THE RELATIONSHIP BETWEEN EXPOSURE TO COMMUNITY VIOLENCE AND THE DEVELOPMENT OF DEPRESSION IN CHILDREN BETWEEN THE AGES OF 11-12

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"We must accept finite disappointment, but we must never loose infinite hope" (Martin Luther King, 1963).

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DECLARATION

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

Signature

Date

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Abstract

The aim of this study was to examine the relationship between exposure to community violence and the development of depression in children, as well as to explore the impact of variables like perceived competence and social support on this relationship. Samples were drawn from the highest and lowest violence communities in the Western Cape, respectively. Data for identifying these communities was obtained from the South African Police head-office. It should also be noted that this study was done during a time when a moratorium was placed on statistics regarding crime and violence. As such the highest and lowest violence communities were identified based on 1999 statistics, which at the time were the latest statistics available to the public. The sample was composed of 300 children between the ages of 11 –12 years, with 150 coming from the highest and 150 coming from the lowest violence areas in Cape Town. A quantitative methodology was used and the data was analysed using multi-variate two groups tests. The instruments used in the study included a demographic questionnaire, the Children's' Depression Inventory, Perceived Competence Scale and the Social Support Scale. These scales were completed as a self-report inventory and they were administered to 12 groups of 25 children. Findings obtained from this study revealed that there was no significant difference in levels of depression between children exposed to high or low levels of community violence. In addition it was showed that children from the low violence school experienced significantly

higher levels of social support while children from the high violence school perceived themselves as significantly more socially competent, more physically competent and experienced higher levels of self-worth in comparison to children from low violence communities. The role of perceived competence was thus significant in moderating the effects of violence in terms of depression for the children who attended the high violence school. Demographic variables such as age, gender, language and parent's marital status, were found to have a significant impact on the relationship between the identified variables

CHAPTER 1

INTRODUCTION

1.1 Introduction

Violence and the exposure to violence are of significant concern to parents, teachers, students and the broader public in general. According to Mazza (1999) community violence has been found to have a detrimental mental health outcome on youth, placing a strain on their inner resources as they try to cope. With all the significant structural and institutional changes accompanied by the change to a Government of National Unity in 1994, there were expectations for lowered levels of crime and violence in South Africa. Despite this, South Africa has experienced consistently high levels of crime and violence (Rudenberg, Jansen and Fridjhon, 1998). No single explanation can completely shed light on this very complex phenomenon. Instead explanations for this phenomenon are integrally connected. Such explanations consider the impact of levels of serious crime on the country's ongoing political and socio-economic transition, the connection between the country's violent past and contemporary criminal behaviour, the impact of the proliferation of firearms, the growth in organised crime, changes in the demographic composition of the country and the consequences of a poorly performing justice system (Schonteich & Louw, 2001).

This study explores the relationship between exposure to community violence and the development of depression in 11-12 year olds. It also examines factors

like perceived competence and social support and how these variables may play a role in the above-mentioned relationship.

1.2 Background of the study

The interaction between biological, environmental and psychosocial conditions, collectively impact to have an either facilitating or debilitating effect on the healthy development of young children. Growing numbers of children in South Africa are exposed to high levels of violence on a daily basis with some even witnessing the murder of a parent in the course of domestic violence (Angless & Shefer, in de la Rey, Duncan, Shefer and van Niekerk, 1997). The psychological effects of exposure to community violence cannot easily be gauged and reactions of children to its exposure vary from child to child. According to Gibson (1993) research findings on the effects of violence have yielded different and even contradictory findings and very little research on this topic pertaining directly to the South African context has been done. As indicated by Magwaza in de la Rey, et al., (1997). South Africa is one of the most crime-ridden countries in the world. With its extremely high levels of criminal violence there is a dire need to identify the effects of exposure to violence on children with the aim of developing appropriate and much needed intervention strategies (Duncan & Rock, 1994).

Research such as that done by Widom (1989) which explored whether or not violence begets violence, yielded inconclusive results and urged the need for further research on the effects of violence. Fraser (1974) argued that aggression

learnt by observation and modeling, such as that experienced by children living in high violence areas, may generalise into other areas of the child's life. Gibson (1993) indicated that children might however, instead of acting out their anger, turn it inward. Depression is often defined as anger turned inward (toward the self) and it could therefore be suggested that proximity to high levels of violence is likely to result in depression.

According to Dubuque (1998), at any time, as many as 1 in every 33 children and as many as 1 in every 8 teenagers may display symptoms of clinical depression. In addition, incidence of depression and associated risk of suicide increase significantly during adolescence. Children who suffer from depression are more likely to suffer from it during adolescence with symptoms becoming more severe. Suicide has been found to be the third leading cause of death for 15-to 24 year-olds and the sixth leading cause of death for five to 14 year olds (Dubuque, 1998). Despite these statistics, 32 out of every 33 children do not suffer from depression indicating the presence of possible resilience in such persons. An identification of factors enabling increased resiliency would help in the development of intervention strategies for those at risk.

1.3 Rationale of the project

The legacy of Apartheid in South Africa has left the country in a rampant state of violence. This 'culture of violence' has become a way of life to which many South Africans have become desensitised. According to Gibson (1993) children are being dehumanised by their exposure to violence and being socialised into

finding it acceptable. It could be said that many South African children share an ideology in which violence or threat thereof is a totally acceptable dynamic and that it constitutes a very "normal" part of their everyday lives. For some it has become a necessary means for survival (e.g. gangster communities), while others have come to regard its use or threat thereof as a powerful tool, with which to gain access to things they have been previously denied. For a large number, exposure to violence has caused severe and irreversible damage manifested in a reduced quality of interaction with peers and others and a general sense of distrust. The children of our country are the innocent victims caught up in this "culture of violence" through domestic violence (emotional, physical or sexual abuse) and by observing or experiencing interpersonal or community violence, especially in the Cape Flats area where violence constitutes a very big and real part of everyday life (Jordaan, 2001).

There is a need for the exploration of the effects of violence on children, particularly in our context where violence is rife and where previous research has yielded inconclusive and inconsistent results. This study aims to facilitate a clearer understanding of the possible effects of violence on children. Such explorations are of particular importance as the social context within which children live is integrally linked to the way in which they conceptualise, experience and act upon their perceived sense of reality. In contributing to a better understanding of the above, it is hoped this study will facilitate the

identification of areas of intervention that could appropriately address their needs.

1.4 Aims of the study

This study aims to investigate:

- The incidence of depression in children between the ages of 11 – 12 years
- The role that demographical variables play with regard to depression.
- The role of perceived competence and social support in the relationship between exposure to community violence and the development of depression.

1.5 Significance of the research

Due to the pervasive presence of violence in South African communities there is a need to explore the ways and the extent to which it affects those exposed to it, particularly children. Most of the literature available on this topic has been based on the experiences of children from other countries. This is problematic in the sense that children growing up in South Africa have a unique experience when compared to children growing up elsewhere. South African authors like Rudenberg, Jansen and Fridjhon (1998) have urged for the need to examine the occurrence of depression in children exposed to very high levels of violence. This research could also be considered as a pilot study for further research in this field.

1.6 Overview of the chapters

The following chapters are organized as follows. Chapter 2 will broadly contextualise crime and community violence in South Africa, providing a theoretical framework within which to view it. Chapter 3 will present an overview of existing literature on childhood depression. It also provides a framework for highlighting some of the theoretical underpinnings of this concept. This will be followed by an overview of current literature on perceived competence and social support. Chapter 4 will focus on the methodology used in the process of data collection and analysis. Chapter 5 comprise of a report on the quantitative results on the current study in terms of the psychometric properties of the scales, the inter-correlation between the subscales and the most significant predictors of depression. In chapter 6 these results will be discussed with reference to the literature in previous chapters. The shortcomings, implications and the recommendation from the research will also be discussed. Chapter 7 will provide a summary.

1.7 Chapter Summary

The main aim of this chapter was to give a broad overview of violence in South Africa and to provide a rationale for the study. The chapter also detailed the aims of the study, commented on the significance of the study and concluded with a brief overview of the chapters that follow.

COMMUNITY VIOLENCE

CHAPTER 2

2.1. Introduction

This chapter presents some statistics on crime and violence in the Western Cape based on statistics from 1999, obtained from the South African police force. The latest statistics available on the crime rate in Western Cape in comparison to Gauteng follows and is presented in table 2.2. The concept of violence is broadly defined. This is followed by an explanation of community violence in South Africa. A brief exploration of factors involved in the high crime and violence rates concludes the chapter.

2.2 Crime statistics

Table 2.1

Reported crimes for 1999 in the Western Cape (Eastern and Western Metropole)

Eastern Metropole				Western Metropole			
Highest		Lowest		Highest		Lowest	
All Crimes							
Kuilsriver	15368	Gordens Bay	1709	Mitchell's Plain	23308	Fishoek	1811
Bellville	12703	Bothasig	1500	Cape Town Central	23210	Simon's Town	899

Kraaifontein	9743	Melkbosstrand	929	Claremont	8211	Strandfontein	4

Discussion

As indicated by the table, Mitchell's Plain is the area with the highest level of reported crime in the whole of the Western Cape, with Cape Town Central following closely. Strandfontein by far, has the lowest level of reported crimes.

Table 2.2 A comparison of crime statistics from January to December 1994 - 2000

Incidence per 100 000 of the population

Province	Year						
	1994	1995	1996	1997	1998	1999	2000
Murder							
W. Cape	70.3	80.1	82.8	78.0	88.5	81.2	79.9
Gauteng	88.1	79.8	79.2	75.6	77.4	69.0	61.2
Attempted Murder							
W. Cape	70.6	75.3	82.7	90.7	100.4	87.2	96.0
Gauteng	112.8	100.2	98.2	95.6	95.9	90.1	88.6

Assault

W. Cape	896.7	914.1	944.1	939.3	925.0	1071.9	1165.2
Gauteng	672.8	684.0	626.9	569.3	540.4	588.5	675.8

Housebreaking (and attempt to)

W. Cape	897.2	962.3	920.6	986.3	1101.6	1148.6	1233.3
Gauteng	1079.2	1127.4	1084.4	1046.5	1013.4	1048.1	1070.4

Rape

W. Cape	141.6	147.1	159.7	166.0	161.8	169.9	160.3
Gauteng	154.6	167.6	177.1	170.4	154.8	155.6	155.9

Discussion

Based on latest statistics made available after the release of the moratorium, the Western Cape was found to have the highest incidence of murder, attempted murder, housebreaking and assault. While the latest results indicate a national decrease of 19% in the incidence of murder since 1994, the Western Cape is the only province, which displayed an increase of 27% since 1994. The latter could in part be ascribed to the fact that the Western Cape is experiencing a shortage of 47 % in police personnel while other provinces have been found to have a reported excess in police personnel (Jordaan, 2001).

2.3 Defining violence

There are many ways in which different authors have defined violence. The most comprehensive definition for violence that will be used for the purpose of this study is that by Fanon in Bulhan (1985). He defined violence as any relation, process or condition by which an individual or group violates the physical, social, or psychological integrity of another person or group. From this perspective then, violence could be described as inhibiting human growth, negating inherent potential, limiting productive living and causing death.

The phenomenon of community violence cannot be understood in terms of a single dimension. Its parameters according to Hill & Madhere (1996) are connected to a number of other factors in the child's home environment, and the larger social context.

For the purposes of this study community violence consist of the incidence of interpersonal violence including homicide, nonfatal shootings, different forms of domestic violence, physical assaults, rapes, and robberies with physical assaults that occur in the neighborhoods of children. Several researchers (Hill & Madhere, 1996; Schwartz & Proctor, 2000) have concluded that witnessing violence may be as harmful to the development of the child as actually experiencing physical abuse. Exposure to community violence creates a lense that provides a distorted image of their present world while at the same time limiting their vision of pathways into the future (Hill & Madhere, 1996).

2.4 Theoretical framework for understanding community violence

2.4.1 Frantz Fanon's theory of violence

Fanon (in Bulhan, 1985) made a distinction between vertical and horizontal violence. Essentially vertical violence refers to the way in which violence is imposed from top – down as characterised by the institutional and structural practices of the Apartheid regime, where those in authority imposed a range of regulations to maintain "order" and "control" through the use of threat or violence.

Fanon (in Bulhan, 1985) suggested that victims and survivors of vertical violence might in turn internalise the violence imposed on them. The constant subjection to humiliation, violent assaults, and degradation by the oppressor against the oppressed is detrimental in the long run. The dichotomous power relation forces the oppressed to comply and submit on a superficial level yet at another level the pent up anger and frustration experienced by the oppressed is redirected at herself and her own people. The subsequent acts of violence against fellow community members, e.g. community violence is a manifestation of horizontal violence. "The oppressed who are dehumanized by the violence of the oppressor also turns that violence against themselves when they lack the consciousness and organisation to fight back" (Bullan, 1985, p 140).

This could be described as the way in which people who were oppressed have come to internalise their oppression and as a result, act out these beliefs by

inflicting harm on those whom they are 'expected' to identify with. This is manifested in the high rates of criminal violence in our country, for example murder and rape statistics, abuse of women and children, theft, homicides etc. In this process people come to victimize themselves, their relatives, their peers and broadly fellow community members; so that a sense of community is destroyed in the process. This could be regarded as a very valid explanation for the high level of violence in our more down-trodden communities which felt the brunt of Apartheid more severely in comparison to the low violence areas, which typically were regarded as white-areas.

2.4.2 Social Comparison and Relative Deprivation Theory

South Africa's history of Apartheid-Capitalism has resulted in a social context characterized by two major groupings: 'the haves' and the 'have-nots'. As substantiated by Appelgryn (in Foster & Louw-Potgieter, 1995) a clearer understanding of race relations in South Africa would have to draw on concepts of social comparison and relative deprivation.

The group people identify with informs they're behaviour, attitudes and values. In addition their self-evaluation and the feelings accompanied by that evaluation process is influenced by their position in that group and the position of the group in relation to other groups in the particular society. These factors influence whether people are more or less satisfied with what they have than what would be expected merely on the basis of the knowledge of their actual position in a society. The concept of reference groups provides a framework from which

people can compare their status. The behaviour of people is not only determined by the groups they formally belong to, but also by the groups they use as a frame of reference (Appelgryn in Foster & Louw-Potgieter, 1995). Central to the principle of social comparison are aspects of 'ingroup' and 'outgroup' dynamics. 'Ingroup' involves, 'us' – a group of people who share a sense of belonging, a feeling of common identity. 'Outgroup' involves, 'them' – a group that people view as distinctly different from or apart from they're "ingroup" (Myers, 1993). Often the process of social comparison draws on perception of an 'ingroup' in relation to an 'outgroup'.

