How often over the past year have you seen someone else being smacked, punched, or hit by someone at home ?				
11. How often over the past year have you seen someone else being smacked, punched, or hit by someone in school ?				
12. How often over the past year have you seen someone else being smacked, punched, or hit by someone in your neighborhood ?				

Beatings
(Over the past year)

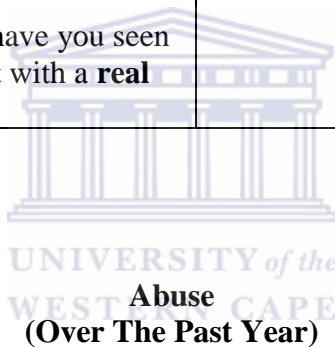
	Never 1	Sometimes 2	Often 3	Almost everyday 4
13. How often over the past year have you been beaten up at home ?				
14. How often over the past year have you been beaten up in school ?				
15. How often over the past year have you been beaten up in your neighborhood ?				
16. How often over the past year have you seen someone else getting beaten up at home ?				
17. How often over the past year have you seen someone else getting beaten up at school ?				
18. How often over the past year have you seen someone else getting beaten up in your neighborhood ?				

Knife Attacks
(Over the past year)

	Never 1	Sometimes 2	Often 3	Almost everyday 4
19. How often over the past year have you yourself been attacked or stabbed with a knife?				
20. How often over the past year have you seen someone else being attacked or stabbed with a knife?				

**Guns/Shootings
(Over the past year)**

	Never 1	Sometimes 2	Often 3	Almost everyday 4
21. How often over the past year has someone pointed a real gun at you?				
22. How often over the past year have you seen someone pointing a real gun at someone else?				
23. How often over the past year have you yourself actually been shot at or shot with a real gun?				
24. How often over the past year have you seen someone else being shot at or shot with a real gun?				



	Never 1	Sometimes 2	Often 3	Almost everyday 4
25. How often over the past year have you been touched in a private place on your body where you didn't want to be touched?				
26. How often over the past year have you seen someone else being touched in a private place on their body where they didn't want to be touched?				

10. Below is a list of statements that describes your health and well-being.

✓ Please tick the box.

1. Physical Activities and Health

	Excellent 1	Very good 2	Good 3	Fair 4	Poor 5
1. In general, how would you say your health is?					

Thinking about the last week ...	Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
2. Have you felt fit and well?					
3. Have you been physically active (e.g. running, climbing, biking, playing sport)?					
4. Have you been able to run well?					



Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
5. Have you felt full of energy?					

2. Feelings

Thinking about the last week ...	Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
1. Has your life been enjoyable?					
2. Have you felt pleased that you are alive?					
3. Have you felt satisfied with your life?					

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
4. Have you been in a good mood?					
5. Have you felt happy?					
6. Have you had fun?					

3. General mood

Thinking about the last week ...	Never 1	Seldom 2	quite often 3	very often 4	Always 5
1. Have you felt that you do everything badly?					
2. Have you felt sad?					
3. Have you felt so bad that you didn't want to do anything?					
4. Have you felt that everything in your life goes wrong?					
5. Have you felt fed up?					
6. Have you felt lonely?					
7. Have you felt under pressure?					

4. About yourself

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
1. Have you been happy with the way you feel?					
2. Have you been happy with your clothes?					
3. Have you been worried about the way you look?					
4. Have you felt jealous of the way other girls and boys look?					
5. Would you like to change something about your body?					

5. Free time

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
1. Have you had enough time for yourself?					
2. Have you been able to do the things that you want to do in your free time?					
3. Have you had enough opportunity to be outside?					
4. Have you had enough time to meet friends?					
5. Have you been able to choose what to do in your free time?					

6. Family and Home Life

Thinking about the last week ...	Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
1. Have your parents/guardian understood you?					
2. Have you felt loved by your parents/guardian?					

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
3. Have you been happy at home?					
4. Have your parents/guardian had enough time for you?					
5. Have your parents/guardian treated you fairly?					
6. Have you been able to talk to your parents/guardian when you wanted to?					

7. Money Matters

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
1. Have you had enough money to do the same things as your friends?					
2. Have you had enough money for your expenses					

Thinking about the last week ...	Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
3. Do you have enough money to do things with your friends?					

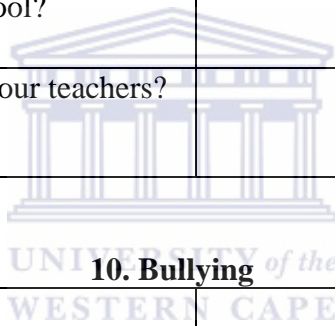
8. Friends

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
1. Have you spent time with your friends?					
2. Have you done things with other girls and boys?					
3. Have you had fun with your friends?					
4. Have you and your friends helped each other?					
5. Have you been able to talk about everything with your friends?					
6. Have you been able to rely on your friends?					