The concept of relative deprivation is viewed by Runciman (1966) as comprising the following components: individuals who do not have access to a certain object or has a lack thereof, they would like to acquire the object, they compare themselves with similar others who posses this object or more thereof and they feel, at the same time that it is possible for them to acquire it. Social comparison may thus lead to certain expectations being created and to individuals' determining the possibility of realising these expectations. The sense of relative deprivation arises when these expectations are not realised. It could be argued that many people in South Africa experienced a huge sense of relative deprivation, during and Post-Apartheid. When the change to Government of National Unity in 1994 occurred, there were huge expectations and hopes regarding the redistribution of economic wealth and power. Needless to say these expectations were not met, because past discriminatory practices and their

effects were so radically entrenched. Subsequently the masses largely remained in a similar position, experiencing feelings of prolonged relative deprivation.

Social comparison and experiences of relative deprivation is not only relevant to the relationship between an individual and a reference group, but may also involve an experience of relative deprivation of an individual towards an individual of the same reference group, e. g. an individual in an impoverished community to another individual from the same community (Myers, 1995). This is referred to as Egoistic deprivation.

Walker and Mann (1987) did a study on unemployment, relative deprivation and social protest. Their sample was composed of 64 unemployed respondents. Thirty-nine were males and twenty-five were females. The average age was 23.5 years. Survey interview data was used to examine the differential effects of different forms of deprivation. The interviews lasted approximately 30-40 minutes. Two outcome variables were operationalised. These included: the number of stress symptoms reported by the respondents and the respondents' orientation to social protest. Two different measures of egoistic deprivation (the perceived gap between personal expectations and attainments) and two different measures of fraternalistic deprivation (the perceived gap between 'ingroup' and 'outgroup' attainment) were also obtained. They used multiple regression to analyse the data obtained. The primary aim of their study was to establish whether egoistic and fraternalistic Relative Deprivation functions differently in

their relationship to different outcomes, thus confirming the importance of the distinction between the two. Findings from their study indicated that the unemployed were radical in their protest orientation. Walker and Mann (1987) stated that although by no means a definitive test, it was found that a sizable proportion of the sample approved of, intended to engage in, and thought that effective protests, involved actions that destroy both public and private property. Their findings supported the notion that among the unemployed there is a disaffected group who were antagonistic to the social system. In addition they argued that the distinction between egoistic and fraternalistic deprivation is an important one, often not given the necessary attention. Walker and Mann (1987) were of the opinion that social behaviours and attitudes that would be better understood in terms of comparison between ones group and other (reference) groups are treated inappropriately in terms of comparisons involving the position or status of self at different times or between self and the 'ingroup'. They opposed the idea that egoistic Relative Deprivation played no role in determining or influencing behaviour and held that it was largely in determining behaviour and attitudes at an individual and not at a group or social level. Further their findings showed that egoistic Relative deprivation predicted the number of stress symptoms better than did fraternalistic Relative Deprivation, while fraternalistic Relative Deprivation better predicted protest orientation. The correlations between different measures of Relative deprivation considered in their study were all non-significant, except for the one between the two forms of Relative

Deprivation, which supports the contention that egoistic and fraternalistic Relative Deprivation function differently and conceptually are different.

In linking this perspective to Fanon's theory of violence (in which the oppressed come to oppress fellow victims of oppression), the experience of fratenalistic and egoistic Relative Deprivation may act as a catalyst in mobilising an individual to for example harm, through theft, assault, and even murder, if it means gaining access to something the individual feels that he has been deprived of. In most cases, again as a result of past practices the 'something' referred to in the above statement often involves power and material possessions. In part the above-mentioned may be reflected in the many high violence communities, so characteristic of the South African context.

2.5 Factors involved in high levels of crime and community violence.

2.5.1 Period of transition

According to Schonteich & Louw (2001) the increase of crime in South Africa over the past 10 years have been similar to the pattern experienced by other countries undergoing transition to democracy, which are followed by attempts to consolidate new democratic institutions. As the democratisation process proceeds society and its instruments of social control are reshaped, opening up new areas for the development of crime. Significant restructuring of the criminal justice system, the creation of new laws and the discarding of others accompanied the South African transition. Consequently the criminal justice

system has been operationally weakened. Personnel trained in the methods of policing under the old form of rule are left feeling unsure about how to function effectively within the new legal framework based on the rule of law and a constitutionally entrenched bill of rights (Schonteich & Louw, 2001).

2.5.2 Culture of violence

'Culture of violence' theories argue that effects of Apartheid in combination with years of political violence and the continued exposure to violence in the home and neighbourhood have produced a culture of destruction and intolerance. While the Liberation movement's strategy of ungovernability was theoretically directed at the immobalisation of the Apartheid state, it had other destructive spin-offs. In its aim to destabalise 'black' local government; leading campaigns against 'black' policeman and urging a people's war which was executed in particular by the youth of the time, massive violence was unleashed in 'black' communities, which bred a culture of lawless violence and a distrust of authority (Schonteich & Louw, 2001). This trend has not changed in any significant way and because of communities' general distrust of police services to protect the rights of citizens there continues to be little collaboration between communities and policing services. This often leads to the perpetuation of criminal activity through community secrecy, which in turn is based on a combination of mistrust in the police services' capacity to protect the community and fear that criminals may retaliate with extreme measures if indeed they should provide information to police personnel.

Rudenberg, et al., (1998) studied the effects of exposure during an ongoing climate of violence on children's self-perceptions, as reflected in their drawings. Taking cognizance of the fact that many South African children experience continually high levels of stress and political violence they may be at increased risk for the development of stress-related effects and emotional difficulties. Some of these may include the re-creation of a cycle of violence. In this study a Draw-A-Person test and drawings of the street or area where the children lived were used to examine possible levels of stress and emotional difficulties as well as coping styles and defence mechanisms in a sample of 115, 8 – 12 year old children from Gauteng during the 1993 election period. Christiansen's Checklist of Behavioural difficulties were also administered to teachers and children in order to obtain information on the children's overt behaviour. In comparing the Draw-A-Person tests violence was found to present a pertinent stressor. "Black" South African children from particularly high violence areas showed more distress on their drawings than "white" suburban children, with the girls distress levels appearing higher than the boys'. On drawings obtained from children distributed in areas across Gauteng, boys were found to be more vulnerable than girls. Social support and denial appeared to facilitate coping, while feelings of helplessness and internalization of anger appeared detrimental. They continued to state that readings has suggested that boys are more likely to display acting out behaviour and aggression in response to stress than girls. Their results revealed that boys were significantly more likely to have ratings for aggressive

behaviour and identification with the aggressor than girls. This study also revealed that there was a significant association between ratings for identification with the aggressor and depression. These results suggested that children tend to turn their anger inward. Based on this, they hypothesized that exposure to high levels of violence is more likely to lead to depression than delinquency.

Schwartz and Proctor (2000) examined community violence exposure and children's social adjustment in the school peer group. Their study reported a cross-sectional investigation of the relation between community violence exposure and peer group maladjustment in 285 inner city children in grades 4 –6 (mean age = 10.3 years). The participants completed an inventory assessing exposure to community violence through witnessing and direct victimization. A peer nomination Inventory was administered to assess social adjustment with peers (aggression, peer rejection and bullying by peers). In addition social cognitive biases as well as emotion regulation capacities were examined as potential mediators. Analyses indicated that violent victimization was associated with negative social outcomes though the mediation of emotion dysregulation. Witnessed violence was linked to aggressive behaviour. Social information processing rather than emotion dysregulation appeared to mediate this association. The results obtained from this study provide evidence to suggest that exposure to violence is linked to multiple levels of behavioural and social maladjustment. Further it suggests that there are distinct patterns of risk associated with different forms of exposure.

2.5.3 TV studies

A lot of research has been dedicated to exploring the impact of observing televised violence on children. Bandura's study on the reaction of children observing violence provided the first evidence that witnessed aggression could lead to aggressive acting out (Deaux & Wrightsman, 1988). In some of Bandura's studies, the aggressor was a live actor, who was in the same room with a child, in others the model was on film or in the form of a cartoon character (Bandura, Ross & Ross, 1961). In all cases, the children observing the modeling acting aggressively were more likely to engage in similar aggression against a Bobo-doll.

Based on research conducted through a variety of methods it could be concluded that viewing violence on television can increase children's tendency to be aggressive both immediately afterward and at some distance in the future. Violence on television is prevalent and easily accessible to even very young children. The latter could lead to children adopting the misconception that violence in different forms is condoned. Research has consistently shown that the more violent the content of a child's TV viewing, the more aggressive the child (Eron, 1985).

This is aggravated when someone the observer identifies with commits the violence perpetrated on television. The display of pornography and aggression to

women creates and maintains negative effects on the attitude and behaviour toward women. Such material infiltrates the minds of young children, grossly distorting their perceptions of sexuality, sex and power relations. Some of the longitudinal effects of this may in part be manifested in the physical, emotional and sexual abuse of women (Myers, 1995). Court, (in Malamuth & Donnerstein, 1985) noted that across the world, as pornography became more widely available during the 1960's and 70's the rate of reported rapes sharply increased, except in countries and areas where pornography has been controlled. As indicated by Myers (1995) there are examples that counter this trend. Japan for instance, where violent pornography is available, but the rape rate is low signals that other important factors are also at play.

Leyens, Camino, Parke and Berkowitz (1975) used a boarding school in Belgium as a site for a similar study. During a designated "Movie Week", investigators manipulated the amount of violent content that was shown on television Teenaged boys who lived in four small dormitories at the boarding school were observed before Movie Week started. During this period their aggressive behaviour was recorded. Aggressive behaviour was found to be high in two dormitories and relatively low in the other two. During the movie week, the television sets that the boys mostly watched were disconnected and special movies were played in stead. Boys in two of the dormitories (one high in violence and one low) watched only films involving mostly acts of violence, including *Bonnie and Clyde, The dirty Dozen and Iwo Jima.* The residents from the other

two dormitories watched non-violent films such as Lily. Observers then rated the amount of each boy's aggressive behaviour during Movie Week. It was found that physical aggression increased among the boys who saw the violent films. They concluded that the "films evoked among the spectators the kind of aggression they had been exposed to" (Leyens et al., 1975, p. 353.) Verbal aggression however was found to increase only among the residents of the aggressive dormitory who were shown the violent films. Residents of the non-aggressive dormitory who saw the violent films actually exhibited a decrease in the noted verbal aggression. They also found that the effects of the film was much more extreme immediately after viewing it than later observation periods. This study is a clear illustration of the powerful effect of imitation and modeling in shaping children's learnt behaviours.

Essentially correlational and experimental studies converge on the conclusion that watching violence breeds at least a modest increase in aggressive behaviour and desensitizes viewers to aggression and alters their perception of reality. These major findings were paralleled in terms of research on the effects of viewing pornography. Donnerstein (1980) had shown 120 University of Wisconsin men, either a neutral, an erotic, or an aggressive-erotic (rape) film. This was followed by the men, supposedly as part of another experiment, "taught" a male or female confederate some nonsense syllables by choosing how much shock to administer for incorrect answers. The men who watched the rape film administered markedly stronger shocks, but only to female victims.

In another study by Heath, Kruttschnitt, and Ward, (in Widom, 1989) the relationship between self-reported television viewing at ages 8, 10 and 12 years and the subsequent commission of violent criminal acts were examined. They interviewed 48 male inmates incarcerated for violent crimes and 45 non-incarcerated non-violent males matched on age, race and neighbourhood of residence. These researchers found that the extent of a respondents reported television viewing was not in and of itself, predictive of violent criminal acts. Rather it was the interaction of large amounts of television viewing plus the exposure to either maternal or paternal abuse that related to violent crime.

2.6 Conclusion

This chapter provided information regarding statistics to indicate the highest and lowest violence area in the Western Cape. It also provides additional statistics comparing Western Cape and the previously perceived crime capital of South Africa, Gauteng, indicating major crime trends. This was followed by a theoretical contextualisation of violence and community violence in South Africa, drawing on Frantz Fanon's theory of violence as well Social Comparison and Relative Deprivation theory to conceptualise violence. A brief discussion of factors involved in the high levels of crime and violence concluded the chapter.

CHAPTER 3

LITERATURE REVIEW: DEPRESSION

3.1 Introduction

This chapter starts out with a discussion of the concept of childhood and the major developmental tasks accompanied by the middle childhood age range. Following this, the implications of failure to achieve these developmental tasks are discussed. Depression is then defined and the broad theoretical perspectives are briefly outlined. This is followed by a discussion of the psychosocial factors involved in the onset of depression. A focus on the role of perceived competence and social support in depression is included in this discussion.

3.2 Childhood and its developmental tasks

There is much controversy about what constitutes 'childhood'. Many studies view conception as the point where childhood begins and the onset of adult responsibilities and independence as its end. Others use chronological age limits to demarcate this broad developmental phase. As a result contradictions are created. (Duncan & Rock, 1995). The impact of traumatic life events is partly shaped by the developmental phase of the child.

Within the scope of this inquiry, the research will focus on children between the ages of 11 and 12. This age group falls within the middle childhood age range and requires the resolution of specific developmental tasks. From an Eriksonian perspective this phase is termed 'industry versus inferiority' and involves developmental tasks in the following areas: peer relationships, self-evaluation,

concrete operations, skill learning, team play and education at school (Allen, 1997):

i Establishing peer relationships

This developmental phase involves the exploration of relationships with people outside the home. Close friendships are formed, peer pressure is experienced and there is a shift from self-centered thoughts or arguments to compromising or sharing ideas. The child's reasoning ability also becomes more flexible (Erikson, in Santrock, 1986). It has been suggested that girls have more intimate friendships than boys (Douvan &Adelson, 1966). The assumption surrounding this suggestion is that girls are more orientated toward warmth, empathy and interpersonal relationships, while boys tend to be more interested in assertiveness and focused on achievement (Santrock, 1986). Understanding the impact of community violence on children's social functioning is crucial, given the central importance of childhood peer relationships for normative development. Early maladjustment with peers has been identified as a powerful predictor of later disorder (Kupersmidt, Coie, & Dodge, in Asher & Coie, 1990; Parker & Asher, 1987).

ii Self-evaluation

In this phase, children move out of the frame of trust versus mistrust and start to evaluate themselves in relation to their parents, siblings, peers and the culture they are part of. During late childhood they are able to view themselves in a more

detailed way, comparing there strengths and weaknesses based on feedback and on what they observe about themselves and others. They also tend to describe themselves in terms of how they are different to their peers (Cole, 1991). The danger of this phase is located in the potential development of a sense of inferiority or incompetence. If a child, for example, starts to doubt her skill or status among peers, she may be discouraged from pursuing further learning. A child may also experience a sense of inferiority if she discovers that her gender, race, religion, or socio-economic status – as opposed to her own skill and motivation – are determining factors in her worth as a person (Hjelle & Ziegler, 1992).

iii Concrete operations

This phase is also viewed as a period of 'cognitive blossoming' (Erikson, 1950). It requires a progression from purely behavioural to more cognitive-like reasoning and the manipulation of equations on a cognitive level. During this phase children can participate in 'take-turn' games that demand compliance with elaborately structured rules (Piaget, 1983). Symptoms of depression limit children's capacity to develop cognitively according to their true potential (Van Niekerk, 1990).

iv Skill learning

Children moving though this phase are expected to be capable of reading and writing, to be creative, and to become interested in structured activities, such as sport. The school or classroom is a social structure that has a strong influence in

areas such as identity development, belief in self-competence, images of potential career opportunities, and expectations for the future in general (Santrock, 1986).

v Team play

As children become involved in team play during this phase, their aims are focused on personal as well as group objectives. They begin to engage in division of work and roles. They also develop have a sense of rules and become involved in competition. The experience of becoming a team member facilitates the child's understanding about working along with others and the importance of rules (Seifert & Hoffnung, 1987). This experience is in part a preparation for functioning in broader society.

vi Education at school

Education at school is a central and integral part of the child's social, emotional and cognitive development at this stage. The context facilitates an interest in the formation of friendships, a sense of belonging, and experience of status in peer groups at school. The peer group also provides a learning community in which social roles and standards linked to work, competence and achievement are formed (Ladd & Emerson, 1984).

3.3 Implications of failure to achieve developmental tasks

Erikson proposes eight developmental phases and emphasizes the importance of resolving the accompanied conflict or accomplishing the required

developmental tasks adequately in order to progress to the next phase of development in an adaptive or mature fashion. Working from this premise the earlier individuals fail to resolve conflicts or accomplish developmental tasks, the more likely they are to experience a reduced quality of life.

Peer relationships have been indicated as a source of social support. They provide a life for children outside of their families and in doing so they provide an experience that corrects the emotional biases that families inevitably give their children. When children are unable to establish peer relationships, they are deprived of this healthy interaction and find it increasingly difficult to communicate. This difficulty in communication leads to a tendency to withdraw from other children, which in turn results in further isolation and a sense of not fitting in. It also hinders the chances of successfully resolving the conflict of the subsequent stage and sets a scene for future vulnerability to maladjustment and depression (Parker & Asher, 1987).

Conflict in peer relationships has been indicated by Sullivan (1953) to stimulate childrens' ability to solve cognitive problems. When children are at a similar level of maturity they can discuss differing opinions and learn from one another. Such discussions can easily evolve into confrontations as more advanced children force others to comply with their opinions.

According to the symbolic interactionists, children tend to internalize positive and negative feedback from significant others as they engage in the developmental task of achieving self-competence (Mead, in Jordan & Cole, 1996). Cole (1991) linked this process to the emergence of depression in children. Exposed to positive and negative feedback, they become aware of positive and negative self-information. The simplistic and global view of self ceases to exist and they become cognitively aware and concerned that they are not completely good in all domains.

The complexity of self-concept during the middle childhood years increases dramatically. Jordan and Cole (1996) studied the relationship of depressive symptoms to the structure of self-knowledge in childhood. Measures of positive, negative and total self-complexity (or self-concept differentiation), self-compartmentalization, self-reported negative events, and self-reported symptoms of depression, anxiety and conduct disorder were completed by fourth, sixth and eighth grade public school students. They found that measures of self-complexity (organization of self-knowledge in distinct self-aspects) and self-compartmentalisation (the construction of self-aspects that maximize the separation of positive and negative self-information) related positively to depression.

When children fail to evaluate themselves positively in relation to peers as a result of a personal sense of inferiority and repetitive negative feedback from

others from multiple domains, they may come to perceive themselves as incompetent. This sense of perceived incompetence contributes to their experience of depression. It damages their self-esteem, because they simply don't feel as good as the rest. A poor sense of self and belief in personal incompetence contributes to acting in ways that recreate experiences of rejection from peers. These experiences communicate a message of not being valued as others are valued, entrenching an already fragile self-esteem, and reinforcing isolation.

Failing to achieve the required cognitive abilities during this phase of development could also result in negative feedback from others being internalized as negative self-relevant information. Repetitive messages of this kind, confirm the child's view of being incompetent, thus causing damage to the perceived sense of self (Santrock, 1986). A protective factor may be the presence of distinct domains of competence, such as skills learning or team play, as these may allow the individual the opportunity to become motivated or to perform better in these alternative domains. Poor performance in one domain however, may have the opposite effect depending on the degree to which performance in the specified domain is valued by the child and the significant others in his or her life. It may de-motivate the child to perform in other domains of functioning. This will depend on his or her respective set of talents, temperament, and personality style.

Gibson (1993) highlighted the view that children between the ages of 6 and12 years (middle childhood) are particularly vulnerable to severe mental disorder in the face of violent stressors. It has been well-documented that reactions to violent trauma in this age range include social difficulties, such as withdrawal and isolation, aggression, concentration and memory difficulties, hypervigilance, loss or change of interests, fears, sleep disorder and impaired initiative (Schwarz & Perry, 1994).

Hope, Madhere and Serge (1996) investigated the effect of chronic exposure to community violence and other risk factors on the social and emotional adjustment of 150 urban African-American children with a mean age of 10.4 years. The participants completed the Revised Behaviour Problem Checklist, the Children's Perception of Environmental Violence Scale, the Social Support Appraisal Scale and the State Trait Anxiety Inventory. Their results indicated that low family income was more likely to be associated with problems of social and emotional adjustment than the repetitive trauma of exposure to violence. They also found that there was a modest correlation between witnessing violence and the willingness to retaliate. Higher stressful life events were found to compromise social and emotional outcomes.

In another study by Freeman, Mokros and Poznanski (1993), the severity of depression was examined in 223 children, aged 6 and 12. A clinical interview was used. During the clinical interview 57 children spontaneously reported

experiencing violence in their lives. The reporters found that the proportion of these 57 children reporting suicidal symptoms was similar to the proportion of those children who did not report violence in their lives. The results obtained from their study should be viewed with caution, because suicidal behaviour, including suicidal ideation, is relatively rare in children under age 10 (Reynolds & Mazza, in Reynolds & Johnston, 1994).

It could be said that the developmental tasks of the middle childhood range are all linked and that achieving one facilitates the achievement of another. However, failure in one domain or developmental task does not necessarily imply detrimental consequences overall. Successful achievement of one or more developmental tasks may compensate for failures and act as an overall protective factor. It does, however, become more critical when failure to achieve most or all of the developmental tasks occurs.

3.4 Defining depression

Depression cannot be broadly defined by objective and specific criteria of any one disorder listed in the fourth edition of the Diagnostic and Statistical Manual of mental disorders (DSM-IV). Instead there is a need to shift between numerous related disorders, which could include Adjustment disorders with depressed mood, Dysthymic disorder, Cyclothymic disorder, Bipolar disorder, Depressive disorder and Major Depressive disorder (American Psychiatric Association, 1994). As defined by the DSM-IV, major depression requires the presence of

five or more of the following symptoms for at least two weeks. It could be described as an affective state in which one or both of the essential features is or are a depressed or irritable mood (especially in children) and loss of interest or pleasure in almost all activities. Other symptoms include appetite disturbance and significant weight loss or gain, sleep difficulties or too much sleep, slow or agitated and restless behaviour (many depressed children become overtly aggressive), decreased energy or fatigue, feeling of worthlessness or self-blame and guilt, concentration and thinking difficulties and thoughts of death or suicide (Janzen & Saklofske, 1991).

3.5 Theories for explaining depression

3.5.1 Genetic theories

According to Kaplan and Sadock (1998), the presence of a significant genetic factor is involved in the development of mood disorders. The presence of unipolar depression is greatest among first-degree relatives of unipolar depressive individuals. Kaplan and Sadock (1998) state that the biological children of affected parents remain at increased risk for the development of a mood disorder. This has been proven to be the case even when these children are reared in non-affected adoptive families. Twin studies have provided evidence that the concordance rate for major depressive disorder is approximately 50 percent (Waldinger, 1990).

Kovacs, Delvin, Pollock, Richards and Mukjeri (1997) studied the childhood psychiatric histories of 125 youths with childhood-onset depressive disorder and

55 psychiatric controls with non-affective disorders. Probands were classified according to prospectively observed clinical course in childhood. Interviewers, to whom the probands diagnosis was unknown, with mothers usually reporting about themselves and about remaining first – and all second-degree adult relatives, obtained a family psychiatric history. Results revealed that families of affectively ill juveniles had five-fold greater odds of lifetime depressive disorder and two-fold greater odds of recurrent unipolar depressive disorder than did families of psychiatric controls. The higher risk of depression was also found to be located in first degree and female relatives. Mothers of affectively ill youths were younger at onset of depression than were mothers of controls.

In a study conducted by Weissman, Warner, Wickramaratne, Moreau and Olfson (1997), 182 offspring from 91 families in which one or more parents had major depressive disorder or in which neither parent was depressed were blindly re-assessed in a third follow-up, using a structured diagnostic instrument ten years after their initial identification. Conclusions drawn suggested that the off-spring of depressed parents is a high-risk group for the onset of anxiety disorder and major depressive disorder in childhood, major depressive disorder in adolescence and alcohol dependence in adolescence and early adulthood. These findings support the potential value of early detection in the offspring of depressed parents.

Cytryn and McKnew (1996), emphasise that overwhelming statistics showing genetic risk in the offspring of depressed parents are counter-balanced by the

fact that 70 percent of this offspring are disease-free. The interpretation of twin and adoption studies have equally emphasised inheritability and the child's identification process with the depressed parent.

3.5.2 Biological theories

The Catecholamine hypothesis was developed in the 1960's. According to Waldinger (1990), it was based on the assumption that depression and mania were biochemically opposite states. Depression was thought to be associated with deficits of one or more catecholamine neurotransmitters at critical synapses in the Central Nervous System, whereas mania is considered to be connected with an excess of these catecholamines. Essentially, neurotransmitter deficiencies do not sufficiently account for all depressive syndromes (Kaplan & Sadock, 1998).

3.5.3 Psychodynamic theories

Many psychodynamic theories suggest that people prone to depression are characterised by low self-esteem and a high degree of self-criticism (Gabbard, 1990). Some conceptualise depression as anger and aggression turned inward while others highlight the role of instability and insecurity in early mother-child interactions in creating vulnerability to depression when faced with separation or loss. Klein (1940) suggested that, depressed people are desperately concerned that they have destroyed the loved good objects within themselves as a result of their own greed and destructiveness. As a result of the destruction they feel

persecuted by hated bad objects that remain present. In essence depressed people feel worthless, because they sense that they are responsible for changing their good internal parents into persecutors as a result of their own destructive impulses and fantasies. Thus the self-reproach experienced by the depressed person is directed against the self.

Tyson (1996) did a study on object relations; affect management and psychic structure formation. She stated that object relations are at the core of contemporary structural theory. Further she was in agreement with the fact that by assessing an individual's object constancy one would be able to determine the individual's level of psychic functioning. The capacity for self-regulation, and in particular the regulation of affect, is central to capable adaptation. Essentially, she proposed three levels of object constancy along a developmental continuum. The first is constant investment. Self-regulation is incumbent on the child receiving and using the affective signals of the object (primary caregiver). The second is described as representational constancy, which functions to organize the inner and outer world of the infant. The third level is self-regulatory constancy, in which the individual, through identification with the object, has become able to use the signal function of affects and self-regulation is possible. When a child is unable to use the object in a way of experiencing positive introjects capable of comforting the child in the absence of the object, the child fails to experience object constancy. For Tyson (1996), such children may end up experiencing rage because they are unable to control they're outside world. They

blame others for their problems and feel cheated and victimised. In addition, such children, instead of a constantly loving inner presence and the capacity to self-regulate, as would occur at the third level of object constancy, may have a constantly negative relationship with a critical, easily projected, primitively constructed, emotionally laden inner object representation (Blum, 1981). Based on these predictions, the child's resultant inability to regulate affect could produce a vulnerability to feelings of depression which is maintained by the absence of positive introjects or the attainment of object constancy.

Genetic, biological and psychodynamic theories often fail to acknowledge the role and impact of broader social forces in the onset and development of depression in people (Johnstone, 1989). As a result, they ultimately provide theoretical explanations that assume a victim-blaming perspective, suggesting that individuals are in a sense responsible for their experiences of depression. Such theoretical perspectives are lacking in that peoples' constructions of reality are constantly shaped and informed not only from within themselves, but also from their broader social contexts. As such the two cannot be separated. This study aims to contribute in facilitating a greater understanding of childhood depression within specific social contexts. This integrated perspective will highlight some psycho-social factors involved in the onset of depression.

3.5.4 Psycho-social factors and their role in the onset of depression

3.5.4.1 Age

In the past decade an increasing amount of attention has been directed at early-onset mood disorders. Rates of depression have been found to increase with age, markedly increasing during adolescence (Brooks-Gunn & Peterson, 1991). More recent studies have suggested that depression may affect adolescents more severely than adults, in the form of psychosocial 'scars', including internalizing behaviour problems, excessive emotional reliance on others, and persistent subsyndromal symptoms of depression (Rohde, Lewinsohn & Seeley, 1994).

Orvaschel, Beeferman and Kabacoff (1997) examined the relationship between depression, self-esteem, sex and age. 236 participants between the ages of 6 and 17 years were included in their study. All were consecutive referrals to an out-patient child and adolescent mood disorder program. The Schedule for Affective Disorders and Schizophrenia for School-Aged Children – Epidemiologic Version 4, a semi-structured diagnostic interview was used to assess psychopathology. Self-esteem was assessed using the Coopersmith Self-Esteem Inventory and the severity of depression was assessed with the Children's Depression Inventory. Patients were evaluated with the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Aged Children – Epidemiologic version (K-SADS-E). It was administered during an initial comprehensive diagnostic evaluation. Interviews were administered first to the parents and

guardians about their children and then directly to the children. Item by item summary ratings were achieved, which represent the clinician's best judgement of the symptom based on the information from both informants. Final diagnoses were established in a clinical conference using a best-estimate procedure. In addition patients and legal guardians were also given a battery of paper-and-pencil self-report inventories to complete, including the Coopersmith Self-Esteem Inventory and Children's Depression Inventory. All diagnoses were made blind to the responses on these measures. Since an interaction was hypothesized, relations between self-esteem, age, and sex were investigated using a two-way ANOVA with Coopersmith Self-Esteem Inventory as the dependent variable and both sex and age as dichotomous independent variables. Their findings revealed that 84 percent met the criteria for at least one depressive disorder from the third and revised edition of the Diagnostic and Statistical Manual. Consistent with previous reports their findings indicated an inverse relationship between age and self-esteem and an even stronger inverse relation between depression and self-esteem.

3.5.4.2 Gender

In childhood, the prevalence of depression has been noted to be fairly equal for boys and girls (Angold & Worthman, 1993). However, consistent with sex differences noted in adult populations, female adolescents reportedly experience depression at up to twice the rate of their male counterparts (Angold & Rutter, 1992). Social support as an impacting variable on the occurrence of depression

has been found to be mobilised with greater ease by females as a result of their more intense emotional involvement with others. As such literature suggests that females may enjoy the stress-buffering effects of social support more than men (Cook, in Pretorius, 1996). At the same time, the impact of the way in which women in our society are socialized, often leads them to experience a diminished sense of self-worth. In everyday situations, men tend to occupy positions of greater status and power, so men tend to exert influence and women tend to accept influence (Myers, 1995).