9. School and Learning

Thinking about the last week ...	Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
1. Have you been happy at school?					
2. Have you got on well at school?					
3. Have you been satisfied with your teachers?					

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
4. Have you been able to pay attention?					
5. Have you enjoyed going to school?					
6. Have you got along well with your teachers?					



10. Bullying

Thinking about the last week ...	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
1. Have you been afraid of other girls and boys?					
2. Have other girls and boys made fun of you?					
3. Have other girls and boys bullied you?					

11. Please tick the box which shows how much you agree or disagree with the following ten statements.

	Strongly disagree	Disagree	Agree	Strongly agree
On the whole, I am satisfied with myself	1	2	3	4
At times I think I am no good at all	1	2	3	4
I feel that I have a number of good qualities	1	2	3	4
I am able to do things as well as most other people	1	2	3	4
I feel I do not have much to be proud of	1	2	3	4
I certainly feel useless at times	1	2	3	4
I feel that I'm a person of worth, at least equal with others	1	2	3	4
I wish I could have more respect for myself	1	2	3	4
All in all, I sometimes feel that I am a failure	1	2	3	4
I take a positive attitude toward myself	1	2	3	4

12. Below is a list of statements about your relationships with family and friends. Please tick the box to show how much you agree or disagree with each statement as being true.

	Strongly disagree	Disagree	Agree	Strongly agree
My friends respect me	1	2	3	4
My family cares for me very much	1	2	3	4
My family thinks a lot of me	1	2	3	4
I can rely on my friends	1	2	3	4
I am really admired by my family	1	2	3	4
I am loved dearly by my family	1	2	3	4
My friends don't care about me	1	2	3	4
Members of my family rely on me	1	2	3	4
I can't rely on my family for support	1	2	3	4
I feel close to my friends	1	2	3	4
My friends look out for me	1	2	3	4
My family really respects me	1	2	3	4
My friends and I are important to each other	1	2	3	4
I don't feel close to members of my family	1	2	3	4
My friends and I have done a lot for one another	1	2	3	4

Thank you for participating in this research study.
Your cooperation is greatly appreciated.



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**UNIVERSITY of the
WESTERN CAPE**

Dear Sir/ Madam

Participation in research project

The Department of Psychology at the University of the Western Cape in collaboration with the United Nations Children's Fund is conducting a research study which aims to explore the impact of exposure to violence and hope on children's perceptions of well-being. Literature has shown that hope may assist in reducing many risks by 'inoculating' individuals against despair or hopelessness. It has been suggested that high exposure to violence can have a negative impact on things such as children's academic performance, their perception of hope for the future as well as their sense of well-being. In exploring the nature of the relationship between exposure to violence and perceptions of hope and well-being, the study will generate important information that can inform intervention programs aimed at increasing children's sense of hope and well-being.

The project makes use of a self-administered questionnaire, consisting of three standardised scales namely: the Kidscreen Quality of Life, the Hope Scale for Children as well as the Recent Exposure to Violence for Children and Adolescents. It is estimated that the questionnaire will take 30 minutes to complete. The project aims to administer the questionnaire to 1000 grade 10 learners, between the ages of 14 – 15 years. Ethical considerations are of highest priority. Informed consent, non-malevolence, voluntary participation, anonymity and confidentiality will be observed and strictly adhered too. Should learners experience any distress due to participation in the study, they will be provided with help in the form of counselling to overcome this.

We herewith genially request permission and consent to conduct the research with a sample of 100 of your learners currently in grade 10. We require a venue and times which would suite both staff and learners in order to conduct the study.

Please advise as to when would be a suitable and convenient time for us to schedule a meeting with you to discuss this further. Your help and co-operation will be greatly appreciated.

Thank you for your time.

Yours Faithfully,
Guia Ritacco (Researcher)
University of the Western Cape



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UNIVERSITY of the
WESTERN CAPE

INFORMATION LETTER

PARENTS AND LEARNERS

The Department of Psychology at the University of the Western Cape is conducting a research study which aims to investigate the relationship between adolescents' sense of hope, exposure to violence and their perceived well-being.

If you agree to participate, you will be given a questionnaire, consisting of questions regarding violence in your community and your perceptions of well-being. This questionnaire contains no right or wrong answers and should not take you longer than 30 minutes to complete. You will remain anonymous. The research process is guided by strict ethical considerations of the University of the Western Cape and will be adhered to at all times.

If the questionnaire or any part of this process results in any emotional discomfort counselling will be arranged by the researcher without any cost. Should you have any further queries, feel free to contact **Serena Isaacs**.

Sincerely

Ms. S. Isaacs
Research Intern
Department of Psychology
University of the Western Cape
(w) 021 959 3713 (c) 074 197 7704