Women, historically being in position of less power than men, are often the victims of abuse, exploitation and financial and other forms of dependence. This creates feelings of vulnerability and susceptibility to a poorer sense of self – lacking the power to mobilise the necessary change, they may be more vulnerable to experience feelings of depression. Through observing, modeling and reinforcement of gender specific behaviours, children learn to reproduce a specific set of behaviours and cope with life from the frame of reference of being either male or female.

Sohlberg, Stahlheuer and Tell (1997) did research on the relevance of gender-specific identification processes for explaining depression and the higher prevalence among women. Their observations tied in with psychodynamic theories regarding the same-sex parent as a crucial identification object. Female and male participants were requested to complete a depression measure and

describe themselves and their parents. They were asked to rate 40 adjectives as to how well each of these described themselves (on a one – five point scale). Participants then rated mother and father with order of presentation counterbalanced. The ratings made by the participants were then correlated so that in the final data set, participants were presented with one score for the similarity between their ratings for self and for mother and another for the similarity between ratings for self and for father. Low similarity scores tended to be associated with high scores for depression, but there were trend significant and significant interactions with the same-sex parent. They suggested that possibly a low similarity between descriptions of self and parent suggests a less successful identification process, and that this may be particularly ominous if it occurred in relation to the same-sex parent. Bornstein (1993) suggests that parental 'introjects' allow an 'inner dialogue' that helps modulate anxiety. Thus the low similarity person may in an intra-psychic sense be a lonely person left to his or her own coping devices with tensions and anxieties. They conclude by suggesting that because external support in terms of clear role expectations may have diminished for more women than men in a society characterized by rapid change, dependable internal support could be even more important for them in order to avoid depression.

Lefkowitz and Tesiny (1995) examined depression in children in terms of prevalence and correlates. The four risk variables involved were sex, age, intellectual functioning and family income. Data was gathered from 3020 normal

elementary school children by means of peer nominations, self-ratings and teachers' observations, as well as pupil personnel records. In addition data from 508 of the children's mothers were obtained from an individually administered, prerecorded interview. When sex and variation in depression by the upper quartiles of age are analysed simultaneously, girls exhibited higher depression rates than boys in the upper three quartiles of age, but these differences were not statistically significant. In addition they found that for both sexes, those who score in the lower quartiles of reading and IQ were at greater risk for severe depression in comparison to those scoring in the upper quartiles of these variables.

3.5.4.3 Self-esteem and Appraisal

As discussed, Orvaschel, Beeferman and Kabacoff (1997) found evidence to suggest an inverse relationship between self-esteem and depression. The greater the severity of the depressive symptoms reported by the children in their research sample, the lower their reported self-concept. In addition, self-esteem has been noted to decrease during the transition from childhood to adolescence and may do so more frequently and precipitously for girls than boys. This feature contributes to the increase of depression during adolescence and particularly for adolescent girls.

According to Cole (1991), symbolic interactionists suggest that children internalise the positive and negative feedback from significant others as they engage in the developmental task of constructing a sense of self-esteem. Cole

(1991) has linked this process to the emergence of depression in children. Many negative events contain messages which are perceived by children as relevant to themselves and which influence the way in which they come to value or devalue themselves. Examples of events, which may contain such messages, may include, parental punishment, domestic abuse and witnessing or being a victim of incidences of violence within their immediate environment and broader community. The messages that accompany such events, whether direct or subliminal, are internalised by children and increase their vulnerability to depression when they perceive them as containing negative self-relevant information.

Lewinsohn, Seeley and Gotlib (1997) researched depression related psycho-social variables. They examined the specificity to depression of a wide range of psycho-social variables in three groups of adolescents: depressed cases (n = 48), non-affective disorder cases (n = 92) and never mentally ill participants (n = 1079). Only three of the 44 variables in this study were found to be strongly specific to depression and only the depressed participants exhibited more problematic functioning than did the never mentally ill controls. These variables included self-consciousness, self-esteem and a reduction in activities, because of physical illness or injury. Their methods of data collection involved a diagnostic interview; the three diagnostic groups and the research instruments included an extensive questionnaire battery of psychosocial constructs and miscellaneous measures. They identified findings conducted by Flippo and Lewinsohn (1971), which revealed that low self-esteem was associated with higher levels of

depressive symptoms. They also quoted studies by Kernis, Granneman and Mathis (1991), which found that the relationship between low self-esteem and depression was stronger in individuals with chronic low self-esteem in comparison with persons whose self-esteem fluctuates. In more recent research conducted by Roberts, Gotlib and Kassel (1996) their findings indicate that level of self-esteem prospectively predicted change in depressive symptoms. The findings of Lewinsohn, Seeley and Gotlib (1997) are consistent with those mentioned in that they suggest that self-esteem is a critical aspect of depression which is not only a specific component of this disorder, but also that it may predict depression.

In another study conducted by Roberts and Gotlib (1997), temporal variability in global self-esteem and specific self-evaluation as prospective predictors of emotional distress, were examined. In their study initially non-depressed women completed seven daily ratings of self-esteem and specific self-evaluation and affect. Over a six-week prospective interval the interactions of stressful life events and variability in both self-esteem and specific self-esteem evaluation predicted changes in depression. This was the case particularly in individuals with previous severe episodes of depressive symptoms. These effects were independent of the average level of self-esteem and self-esteem evaluation, as well as neuroticism, and self-concept uncertainty. In contrast variability in affect failed to predict changes in depression in interaction with life stress.

People differ from one another in their sensitivity and vulnerability to different types of experiences or events as well as in their interpretations and reactions. One person may be exposed to a certain experience and react with anger, another may react to the very same experience with anxiety, while another person may feel challenged as opposed to threatened (Lazarus & Folkman, 1983). To understand the variations among individuals under comparable conditions one needs to consider the cognitive processes that mediate the encounter and the reaction and the factors that affect the nature of this mediation. Cognitive appraisal can be understood as the evaluative cognitive processes that intervene between the encounter and the reaction. Through this process the individual evaluates the significance of what is happening for his or her well-being. Four major kinds of appraisal have been identified. Primary appraisal refers to the judgement that an encounter is irrelevant, benign – positive, or stressful. Stressful appraisals can assume three forms: harm / loss, threat and challenge. Harm or loss involves the damage the individual has already sustained; threat refers to the anticipated harms or losses, while challenge involves events that hold the possibility for mastery or gain. Secondary appraisal is a judgement concerning what might and can be done. It includes an evaluation. Reappraisal refers to a changed appraisal based on new information from the environment and or person. Vulnerability is closely linked to cognitive appraisal. It is often conceptualised in terms of coping resources and a vulnerable person is one whose coping resources are lacking. The way in which an individual appraises events is informed by a multitude of factors. For example,

modeling significant others, personality, self-esteem, and impressions of the consequences of previous events.

Considering the above, self-esteem and appraisal could be important areas for intervention efforts in an attempt to prevent and combat the occurrence of depression in children.

3.5.4.4 Perceived competence

Perceived competence could be defined as a sense of control or feeling of mastery over oneself and ones environment (Robinson & Shaver, 1997). Studies have provided support for the buffering effects of perceived competence, manifested as a sense of mastery or control over the environment. In a two-wave study of adults between the ages of 17 and 70 residing in the New York area, findings suggested that perceived competence showed a slight, but significant direct effect on depressive symptoms (Lin, Dean, & Ensel in Pretorius, 1997). Perceived competence also appeared to have a more consistent buffering effect than the presence of social support alone. Dalgard, Bjork and Tambs (1995) conducted research which provided evidence to suggest that people who perceived themselves as the most important factor in controlling their own lives needed less support from other people in order to cope with the stressors of life.

According to Seroczynski, Cole and Maxwell (1997), cognitive distortions and attributional errors may constitute natural and logical internalizations of feedback

that some children receive. They argued that these features should be viewed in the context of resolving the developmental task of constructing a sense of self-competence. Research by Cole (1990) indicated that competency related feedback in multiple domains affects children's self-perceived competence and predisposition for depression. For the purpose of this study these domains will include cognitive competence, social competence, physical competence and self-worth.

Seroczynski, Cole and Maxwell (1997) studied the cumulative and compensatory effects of competence and incompetence on depressive symptoms in children. They argue that during middle childhood (a time of remarkable cognitive development), children are particularly sensitive to the evaluative feedback from significant others such as teachers, parents and peers and this constitutes direct and proximal causes of children's dysphoria and depression. They tested five hypotheses from a competency-based model of child depression using classification and regression-tree analysis. They obtained measures of five domains of competency and depressive symptoms, which were obtained from parent, teacher, peer and self-reports on 1063 third and sixth grade children. Their findings suggested that: a) multiple domains of competence relate to depression, b) significant others' positive evaluations in multiple domains have a cumulative inverse relation to depressive symptoms, c) negative evaluations in multiple domains have a cumulative, but positive relation to depressive symptoms, d) positive evaluations in one domain somewhat

compensate for negative evaluations in another, and e) negative evaluations in one domain offset positive evaluations in another domain.

Cole (1991) researched a competency-based model of depression in children. He explored the relation of child depression to competency feedback in five domains: academic, social, physical attractiveness, conduct and sports. Self-reports of depression and peer nominations of competency were obtained from 1422 elementary school children. His findings indicated that peer nominations of competency in various domains were negatively related to depression, while being nominated as relatively incompetent in multiple domains corresponded with higher levels of self-reported depression. Being nominated as competent or incompetent in one or more domains was associated with lower levels of depression. Individual differences in incompetence were more strongly related to depression than were those in competency, especially for girls.

Another study by Cole, Martin, Peeke, Seroczynski and Fier (1999) explored children's over- and under-estimation of academic competence in terms of a longitudinal study of gender differences, depression and anxiety. Their sample consisted of a total of 807 third and sixth graders. The participants completed questionnaires about their academic competence, feelings of depression and symptoms of anxiety every six months for three years. Teachers provided objectives measures of academic competence. Compared to teachers' ratings, boys overestimated and girls underestimated their academic competence.

Gender differences first emerged during the fourth or fifth grade and increased through the eighth grade. The symptoms of depression and anxiety were negatively associated with academic overestimation. Children who underestimated their academic competence tended to report higher levels of depression and anxiety. The last finding provided support for the idea that feelings of depression and anxiety predicted change in academic over- and under-estimation over time. However there was no support for the reciprocal idea that the tendency to over- or under-estimate academic competence predicted changes in depression or anxiety.

Empirical evidence supports the notion that perceived competence is an important predictor of health and well-being. As motivated by Strickland (1978), the sense of control over the environment accompanied by perceived competence facilitates better health because it is associated with preventative behaviour, efforts to improve functioning, and increased resistance to psychological dysfunction.

In the light of this information, this study will also take cognisance of the impact of perceived competence, as a possible moderating variable in the relationship between exposure to community violence and the development of depression in children.

3.5.4.5 Socio-economic status

It is widely acknowledged that poverty or low socio-economic status (SES) places children at risk of a range of negative developmental and behavioural outcomes. According to Kaplan-Sanoff, Parker and Zuckerman (1994) children living in poverty experience double jeopardy because they are more frequently exposed to risk factors which hinder their ability to develop optimally. These risk factors include medical illness, malnutrition, inadequate social support and parental depression. They also experience more severe consequences as a result of these risks than do children from higher Socio-economic communities. This could be ascribed to the lack of access to economic power on the part of their parents, which significantly alters their ability to intervene in a way they would like to when risk situations occur.

Kaplan-Sanoff, Parker and Zuckerman (1994) hold that people living in poverty experience more chronic stress than middle-class and upper-class families. It is very often the case that people living in poverty are also living in crime-ridden and high violence areas and this is likely to create an increase in stress levels. Stress has been found to inhibit the positive interactions and attachment between parents and their children, which contributes to negative outcomes as the child matures. One of these negative outcomes may be the onset of depression in both child and parent.

In addition to the above-mentioned effects of poverty, it is important to note that in the presence of an influential media where the role of money is constantly highlighted young children living in poverty may feel even more deprived and alienated from those whose material needs are being met. Cross-national studies have indicated that countries with a high degree of economic inequality have higher levels of violence (Gartner, 1990).

Birbing (1953) regarded depression as a primary affective state unrelated to aggression turned inward but rather as arising from the tension between ideals and reality. Gabbard (1990) stated that three highly invested narcissistic aspirations are regarded as standards of conduct. These are to be worthy and loved, to be strong or superior, and to be good and loving. The ego's awareness of its perceived or imagined inability to meet these standards creates feeling of depression. Essentially, he believed it was narcissistic frustration or damage that lowers self-esteem and ultimately precipitates clinical depression. Thus Birbing (1953) describes depression as 'a collapse of the self-esteem of the ego, since it feels unable to live up to its aspirations (ego ideal, superego) while they are strongly maintained' (p. 26). This explanation for the development of depression may have special significance special significance for the South African context because the prevailing social circumstances, especially in low socio-economic communities severely impinge on peoples' capacities to meet these aspirations.

However, the flipside to the above statement is that despite poor and very often putrid social circumstances, many people in our country – particularly 'black'

people – have proven that they are able to transcend their circumstances and achieve great heights. Regardless of poverty, many people tap into alternative resources as a source of strength and motivation in attempts to cope and are successful in achieving that.

Chowdhury, Muni, Rath and Pati (1996) assessed social support networks among socio-culturally disadvantaged children in India. The sample was composed of 300 children in the eighth, ninth and tenth grade belonging to different socio-cultural environments, namely advantaged and disadvantaged. The instruments used in their study included the Family Demographic Profile Scale, and the Children's Need Satisfaction Inventory, Family Effectiveness Inventory and the Social Support Inventory. The 300 children were taken following a three factor 2 X 2 X 3 ANOVA design. The three factors were environment (disadvantaged and advantaged), sex (boys and girls), and grade (eight, nine and ten). Their study revealed that the children from the advantaged socio-cultural environment experienced a healthy and enriching family climate. Children from the socio-culturally disadvantaged environment were deprived of the necessary interpersonal and intra-family support. Nonetheless these disadvantaged children were found to be getting more outside family support. In addition the study found that girls were receiving more negative responses from their family members than the boys.

3.5.4.6 Social Support

Different researchers have defined social support in different ways. Cullen (1994) defined social support as the perceived or actual instrumental and or expressive provisions supplied by community, social networks and confiding partners. He went on to argue that there is a significant relationship between the lack of social support and the presence of crime at societal, community, family and relational levels. A high level of social support has been associated with socially valued characteristics of young children, including high self-esteem, cognitive development, academic success and general psychological adjustment. There is a growing amount of evidence, which suggests that social support directly and indirectly, influences other aspects of individual and family functioning (Cullen, 1994),

Numerous studies have highlighted the importance of social support as a protective factor against the onset of illnesses (e.g. Pretorius, 1997; Andries, Kampier & Smulder, in Florence, 1998 and Chowdhury, Muni Rath & Pati, 1996). Kaplan and Sadock (1998) indicated that clinical and anecdotal data support the clinical importance of evaluating the family life of a patient and of addressing any identified family-related stresses. The degree of social support that children experience from parents, family and the community members as such could serve as a significant resource enabling children to deal effectively with a range of personal and environmental stressors. The absence of perceived social support could however place children under a tremendous degree of strain and

stress. It is this stress that could make children vulnerable to the development of a range of emotional and psychological difficulties including depression.

Researchers in the field of social support view it in terms of representing two main models, namely direct effects and buffering effects models. The direct effects model postulates that social support serves a health-sustaining function. This implies that the effects of support on well-being are independent of the level of stress. The buffering model holds that the effects of stress on health are attenuated in the presence of adequate levels of social support. This translates into the fact that social support will provide little benefit to those not encountering stressful circumstances.

In another study Dubow and Tisak (1989) studied the relation between stressful life events and adjustment in elementary school children with particular emphasis on the potential main and stress-buffering effects of social support and social problem-solving skills. The sample consisted of 361 third through to fifth graders who completed social support and social problem-solving measures. Their parents were involved in terms of providing ratings of stress in the child's environment and ratings of the child's behavioural adjustment. Teachers provided ratings of the children's behavioural and academic adjustment. Hierarchical regression showed significant stress-buffering effect for social support and problem-solving skills on teacher rated behaviour problems, that is, higher levels of social support and problem-solving skills moderated the relation

between stressful life events and behaviour problems. Regarding children's competent behaviours the analysis supported a main effect model of social support and problem-solving.

Despite this there has also been studies, which did not concur with the above-mentioned (Gad & Johnson, in Pretorius, 1997). Some evidence has also been provided on the potentially harmful effects of supportive exchanges (Shumaker & Bronwell, 1984; Wellman, in Pretorius, 1997).

Two main reasons posited for these contradictory results are that individual variables might affect the role that social support plays in the stress-adjustment relationship and that research has often ignored the multi-dimensional nature of social support (Pretorius, 1997).

Burke et al, (in Florence, 1998) identified different types of social support including, instrumental support, (e.g., assisting with a problem or task), tangible support, (e. g., donating goods), informational support (e. g., giving good guidance) and emotional support (e. g., providing encouragement).

Cullen (1994) warns that any discussion of families and crime must avoid the fallacy of autonomy. What happens in the family cannot be separated from the forces that affect it from outside. Social and economic forces like poverty and inequality have transformed, and in many cases ripped families apart, particularly

families of the underclass, in ways that have reduced their capacity to support children. Parents are the best source of support, but for many children, parents are not positively involved in their lives. In many cases, parents are absent or abusive. In other cases, parents strive to meet the needs of their children, but lack the capacity or opportunity to do so. The absence of social support in the lives of children can potentially result in irrevocable damage, of which susceptibility to depression and recreations of the violent cycle are merely two examples. In other instances however, children display a tremendous amount of resilience and are somehow able to mobilise resources within and outside themselves and manage to cope and sometimes even excell in life.

Cohen (1999) did a study on perceived social support as a protective factor in manifest and emotional resilience. The sample consisted of 90 children who attended an after-school program in lower Manhatten. Environmental stress was assessed by the Stressful Life Events Scale (Brown, 1985). Perceived social support was measured with the Perceived Social Support from Family and Friends Scale (Procidano & Heller, 1983). Manifest resilience was defined as social and academic competence and emotional resilience by levels of depression and anxiety. Social / behavioural functioning was established by the Teacher Child Rating Scale. Academic achievement was measured by self-reported school-grades. Level of depression was measured by the Centre for Epidemiological Studies Depression Scale for Children. Levels of anxiety were assessed using the Revised Children's Manifest Anxiety Scale. Hypotheses were

tested by multiple regression analysis. Their findings indicated that perception of social support would moderate the deleterious effects of stress on both manifest and emotional resilience. Their findings also proposed that manifest variables would moderate the relationship between stress and emotional functioning. This predicts that children appearing resilient, based on manifest measures is likely to be less resilient emotionally. Further examination indicated that the relationship between stress and emotional functioning diminished as manifest competence increased. A pattern of suppression emerged in that those high in manifest resilience were also higher in levels of depression and anxiety

Children from low violence communities however may be exposed to different kinds of pressures that could make them vulnerable to the development of depression. In the absence of exposure to community violence they may be exposed to other kinds of traumatic life experiences, such as abuse within the family. They may be made to feel unloved or 'invisible' to their parents who may be caught up in the pressures of their own personal lives. As such they are unable to spend time with their children in a way that allows their needs to be met, leaving them feeling rejected or abandoned.

According to Cullen (1994) the less social support there is in a community, the higher the crime rate will be. In considering the role of the family in offering social support, he argues that the more social support a family provides, the less likely it is that the person will engage in crime. This is the critical link between poverty,

inequality, exclusion and violence (Cullen, 1994). Kramer (2000) argues that these social forces matter precisely, because of their impact on close-in institutions, like the family.

In his research on the connection between family deprivation and violent crime, Currie (in Cullen, 1994) highlights four important findings. These include the following: extreme deprivation inhibits children's intellectual development, extreme deprivation breeds violence by encouraging child abuse and neglect, extreme poverty creates multiple stresses that undermine parents' ability to raise children caringly and effectively; and poverty breeds crime by undermining parents' ability to monitor and supervise their children. Stunted intellectual development, that cripples children's capability of being successful in schoolwork, violence and abuse that cause children to be angry and fearful and the lack of parental care and nurturance all contribute to the production of yet a another generation of young people who are prone to strike out to the world through acts of violence (Currie, in Kramer, 2000).

Messer and Gross (1995) studied childhood depression and family interaction. They screened a community sample of third, fourth and 5th grade children for depressive symptomology, using multiple measures and informants. Ten depressed children, a matched sample of non-depressed controls and their parents completed ratings of stressful life events and parenting practices. To supplement the validity they obtained a three-hour home-observation data. Their

findings indicated that both children and parents in families with a depressed child perceived their lives to be more stressful and their families parenting practices to be more negative than the controls. Analysis of family interaction showed that the family environments of depressed children were less rewarding, more aversive and more disengaged than controls.

According to Cullen (1994) informal mechanisms of social control, operating within families, schools and neighborhoods, workplaces and social networks play an important role in preventing youth crime and violence. As with a lack of social support, social structural forces such as poverty and social exclusion can inhibit or erode the exercise of informal social controls within these intermediate institutions. As indicated by Minor, (in Cullen 1994) the erosion of these controls increases the chances of young people becoming involved in violent crime. Poverty and inequality has the capacity to have a disintegrative effect on social institutions through the lack of resources and the presence of emotional stress.

3.6 Chapter summary

In this chapter an overview of the developmental tasks required by 11-12 year olds and the phenomenon of depression were presented. It focused on defining depression, discussed some theoretical perspectives and how they conceptualise depression. Some psycho-social factors contributing to the vulnerability of depression was also highlighted.

CHAPTER 4

METHODOLOGY

4.1 Introduction

This chapter details the aims of the study, and the research questions, which are addressed. A description of the participants, research instruments and their respective psychometric properties are also discussed. The research procedure and technique of data analysis is presented and the chapter concludes with a brief discussion of ethical considerations.

4.2 Aim of the study

The aim of the study was to compare children 11-12 years of age living in high and low violence communities in terms of depression. In addition the role of social support and perceived competence in the experience of depression by the two groups of children are was investigated.

A secondary aim was to examine the relationship between demographic variables, depression, social support and perceived competence.

4.3 Research questions

Based on the aims stated above, the following research questions will be explored:

- Is there a difference between children in high and low violence areas in terms of depression
- Are social support and perceived competence significant predictors of depression and are there differences in the levels of depression found in high and low violence areas
- Is there a significant relationship between certain demographic variables (age, language, gender, parents marital status) and depression, social support and perceived competence overall and in high and low violence areas respectively.

4.4 Participants

The characteristics of the sample are presented in Table 4.1.

Table 4.1

Descriptive Statistics

Demographic Variables	N	%
1. Area of school		
H = High Violence	153	50
L = Low Violence	150	49
2.Gender		
Female	132	43
Male	168	55

3. Language		
Afrikaans	101	32.8
English	194	63
4. Parent's Marital Status		
Married	216	70
Single	41	13
Previously Married	34	11
5. Age		
Mean Age	11.62	
Range	11 - 12	

The participants consisted of 274 children from a high and low-violence school. The sample was evenly distributed with approximately half of the participants coming from the high-violence school and the other half coming from the low-violence school. The majority of the participants were English speaking while the minority spoke Afrikaans. The gender distribution of the sample revealed slightly more male than female participants. The majority of the participant's parents were married. A greater number of participants' parents were previously married in comparison to those children whose parents were single. The mean age of participants was identified to be 11.62 years with a standard deviation of 0.82.

4.5 Research Instruments

A self-report questionnaire consisting of four parts was used. The first part of the questionnaire recorded the demographic details of the participants. The other three instruments were the Children's Depression Inventory, Social Support Scale and the Perceived Competence Scale.

4.3.1 Children's Depression Inventory (CDI, Kovacs, 1985)

According to Fristad, Emery and Beck, (1997) and Kazdin, (1980) the Children's Depression Inventory is the most commonly used inventory for the assessment of childhood depression and has the established / reliable normative data. Each Children's Depression Inventory item consists of 3 choices, keyed from 0 to 2 in the direction of increasing severity. As a result, the total score can range from 0 to 54. About 50% of the items start with the choice that reflects the greatest symptom severity while for the rest the sequence is reversed. The respondent is instructed to select the sentence from each item that best describes their mood state during the past two weeks.

This scale contains 27 items that assesses various depressive symptoms. Each item has 3 choices that reflect the varied severity of possible symptoms. The instrument quantifies a range of symptoms, including affective behaviour, image / ideation, guilt / irritability and interpersonal relations (Kovacs, 1985).

Reliability of CDI

The Children's Depression Inventory has a high degree of internal consistency, moderate re-test reliability, and significant correlations with other measures of depression and depression related constructs (Kazdin, 1997) especially in non-clinical populations. Jackson and Cole (1994) conducted a study that demonstrated the reliability of the Children's Depression Inventory across grade levels.

The Children's Depression Inventory has shown high internal consistency (e. g., coefficient alpha > 0.80), moderate re-test stability and adequate construct validity (Kazdin, in Messer & Gross, 1995). A score of 12 has been demonstrated to represent a sensitive cut-off score for inpatient and outpatient children particularly when additional converging assessments are utilized (Kazdin, Colbus, & Rodgers, 1986; Kovacs, 1983; Lobovits & Handal, in Messer & Gross, 1995). Cole (1991) used the Children's Depression Inventory and noted a Cronbach's alpha for the inventory as 0.88.

The validity of Children's Depression Inventory

The concurrent validity of the Children's Depression Inventory was determined against two self-rating scales, which quantify related constructs, namely the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978) and the Coopersmith Self-Esteem Inventory (Coopersmith, 1967). The results of these

concurrently administered scales were correlated in a study done with a psychiatrically referred sample. The association between the depression and the anxiety scales was significant ($r = 0.65$, $p > 0.0001$, $n = 55$); self-related depressive symptomology and low self-esteem were also correlated ($r = -0.59$ $p < 0.0001$, $n = 5$) (Kovacs, 1985).

Literature on the use of the Children's Depression Inventory in the South African context was lacking and thus prevented the researcher determining its reliability and validity in the South African context. It is hoped that this study would make a contribution to establishing such information.

4.3.2 Perceived Competence Scale for Children (Harter, 1982).

This scale emphasises the assessment of a child's sense of competence across different domains, instead of viewing perceived competence as a unitary construct. Three domains of competence, each constituting a separate subscale were identified as the cognitive, social and physical domains. The fourth subscale is self-worth, which is independent of the other skill domains. Each subscale defines a separate factor, indicating that children make clear differentiations among these domains. This scale is viewed as an alternative to those existing self-concept measures of questionable validity and reliability. The respondent is requested to choose one of the two options that are most applicable to her or himself (Harter, 1982).

Validity

An oblique solution, which allows the factors to intercorrelate, was considered to be the most appropriate. Cattell's scree test, which employs criteria based on the magnitude of the eigen values, indicted that four factors should be extracted. In the Connecticut-California sample of 431 pupils, items were found to have moderate to high loadings on their designated factor with one exception being that they do not cross-load on other factors. This factor pattern was found to be extremely stable and has been replicated in five additional samples. Replicability of the factor pattern, for the New York sample revealed the average loadings of items on their designated factors as 0.67, 0.61, 0.64 and 0.50 for the cognitive, social, physical and self-worth subscales respectively (Harter, 1982).

Separate analysis by grade has revealed that the factor pattern is very stable across grade 3-6. While initially designed for elementary school children it has since been successfully employed with 7^{th}, 8^{th} and 9^{th} graders (Harter, 1982).

Reliability

Subscale reliability was assessed by employing coefficient alpha, which provides an index of assessed subscale internal consistency. Across all samples reliabilities range from 0.75 to 0.83, 0.75 to 0.84, 0.77 to 0.86 and 0.73 to 0.82 for the four subscales respectively.

Test-retest reliability data have been collected from a sample of 208 Colorado pupils retested after three months and in the New York sample of 810 pupils retested after 9 months. These correlations corrected for attenuation were 0.78, 0.80, 0.87 and 0.70 for the Colorado sample and 0.78, 0.75, 0.80 and 0.69 for the New York sample, for the four subscales (Harter, 1982).

4.3.3 Social Support (Fleming, Baum, Gisriel & Gatchel, 1982)

Several criticisms have been launched against the use of social support assessments. Primary among these have been the confounding of emotional and instrumental support and secondly, whether or not measures of social support reflect the degree to which people believe that they have social support (Fleming, Baum, Gisriel & Gatchel, 1982). Consequently a six-item scale measuring individual perceptions of the extent to which they had access to emotional support systems will be used to classify participants on this dimension (Fleming, Baum, Gisriel and Gatchel, 1982). Respondents are asked to indicate the degree to which they agree or disagree (on a 7-point scale) with the statements made. For the purpose of this study the 7-point scale was reduced to a three-point scale, following a discussion with a primary school teacher who suggested that the respondents may have difficulty locating themselves on a choice of 7 options given their age and cognitive abilities. The statements were rephrased after consultation with a primary school language teacher to a more appropriate level for the children. Previous use of this scale has indicated that it is a reliable

instrument as indicated by alpha = 0.82 and test-retest reliability = 0.70 (Fleming, Baum, Gisriel & Gatchel, 1982).

4.6 Procedure

Information was obtained from the South African Police Centre For Information And Statistics On Crime And Violence regarding what they classify as the highest and lowest violence areas respectively in Cape Town. The data gained from this source was used to enable a classification of high and low violence communities by selecting the identified highest and lowest violence communities. One primary school in each of the delineated areas was chosen at random from which the sample was drawn. The sampling criteria stated that children had to be between the ages 11-12 years old. Letters were drafted and sent to the Western Cape Education Department requesting permission to do the study. The request was approved under certain pre-conditions (see appendix). A copy of the stipulated preconditions of the Western Cape Education Department was faxed to each principal. Principals of the identified schools were contacted and an explanation of the context of the study and what would be needed from them to assist was given in the procedure. Participants were informed that the process was voluntary and that information shared would be held in confidence.

The scales were administered to children in groups of approximately 20 per group. The questions were read as they responded to the questions on the

sheets. The aim of this was to assist those with reading difficulties and in so doing increase the reliability and validity of the results.

Participants completed the scales at school in class at a pre-arranged date and timeslot suitable for them and their teachers. All the data was collected within the period of a week from both schools. The researcher arranged for copies of the research report to be given to both schools on completion.

4.7 Data Analyses

Data was analysed using SPSS, a computer-based statistical package. Apart from basic descriptive statistics a range of other statistical techniques were employed. In the case of two-group comparisons the t-test was used. For establishing the relationship between continuous variables, Pearson Correlation Coefficient was used. Lastly regression analysis was used to examine predictors of depression.

4.8 Ethical considerations:

Permission was obtained from the Western Cape Education Department and school principles to conduct the study. Respondents were informed about their participation was voluntary. They were informed that data would be kept confidential and that their anonymity would be maintained. Should it is established that the occurrence of depression is in any way significant in either of the two communities strategies will be designed and implemented in an attempt

to address the issue. Some of these would include setting up a referral system for children presenting with depression.

4.9 Chapter Summary

This chapter presented the methodology used in the present study. In particular the aims, research questions, participants, the research design, the research tools, the procedure, and data analysis was described. In addition ethical issues were addressed.

CHAPTER 5

RESULTS

5.1 Introduction

This chapter focuses on the statistical analyses of the relationship between the exposure to community violence and depression in 11 to 12 year olds. The means and standard deviations of the various scales are displayed. This is followed by the relationship between demographic variables and all scales. The differences between high- and low-violence schools are also presented. The chapter concludes with a summary of the results.

5.2 Descriptive statistics

The means and standard deviations of the various scales are presented in Table 5.1

Table 5.1

The means and standard deviations of all scales for both communities

Scale	N	Mean	SD
Social Support	289	9.96	1.36
Cognitive Competence	286	11.72	6.84
Social Competence	287	11.64	1.82
Physical Competence	292	11.23	1.75
Self-worth	296	12.40	1.66
Total Depression	290	9.27	6.80

Affective Behaviour	298	3.81	3.28
Image/Ideation	302	2.11	1.85
Interpersonal Relations	298	2.39	1.90
Guilt/Irritability	301	0.95	1.19

The majority of the sample's responses on the social support scale were located within the average range of the scale. The majority of the samples responses on the perceived competence scale for each of the respective categories and overall was located within the average range of the scale. The majority of the sample's responses on the Children's Depression Inventory were located within the below average range of the continuum with the lower end of the range representing lower levels of depressive symptoms. In the study by Orvaschel, Beeferman and Kabacoff (1997) the CDI responses ranged from 0 – 38 (M = 15.6, SD = 9.7 – well above the norm for this measure). Seroczynski, Cole and Maxwell (1997) found that 9% of their sample scored 19 or above on the Children's Depression Inventory, which is an often used cut-off for symptoms of severe depression, while the remaining 81% scored within the lower and middle range.

5.3 The relationship between demographics and all scales

The relationship between demographics and all scales are presented in table 5.2.1–5.2.4

The relationship between home language and the various scales is presented in Table 5.2.1.a

Table 5.2.1. a

The relationship between home language and the various scales

Scale	Group	Mean	SD	t-value
Social Support	Afrikaans	9.58	1.33	- 3.36**
	English	10.16	1.35	
Cognitive Competence	Afrikaans	11.89	1.66	2.45
	English	11.67	8.33	
Social Competence	Afrikaans	12.01	1.74	2.50**
	English	11.44	1.83	
Physical Competence	Afrikaans	11.47	1.73	1.72
	English	11.09	1.76	
Self-worth	Afrikaans	12.57	1.51	1.02
	English	12.31	1.74	
Total Depression	Afrikaans	8.63	6.90	- 0.98
	English	9.47	6.79	

Scale	Group	Mean	SD	t-value
Affective Behaviour	Afrikaans	3.22	3.09	- 2.15**
	English	4.10	3.40	
Image/Ideation	Afrikaans	2.19	1.86	0.75
	English	2.02	1.83	
Interpersonal Relations	Afrikaans	2.26	1.96	- 0.72
	English	2.43	1.87	
Guilt/Irritability	Afrikaans	0.95	1.21	0.15
	English	0.93	1.19	

The results indicated that English-speaking children experience higher levels of social support than Afrikaans-speaking children. Results also showed that Afrikaans-speaking children perceive themselves to be more socially competent than English-speaking children, while English-speaking children display more affective behaviour as a symptom of depression.

The relationship between all scales and home language for participants from the high- and low-violence school is displayed in table 5.2.1.2.b

Table 5.2.1.b

The relationship between all scales and home language for both schools

		High-violence school			Low-violence school		
Scale	Group	Mean	SD	t-value	Mean	SD	t-value
Social Support	Afrikaans	9.60	1.33	- 1.35	9.00	1.41	- 1.30
	English	9.92	1.32		10.25	1.35	
Cognitive Competence	Afrikaans	11.91	1.66	1.19	11.00	1.41	- 0.11
	English	11.53	1.79		11.71	9.50	
Social Competence	Afrikaans	12.06	1.73	0.33	10.00	1.41	- 0.93
	English	11.96	1.52		11.26	1.89	
Physical Competence	Afrikaans	11.48	1.74	- 0.20	11.00	0.00	0.06
	English	11.54	1.67		10.93	1.77	
Self-worth	Afrikaans	12.53	1.51	- 0.58	12.50	2.12	0.25
	English	12.68	1.52		12.18	1.80	
Total Depression	Afrikaans	8.63	6.97	- 1.13	8.50	0.71	- 0.16
	English	10.06	7.15		9.28	6.69	

		High-violence school			Low-violence school		
Scale	Group	Mean	SD	t-value	Mean	SD	t-value
Affective Behaviour	Afrikaans	3.27	3.11	- 1.61	1.00	0.00	- 1.33
	English	4.23	3.88		4.06	3.24	
Image/Ideation	Afrikaans	2.20	1.88	- 0.14	2.00	0.00	0.04
	English	2.24	1.81		1.94	1.83	
Interpersonal Relations	Afrikaans	2.24	1.97	- 0.69	3.00	1.41	0.45
	English	2.18	1.90		2.41	1.87	
Guilt/Irritability	Afrikaans	0.92	1.20	- 1.63	2.50	0.71	0.44**
	English	1.28	1.43		0.80	1.07	

In the high-violence school, there was no significant relationship between any of the variables and the home language. In the low-violence school a significant relationship between guilt/irritability and home language was noted. Findings show that Afrikaans-speaking children from the low-violence school experience higher levels of guilt/irritability than English-speaking children from the same school.

The relationship between gender and all scales is presented in Tables 5.2.2.a–5.2.2.b

Table 5.2.2.a

The relationship between gender and all scales

Scale	Group	Mean	SD	t-value
Social Support	Male	10.08	1.26	1.23
	Female	9.88	1.45	
Cognitive Competence	Male	12.47	10.22	1.57
	Female	11.19	1.91	
Social Competence	Male	11.96	1.77	2.57**
	Female	11.41	1.82	
Physical Competence	Male	11.76	1.54	4.80**
	Female	10.79	1.81	
Self-worth	Male	12.70	1.47	2.61**
	Female	12.20	1.75	
Total Depression	Male	8.08	6.34	- 2.35**
	Female	9.94	6.81	

Scale	Group	Mean	SD	t-value
Affective Behaviour	Male	3.35	2.88	- 1.97**
	Female	4.10	3.44	
Image/Ideation	Male	1.55	1.59	- 4.49**
	Female	2.48	1.89	
Interpersonal Relations	Male	2.14	1.34	- 1.78
	Female	2.53	1.00	
Guilt/Irritability	Male	1.18	1.38	3.02**
	Female	0.76	1.00	

Results obtained on the relationship between gender and all the variables indicated that boys perceive themselves as being significantly more socially competent, physically competent and having higher levels of self-worth than girls. Girls have significantly higher levels of total depression and display more affective behaviour as a symptom of depression. Girls also experience significantly higher levels of image/ideation, while boys tend to have significantly higher levels of guilt/irritability.

Table 5.2.2.b presents the gender differences in terms of scales for the high- and low-violence schools

Table 5.2.2.b

Gender differences in terms of scales for the high- and low-violence school

		High-violence school			Low-violence school		
Scale	Group	Mean	SD	t-value	Mean	SD	t-value
Social Support	Male	9.79	1.34	0.60	10.34	1.11	1.12
	Female	9.65	1.32		10.10	1.54	
Cognitive Competence	Male	11.76	1.51	- 0.34	13.08	13.61	1.65
	Female	11.86	1.78		10.58	1.82	
Social Competence	Male	12.05	1.68	0.41	11.88	1.85	3.60**
	Female	12.04	1.63		10.78	1.79	
Physical Competence	Male	12.06	1.48	3.46**	11.47	1.54	3.51**
	Female	11.10	1.77		10.48	1.80	
Self-worth	Male	12.64	1.47	0.00	12.76	1.48	3.55**
	Female	12.64	1.48		10.48	1.80	
Total Depression	Male	8.24	7.22	- 1.17	7.94	5.48	- 2.16**
	Female	9.60	6.40		10.28	7.19	

	High-violence school				Low-violence school		
Scale	Group	Mean	SD	t-value	Mean	SD	t-value
Affective Behaviour	Male	3.23	3.16	- 0.96	3.46	2.62	- 1.89
	Female	3.74	3.28		4.45	3.57	
Image/Ideation	Male	1.81	1.71	- 2.32**	1.32	1.44	- 3.99**
	Female	2.50	1.86		2.45	1.92	
Interpersonal Relations	Male	2.25	2.18	- 0.34	2.03	1.61	-2.23**
	Female	2.36	1.67		2.71	1.96	
Guilt/Irritability	Male	1.33	1.49	2.30**	1.03	1.25	2.03**
	Female	0.85	1.10		0.67	0.90	

In the high-violence school it was found that a significant relationship exists between physical competence, image/ideation, guilt/irritability and gender respectively. Findings suggested that boys perceive themselves to be more physically competent than girls do. Girls experience higher levels of image/ideation than boys and boys experience higher levels of guilt/irritability than girls do.

In the low-violence school a significant relationship between gender and the following variables was noted: social competence, physical competence, self-worth, total depression, image/ideation, interpersonal relations and guilt/irritability. Results suggested that boys perceive themselves to be more

socially competent, more physically competent and to have higher levels of self-worth than girls do. Girls experience significantly higher levels of total depression and higher levels of image/ideation. At the same time girls from the were also found to have significantly better interpersonal relations. Further boys were found to have higher levels of guilt/irritability than girls.

Thus the boys in the both the high- and low-violence schools perceive themselves to be more physically competent than girls do. Only boys from the low-violence schools perceive themselves as more socially competent and as having higher levels of self-worth than girls do. In the low-violence school, girls experience significantly higher levels of total depression than boys. This, however, was not the case in the high-violence school where no significant difference in total depression was noted between boys and girls. In both high- and low-violence schools the girls were found to have higher levels of image/ideation than boys. In the low-violence school, girls were found to have significantly better interpersonal relations than boys while no significant difference regarding interpersonal relations was found in the high-violence school. In both the high- and low-violence school, boys were found to have significantly higher levels of guilt/irritability than girls.

The relationship with parent's marital status and all scales is presented in Table 5.2.3.a – 5.2.3.b

Table 5.2.3.a

Relationship between the marital status of parents and the various scales

Scale	Group	Mean	SD	F-test
Social Support	Married	10.12	1.33	5.178**
	Single	9.45	1.32	
	Previously Married	9.67	1.42	
Cognitive Competence	Married	11.31	1.74	3.179**
	Single	11.43	1.92	
	Previously Married	14.36	18.20	
Social Competence	Married	11.62	1.89	0.66
	Single	11.68	1.77	
	Previously Married	11.73	1.54	
Physical Competence	Married	11.25	1.83	1.30
	Single	10.84	1.61	
	Previously Married	11.46	1.43	
Self-worth	Married	12.39	1.67	0.11
	Single	12.38	1.78	
	Previously Married	12.53	1.55	

Scale	Group	Mean	SD	F-test
Total Depression	Married	8.98	6.90	0.75
	Single	10.38	7.19	
	Previously Married	9.56	5.83	
Affective Behaviour	Married	3.64	3.20	1.25
	Single	4.44	3.72	
	Previously Married	4.18	3.33	
Image/Ideation	Married	2.04	1.87	0.83
	Single	2.44	1.82	
	Previously Married	2.07	1.66	
Interpersonal Relations	Married	2.40	1.97	0.33
	Single	2.32	1.98	
	Previously Married	2.38	1.39	
Guilt/Irritability	Married	0.91	1.22	0.42
	Single	1.08	1.19	
	Previously Married	1.03	1.07	

Social Support and Cognitive Competence are the only two variables related to marital status of parents. Findings suggested that when parents are married children are likely to experience increased perception of social support. In addition, results indicated that children whose parents were previously married children perceive themselves as more cognitively competent than children of single parents.

The relationship between marital status of parents and all scales for the high- and low-violence schools is presented in Table 5.2.3.b

Table 5.2.3.b

The relationship between marital status of parents and all scales for the high-violence school

		High-violence school			Low-violence school		
Scale	Group	Mean	SD	F-test	Mean	SD	F-test
Social Support	Married	9.90	1.33	3.81**	10.29	1.32	1.16
	Single	9.15	1.20		10.08	1.38	
	Previously Married	9.53	1.23		9.81	1.60	
Cognitive Competence	Married	11.63	1.71	1.76	11.05	1.73	2.40
	Single	11.65	1.97		11.05	1.73	
	Previously Married	12.47	1.28		11.07	1.86	

Scale	Group	Mean	SD	F-test	Mean	SD	F-test
Social Competence	Married	12.05	1.68	0.74	11.24	2.00	0.40
	Single	11.67	1.95		11.71	1.49	
	Previously Married	12.26	1.28		11.24	1.61	
Physical Competence	Married	11.56	1.84	0.26	10.96	1.78	2.45
	Single	11.29	1.46		10.00	1.58	
	Previously Married	11.60	1.27		11.33	1.59	
Self-worth	Married	12.64	1.45	0.28	12.18	1.81	0.08
	Single	12.42	1.84		12.29	1.73	
	Previously Married	12.74	1.33		12.33	1.74	
Total Depression	Married	9.06	7.25	1.20	8.91	6.61	1.64
	Single	11.44	7.36		8.50	6.72	
	Previously Married	7.32	4.68		11.70	6.14	
Affective Behaviour	Married	3.46	3.30	2.75	3.80	3.11	2.80
	Single	4.96	4.02		3.50	3.06	
	Previously Married	2.80	2.42		5.55	3.59	

Scale	Group	Mean	SD	F-test	Mean	SD	F-test
Image/Ideation	Married	2.21	1.96	1.06	1.88	1.78	0.36
	Single	2.67	1.59		2.00	2.18	
	Previously Married	1.90	1.62		2.24	1.73	
Interpersonal Relations	Married	2.44	2.04	0.94	2.36	1.91	1.24
	Single	2.48	2.10		2.00	1.75	
	Previously Married	1.79	1.13		2.95	1.39	
Guilt/Irritability	Married	1.05	1.33	0.29	0.78	1.11	0.52
	Single	1.12	1.24		1.00	1.11	
	Previously Married	1.05	1.19		1.00	0.97	

Social Support was the only variable related to the marital status of parents in the high-violence school. Findings suggested that when parents are married, children in the high-violence school experience higher levels of social support.

In the low-violence school there was no significant relationship noted between any of the scales and the marital status of the participants' parents.

Thus, Social Support was the only scale significantly related to marital status of parents in the high-violence school, while none of the scales were significantly related to the marital status of parents in the low-violence school.

The relationship between age and the various scales is presented in Tables 5.2.4.a–5.2.4.b.

Table 5.2.4.a

The relationship between age and the various scales

Scale	r with age
Social Support	- 0.02
Cognitive Competence	0.04
Social Competence	0.01
Physical Competence	0.11
Self-worth	- 0.04
Total Depression	0.06
Affective Behaviour	0.04
Image/Ideation	0.07
Interpersonal Relations	0.02
Guilt/Irritability	0.20**

** $p < 0.05$

The only variable significantly related to age was guilt. Findings suggested that the older children get, the more likely they are to experience feelings of guilt or irritability as a symptom of depression.

Table 5.2.4.b

The relationship between age and various scales for the high- and low violence schools

	High-violence schools	Low-violence schools
Scale	r with age	r with age
Social Support	0.07	- 0.08
Cognitive Competence	- 0.08	0.07
Social Competence	- 0.09	0.09
Physical Competence	- 0.03	0.24**
Self-worth	- 0.15	0.05
Total depression	0.12	- 0.01
Affective Behaviour	0.11	- 0.04
Image/Ideation	0.11	0.00
Interpersonal Relations	0.11	- 0.08
Guilt/Irritability	0.22**	0.16

** $p < 0.05$

Guilt/Irritability was the only variable positively correlated to age in the high-violence school. This finding suggested that the older children get, the more likely they are to experience feelings of guilt or irritability as a symptom of depression in the high-violence school.

In the low-violence school the only variable found to be significantly correlated to age was physical competence. This finding indicated that the older children get, the more they perceive themselves to be physically competent in the low-violence school. Thus in the high-violence school only guilt was found to be positively correlated to age, while in the low-violence school only physical competence was found to be positively correlated to age.

5.4 Differences between high and low violence schools

The differences between high and low-violence schools is presented in Table 5.3.1

Table 5.3.1

Differences between high and low-violence schools in terms of all scales

Scales	School	Mean	SD	t-value
Social Support	High	9.70	1.32	- 3.31**
	Low	10.20	1.37	

Scale	School	Mean	SD	t-value
Cognitive Competence	High	11.74	1.72	0.03
	Low	11.72	9.31	
Social Competence	High	12.01	1.68	3.45**
	Low	11.28	1.90	
Physical Competence	High	11.52	1.71	2.91**
	Low	10.93	1.75	
Self-worth	High	12.61	1.51	2.09**
	Low	12.21	1.78	
Total Depression	High	9.24	7.04	- 0.01
	Low	9.25	6.58	
Affective Behaviour	High	3.62	3.37	- 0.01
	Low	4.01	3.21	
Image/Ideation	High	2.25	1.86	1.47
	Low	1.94	1.81	

Scale	School	Mean	SD	t-value
Interpersonal Relations	High	2.36	1.96	- 0.21
	Low	2.41	1.84	
Guilt/Irritability	High	1.10	1.06	1.65
	Low	0.83	0.83	

Findings suggested that there was no significant difference between levels of depression in children from high- and low-violence schools. Results further showed that children who attended school in the low-violence schools experienced significantly more social support than those who attended school at the high-violence school. Further children attending the high-violence school perceived themselves as more socially competent, more physically competent and experienced higher levels of self-worth than children attending school in the low-violence school.

Table 5.3.2 presents the significant predictors of depression for high and low violence areas respectively

Table 5.3.2

Significant predictors of depression for high and low violence areas respectively

	High-violence school			Low-violence school		
Predictors of depression	Beta	F-value	R-square	Beta	F-value	R-square
Total Depression						
Cognitive Competence	- 0.40	48.74	0.31			
Self-worth	- 0.26	32.12	0.37	- 0.47	61.95	0.32
Social Support	- 0.18	24.12	0.40	- 0.35	49.36	0.43
Affective Behaviour						
Cognitive Competence	- 0.44	50.31	0.31			
Self-worth	- 0.25	31.28	0.36	- 0.43	52.94	0.28
Social Support				- 0.34	42.52	0.39
Image/Ideation						
Self-worth	- 0.26	20.61	0.15	- 0.47	55.39	0.29
Social Support	- 0.20	13.74	0.19	- 0.23	33.73	0.33
Cognitive Competence	- 0.20	10.98	0.22			

	High Violence School			Low Violence School		
Predictors of Depression	Beta	F-value	R-square	Beta	F-value	R-square
Interpersonal Relations						
Cognitive Competence	- 0.36	30.71	0.21			
Social Support	- 0.20	20.15	0.26	- 0.22	40.87	0.38
Social Competence	- 0.25	15.18	0.28	- 0.40	67.72	0.34
Physical Competence	- 0.17	12.77	0.31			
Self-worth				- 0.18	29.78	0.05
Guilt / irritability						
Self-worth	- 0.24	18.70	0.14	- 0.25	5.72	0.08
Social Support	- 0.20	12.84	0.18	- 0.19	7.31	0.05
Cognitive Competence	- 0.18	10.13	0.21			
Physical Competence				- 0.22	6.11	0.12

In exploring the possible predictors of depression in high-violence school the following was revealed: Predictors for total depression were found to include cognitive competence, self-worth and social support. Significant predictors of affective behaviour were cognitive competence and self-worth. For image/ideation the identified significant predictors included self-worth, social support and cognitive competence. Significant predictors of interpersonal relations were identified to include cognitive competence, social support, social

competence and physical competence. Significant predictors of guilt/irritability were found to include self-worth, social support and cognitive competence.

In exploring the possible predictors of depression in low-violence schools the following was revealed: Significant predictors of total depression, affective behaviour and image/ideation were identified as self-worth and social support. Significant predictors of interpersonal relations were identified to include social competence, social support and self-worth. For guilt/irritability, the significant predictors were identified as social support, self-worth and physical competence.

Thus in the high-violence school cognitive competence was found to consistently predict depression. The role of cognitive competence served a significant protective function only in the high-violence school. Self-worth was found to consistently predict depression in both the high- and low-violence schools except for interpersonal relations where it acted as a predictor of depression only in the low-violence school. Social support predicted depression in both the high- and low-violence schools with regard to total depression, image/ideation, interpersonal relations and guilt/irritability. However, with regard to affective behaviour, it predicted depression only in the low-violence school. Social competence predicted depression in both the high- and low-violence schools in respect of interpersonal relations. Physical competence acted as a predictor of depression in the high-violence school only in terms of interpersonal relations

and in the low-violence school in respect of guilt/irritability only in the low violence community.

The differences between high- and low-violence schools in terms of relationships between depression and other subscales are presented in Table 5.3.3

Table 5.3.3

Differences between high- and low-violence schools in terms of relationships between depression and other subscales

Variable	High-violence		Low-violence		Fisher's Z
	N	r	N	r	
Total depression					
Social Support	132	- 0.33	144	- 0.44	- 1.00
Cognitive Competence	125	- 0.50	146	- 0.09	3.69**
Social Competence	131	- 0.38	141	- 0.48	- 0.37
Physical Competence	136	- 0.07	141	- 0.19	- 1.00
Self-worth	138	- 0.52	144	- 0.57	- 1.16
Affective behaviour					
Social support	135	- 0.26	147	- 0.42	- 1.44
Cognitive Competence	130	- 0.50	149	- 0.06	4.02**
Social Competence	136	- 0.34	144	- 0.37	- 1.69
Physical Competence	141	- 0.13	144	- 0.16	- 0.20
Self-worth	142	- 0.49	147	- 0.55	- 0.63

Variable	High Violence		Low Violence		Fisher's Z
	N	r	N	r	
Image/Ideation					
Social Support	139	- 0.26	148	- 0.33	- 0.65
Cognitive Competence	133	- 0.30	150	- 0.15	1.29
Social Competence	139	- 0.13	145	- 0.39	- 2.33**
Physical Competence	144	0.02	145	- 0.26	- 2.14**
Self-worth	146	- 0.40	148	- 0.50	- 1.07
Interpersonal Relations					
Social Support	138	- 0.32	144	- 0.42	- 0.96
Cognitive Competence	133	- 0.39	146	- 0.14	2.25**
Social Competence	139	- 0.44	141	- 0.60	- 0.81
Physical competence	144	- 0.06	141	- 0.21	- 1.29
Self-worth	145	- 0.38	144	- 0.47	- 0.9

Guilt/Irritability					
Social Support	139	- 0.29	147	- 0.18	0.99
Cognitive Competence	133	- 0.30	149	0.07	1.98**
Social Competence	139	- 0.32	144	- 0.11	1.80
Physical Competence	144	0.03	144	- 0.10	- 0.59
Self-worth	145	- 0.39	147	- 0.24	1.41

There is a significant difference between high- and low-violence schools in terms of the relationship between cognitive competence and depression. There was a stronger negative correlation between total depression in the high-violence school and cognitive competence than in the low-violence school. Results suggested that higher levels of cognitive competence are accompanied by lower levels of total depression, especially in the high-violence school. There is a significant difference between high- and low-violence schools in terms of the relationship between cognitive competence and affective behaviour. In the high violence school, a significant negative correlation was noted between affective behaviour and cognitive competence. Results suggested that higher levels of cognitive competence are associated with lower levels of affective behavior as a symptom of depression in the high-violence school.

There is a significant difference between high- and low-violence schools regarding the relationship between both social and physical competence on the

one hand and image/ideation on the other. In the low-violence school a significant negative correlation was found between image/ideation and the following variables: social competence and physical competence. Results indicated that higher levels of perceived social competence were associated with lower levels of image/ideation in the low violence school. In addition, higher levels of perceived physical competence were associated with lower levels of image / ideation in the low-violence school.

There is a significant difference between high- and low-violence schools in terms of the relationship between cognitive competence and interpersonal relations. In the high-violence school a significant negative correlation existed between interpersonal relations and cognitive competence. This suggested that higher levels of cognitive competence are accompanied by lower levels of interpersonal relations in the high-violence school.

There is a significant difference between high- and low-violence schools in terms of the relationship between cognitive competence and guilt /irritability. In the high-violence school a significant negative correlation was noted between guilt/ irritability and cognitive competence. This result suggests that the higher the levels of perceived cognitive competence, the lower the levels of guilt/ irritability are likely to be.

5.5 Summary of results

1. Descriptive statistics

Social Support

Perceived Competence

Children's Depression Inventory

The majority of the sample was located in the lower range of the Children's Depression Inventory, suggesting low levels of depression symptoms.

2. Demographics

- Overall, language was related to social support, cognitive competence and affective behaviour. In the high-violence school, there was no significant relationship between home language and any of the scales, while in the low-violence school, language was found to be related to guilt/irritability.
- Overall, gender was related to social competence, physical competence, self-worth, total depression, affective behaviour, image/ideation and guilt/irritability. In the high-violence school, gender was related to physical competence, image/ideation and guilt/irritability, while in the low violence school, gender was related to social competence, physical competence, self-worth, total depression, image/ideation, interpersonal relations and guilt/irritability.
- Overall, marital status of parents was related to social support and cognitive competence. In the high-violence school, social support was the

only scale related to the marital status of parents, while in the low-violence school, social support was not related to any of the scales.

- Overall, age was related only to guilt / irritability. In the high-violence school, age was also related only to guilt/irritability, while in the low-violence school, age was the only variable related to physical competence.

3. High- and low-violence schools

Differences between high- and low-violence schools

- No significant difference in the level of depression was found between high- and low-violence schools.
- Participants from the low-violence school experienced more social support than those from the high violence school.
- Participants from the high-violence community perceived themselves as more socially competent, more physically competent and experienced higher levels of self-worth.

Predictors of depression in the high and low violence school

- In the high violence school, cognitive competence consistently predicted depression.
- Self-worth consistently predicted depression in both schools, except with respect to interpersonal relations where it acted as a predictor only in the low-violence school.

- Social support predicted depression in both the high and the low violence schools in terms of total depression, image/ideation, interpersonal relations and guilt/irritability. Social support predicted depression only in the low-violence school in terms of affective behaviour.
- Social competence predicted depression in both high- and low-violence schools only in terms of interpersonal relations.
- Physical competence acted as a predictor of depression only in the high-violence school in terms of interpersonal relations, and in the low-violence school it acted as a predictor of depression in terms of guilt/irritability.

Differences in terms of relationships between depression and other subscales

- Higher levels of cognitive competence were accompanied with lower levels of total depression, especially in the high-violence school. Higher levels of cognitive competence were associated with lower levels of affective behaviour also in the high-violence school. Higher levels of cognitive competence were associated with lower levels of interpersonal relations in the high-violence school.
- Higher levels of perceived social competence and higher levels of perceived physical competence were associated with lower levels of image/ideation in the low-violence school.

CHAPTER 6

DISCUSSION

6.1 Introduction

This chapter presents a discussion of the results obtained in the present study. It will provide some explanations of the major findings reported in the previous chapter, state some limitations of the present study, and make suggestions for future studies in this area.

6.2 Violence and depression

The main aim of this study was to explore the difference between children from high- and low-violence schools in terms of depression. The literature broadly assumes that violence is related to depression. Results obtained from this study indicated that there is no significant difference in depression between children from high and low violence communities. A volume of empirical research exists to support the notion that children exposed to violence and traumas are at increased risk for the development of stress-related effects and emotional difficulties. Some of these include Rudenberg, et al., (1998), Schwartz and Proctor (2000) and Widom (1989). The findings of this study negate the double-jeopardy theory, proposed by Kaplan-Sanoff, et al., (1994) with regard to depression. This theory suggests that children living in poverty are twice as vulnerable as others to experience illness as a result of exposure to stressors.

Findings obtained from this study indicated no significant difference in between children from high-and low-violence communities in terms of depression. This suggests that protective variables are operating in the high-violence community to mediate the impact of exposure to community violence.

In comparing the two communities, it was found that children from the low-violence school had significantly higher levels of social support while children from the high-violence school perceived themselves to be significantly more socially competent, more physically competent and experienced themselves to be significantly higher levels of self-worth. These variables operated to a significant degree and could be said to have played a protective role in mediating the impact of exposure to community violence. These findings replicate and support previous research regarding the role of social support, (e.g. Cohen, 1999; Pretorius, 1997; Chowdhury, Muni, Rath & Pati, 1996; Dubow & Tisak, 1989) and perceived competence as protective variables in the onset of depression (e.g. Cole,1990; Seroczynski, Cole & Maxwell 1997; Cole, 1991; Cole, Martin, Peeke, Seroczynski & Fier, 1999).

In the high-violence school, cognitive competence consistently appeared to be a significant predictor of depression. Higher levels of perceived cognitive competence were linked to lower levels of depressive symptoms. This finding concurred with the findings of Lefkowitz and Tesiny (1995), which found evidence to suggest that elementary school children scoring in the lower quartiles of IQ

were at greater risk for severe depression than those who scored in the upper quartiles. Perceived physical competence predicted depression in terms of interpersonal relations only in the high-violence school, while it predicted depression in terms of guilt/irritability only in the low-violence community. Self-worth was also found to consistently predict depression in both high- and low-violence schools in terms of total depression, affective behaviour, image/ideation and guilt/irritability. It predicted depression in terms of interpersonal relations only in the low-violence school.

The finding that competence is a significant predictor of depression is consistent with Erikson's model of personality development in which he argues that achieving a personal sense of competence during this developmental phase is a critical developmental task. A major task in this phase involves the development of a belief in the ability to learn the basic intellectual, physical and social skills required for full membership in our modern industrial-orientated society. A lack of personal belief in the participants' level of competence acted as a predictor of depression. Failure to experience a sense of being productive can develop into a belief of personal inferiority. Similarly, achieving a sense of being productive, creative, and valued for ones strengths or perceived capabilities facilitates the development of a positive sense of self/self-worth.

The fact that children from the high-violence school had higher levels of perceived competence indicates the presence of personal resilience. Resilience

refers to the capacity to overcome biological, psychosocial and environmental stressors. As such, it is the capacity to withstand stressors and overcome adversity that leads to the achievement of higher levels of self-mastery, self-esteem and internal harmony. According to Poulsen, (in Blackman, 1995), children that manage to cope with life in the face of pertinent stressors develop internal self-regulation to respond to and recover from environmental challenges. Despite the increased exposure to chronic community violence, there was an absence of significant differences in levels of depression between children from high- and low-violence schools. It could be said that for this sample the moderating impact of perceived competence contributed to the participants' capacity to display resilience. This is indicative of the children's capacity to cope and attain internal self-regulation in the presence of distress. These children manage to mobilise internal and external resources, either as a result of modeling significant others or through their own experiences of learning, which they draw on appropriately to help them cope.

Lack of social support almost consistently predicted depression in the high-violence school in terms of total depression, image/ideation, interpersonal relations and guilt/irritability. In the low-violence school it predicted depression in terms total depression, affective behaviour, image/ideation, interpersonal relations and guilt/irritability. Participants from the low-violence school experienced significantly higher levels of social support. Here Cullen's (1994) suggestion that what happens in the family cannot be separated from what

happens in the broader society is crucial. He viewed parents as the primary source of social support and argued that social and economic forces like poverty and inequality have transformed and in many cases destroyed family life. The implication is that parents are unable to be positively involved in the lives of their children. Low violence communities are associated with more affluence and lower levels of inequality and this makes it more possible for parents to provide social and emotional support to their children. This could account for why children from the low-violence school experienced more social support.

6.3 The relationship between demographic variables and all scales

6.3.1 The relationship between home language and the various scales

In examining the relationship between home language and all scales for both schools it was found that English-speaking children experienced higher levels of social support while Afrikaans-speaking children perceived themselves as more socially competent. In addition, English-speaking children displayed more affective behaviour as a symptom of depression. In the high-violence school, no significant relationship was noted between home language and any of the scales. In the low-violence school, a significant positive correlation was found between guilt and home language. It was found that Afrikaans-speaking children experienced significantly higher levels of guilt/irritability. The latter could be attributed to the child-rearing practices associated with English and Afrikaans-speaking people in general. The English-speaking community generally tends to encourage freedom of speech and assertiveness in their children, while the

Afrikaans-speaking community tends to be more conservative and punitive in their child-rearing practices.

6.3.2 The relationship between gender and all scales

In exploring the relationship between gender and all scales for both schools results obtained suggested that boys perceive themselves as more socially competent, more physically competent, and that they have higher levels of perceived self-worth than the girls. Girls had significantly higher levels of total depression, displayed more affective behaviour as a symptom of depression, and experienced significantly higher levels of image/ideation, while the boys had significantly higher levels of guilt/irritability. In the high-violence school, boys had significantly higher levels of perceived physical competence and guilt/ irritability, while girls had significantly higher levels of image/ideation than boys. In the low-violence school, boys perceived themselves to be significantly more socially competent, more physically competent, and to have higher levels of perceived self-worth. Girls were found to have higher levels of total depression and higher levels of image/ideation. Girls were also found to have significantly higher levels of interpersonal relations than boys, while boys had higher levels of guilt/irritability.

Boys' experience of significantly more guilt/irritability was present in the combination of the two groups in the stratification of the sample into high- and low-violence schools. Thus, for this sample boys consistently experienced higher

levels of guilt/irritability than girls. This finding could be understood in terms of psychodynamic theory, which argues that because of the Oedipus complex, boys develop a stronger superego and are thus more prone to feelings of guilt than girls (Freud, in Allen 1997).

Similarly, boys were found to consistently perceive themselves as significantly more physically competent than girls do. Here the role of socialization is crucial. Physical competence is often valued, expected, and encouraged in boys, while physical competence in girls is not valued in the same light. In the combination of the two groups and in the low-violence school both the level of social competence and self-worth in boys were found to be significantly higher than for the girls. Given the fact that we still live in a patriarchal society, boys are generally more valued than girls, simply by virtue of being male (Myers, 1995). Again, the role of socialization is crucial here. Messages about men's 'superiority' infiltrate young children's minds from many directions for example, the hierarchical position of men in religious institutions, educational institutions, social institutions, family life and society in general. The role of the media in perpetuating this image also contributes significantly. The repeated communication of this message in addition to the process of socialisation could be understood as being internalised by boys and manifested in their significantly higher levels of perceived self-worth than girls. The latter may also make it easier for boys to engage socially and thus perceive themselves as more socially competent than girls. Hjelle and Ziegler (1992) indicate that this developmental

phase is critical in terms of influencing self-worth and that when a girls realise that gender, as opposed to own skill and motivation is a determining factor in their worth as a person, they may experience a sense of inferiority.

In comparing gender and all scales in the combined group and the low-violence school it was found that girls had higher levels of total depression. Self-worth has repeatedly been noted as a predictor of depression both in the literature (Lewinsohn, Seeley & Gotlib,1997; Roberts & Gotlib,1997; Orvaschel, Beeferman & Kabacoff, 1997) and in the current study. The fact that girls have been found to have significantly lower levels of self-worth also predicts that they are likely to have higher levels of total depression than boys.

In the low-violence school, girls were found to have significantly better interpersonal relations than boys. This is consistent with Douvan and Adelson's (1966) suggestion that girls are more orientated toward interpersonal relationships while boys are more focused on achievement and assertiveness Central to the capacity for interpersonal relationships is self-esteem and confidence. According to Erikson (1950) children start comparing themselves to peers, siblings parents and significant others. When these self-evaluations are met with negativity, a personal sense of inferiority may develop. The latter presents the child with a struggle in relating to peers as an equal. In the low-violence school, as a result of increased access to resources, children are more likely to be capable of relating to peers as equals, and sharing ideas and feelings

more freely. This has positive spin-offs in that their self-disclosures and efforts at open communication are reciprocated and the nature of this peer interaction is replicated in other peer relationships.

6.3.3 The relationship between the marital status of parents and all scales

In analysing the results obtained from the relationship between parents' marital status and all scales in both schools, it was found that children whose parents are married experience significantly more social support. Further, children whose parents were previously married experience higher levels of perceived cognitive competence than children who have single parents. In the high-violence school, children whose parents were married were found to have higher levels of social support. In the low-violence school, there was no significant relationship noted between marital status of parents and any of the scales. It appears that the results regarding to both schools operate mainly in the high-violence school. Children from the high-violence school whose parents were married experienced comparatively more social support than those attending the low-violence school. This seems to suggest that social support is stressor specific. In the high-violence school more support is needed and, therefore, whether parents are married is critical. According to Cullen (1994), parents are the best source of social support, but for many children parents are not positively involved in their lives. Children from families where parents were previously married or parents are single parents often experience less social support than children coming from families where parents are married and emotionally available and physically

present. According to Wallerstein and Kelly (1980), the typical child's experience of divorce is similar to the experience of a child who loses a parent through death. Such children have heightened feelings of anger, vulnerability, sorrow, abandonment and a fear of being unloved. This is because a divorce disrupts close family relationships and threatens the security of the family structure, resulting in the reduced experience of perceived social support. For other children however, a divorce may be constructed in a more positive light, for example, when it implies divorce implies safety from an abusive parent or freedom from oppressive forms of relating. It should be remembered though that even in such cases where there is an increased perception of safety at one level, there is still the loss of a figure that was significant in the life of the child at another level.

6.3.4 The relationship between age and all scales

In exploring the relationship between demographic features and all variables in both schools, a significant positive correlation was noted between age and guilt. This suggested that the older children are, the more likely they are to experience feelings of guilt as a symptom of depression. Brooks-Gunn and Peterson (1991) and Rhode, Lewinsohn and Seeley (1994) suggest that rates of depression increase with age. This finding concurs with their suggestion because of guilt is regarded as a symptom of depression. Children from high-violence communities often experience repetitive negative life events. These negative life events may put children at risk for developing a negative attributional style in which they

construct these as a consequence of their own 'badness' and thus as a form of punishment. This in turn amplifies their sense of guilt. Classic psychodynamic theory would explain this phenomenon in terms of a fixation in the genital stage. Freud understood the experience of some guilt as a normal part of resolving the Oedipal or Electra complex, but claimed that excessive guilt may result when this complex is not resolved. For this complex to be resolved, parents of both sexes need to be emotionally available, providing a stable and secure attachment figure for their children. One could argue that the frequent emotional unavailability of parents to their children in high-violence communities inhibits the successful resolution of the Oedipul and Electra complex, thus resulting in excessive levels of guilt (Hjelle & Ziegler, 1992).

In exploring the relationship between age and all scales in the low-violence school, a significant positive correlation was found only with regard to physical competence. This result suggested that as children in the low-violence school, grow older, they come to perceive themselves as more physically competent. Nettles and Pleck, (in Haggerty, Sherrod, Garmezy & Rutter, 1996) suggest that elevated rates of poverty place children under increased health risks such as malnutrition, anemia, lead poisoning, lack of immunization, and lack of dental care. The increased vulnerability to physical illness or injury in children from more poverty-stricken areas (high-violence communities) may cause damage to their perceived sense of physical competence. Children from more affluent communities, are at much less risk of suffering from malnutrition, anemia, lead

poisoning and such like, and thus are more likely to perceive themselves as physically competent. This perception of physical competence could be facilitated by the sense of being physically well and energized that is more likely among children from affluent communities.

6.4 Limitations

The following limitations should be noted. Firstly, the samples used in this study were chosen on the basis of South African Police head office statistics, identifying as the highest and lowest violence communities. Their statistics are based on reported crime and do not take cognisance of the number of people living in a specified square kilometer for each community. As a result, the unequal distribution of the population predisposed certain communities to a very high rating and others to a very low rating on reported crimes. Secondly, the participants completed all the instruments used in the study. Additional objective measures completed by parents would have increased the reliability and validity of the findings and would have allowed clearer inferences to be made. This consideration was not incorporated into the study because of time-constraints and the absence of a guarantee that parents would return additional questionnaires. Thirdly, this study considered a limited set of demographic variables and a fuller set of demographic variables would have yielded more information regarding depression in children. The questionnaire took approximately 30 minutes for the participants to complete, and, due to time-constraints, the demographic questions covered only what the researcher

regarded as most essential. Fourthly, high-violence communities are often associated with the disintegration of family life. As stated by Cullen (1994), the role of families as the major source of social support is often compensated for by support obtained from outside of the family, for example, from peers, the school or concerned community members. This study, however, did not differentiate between categories of social support, limiting the understanding of the role of social support in depression. Since this was a pilot study focusing on the relationship between exposure to community violence and depression, the scale used was regarded as sufficient at the time of data collection. The impact of social support on the relationship between exposure to violence and the development of depression was a secondary aim.

6.4 Suggestions for future research

In view of the foregoing section, the following suggestions regarding similar studies in the future are proposed. Firstly, the differentiation between communities chosen to represent the high- and low-violence should be based on more scientifically valid information or statistics that reflect a more adequate representation in relation to population density. Secondly, an attempt to increase the reliability and validity future studies should be made by including additional measures for teachers and parents to be complete. This will allow clearer inferences to be made. Thirdly, the use of at least one qualitative measure will facilitate a clearer understanding of depression as children experience it. Fourthly, asking more questions to elicit additional demographic information

about the participants will yield additional information about depression in children. Fifthly, future use of the social support construct should use social support measures that differentiate between different types and sources of social support to facilitate a clearer understanding of the role of social support in depression in children.

6.5 Recommendations

The results obtained from this study allow one to conclude that despite the risk of developing depression in response to exposure to community violence, children from high-violence schools do not exhibit significantly higher levels of depression than children from low-violence schools. The role of perceived competence and social support in moderating the impact of exposure to community violence should be considered in this regard.

It would be meaningful to give feed on this information back to the schools involved in this study. The crucial role of perceived competence and social support in serving a protective function should be explained. Self-esteem programs (in relation to perceived competence) and parenting groups (in terms of facilitating social support) may serve to enhance these factors and benefit participants from both communities.

Teachers and parents should receive psycho-education about the symptoms and causes of depression with the aim of equipping them with the skills to intervene

appropriately. Collaboration between schools and referral systems should be fostered and encouraged.

The importance of taking a proactive approach to the onset of depression should be advocated and thus the risk factors (e.g. substance abuse by parents, abuse in the family, a lack of social support) should be identified as early as possible, and parents and teachers should take cautionary measures.

Despite the above-mentioned suggestions, it appears as if the majority of risk factors are directly linked to poor social circumstances, rooted in oppressive practices. As such, a real attempt to address issues around violence, depression and other forms of pathology requires not only micro-level changes, but also social change as a collective.

6.6 Conclusion

The main purpose of this study was to examine the relationship between exposure to community violence and the development of depression in 11 to 12 year olds. Secondary aims included exploring the impact of social support and perceived competence on this relationship. The role of demographic variables was also examined. The study was done at a time when there was huge controversy around the increase in crime statistics in South Africa and a subsequent moratorium was placed on the statistics of crime. No significant difference in the levels of depression between high-and low-violence schools was

detected. The study provided evidence to support the notion that perceived competence and social support serve a moderating role in the experience of depression in high- and low-violence schools. It is recommended that results be made available to the schools involved in the study as well as to the education department so that strategies can be designed to facilitate and enable coping in children from high- and low-violence communities. It is hoped that this study would be regarded as a pilot study to initiate further relevant research on topics such as community violence and depression.

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Attention Mr Peter Present

87 Central Drive North
Glenhaven
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16:05:01

Western Cape Education Department
Mr Peter Present

I am currently completing my Master's Degree at the University of the Western Cape. My thesis reads as follows: The relationship between exposure to community violence and the development of depression in children between 8-12 years. I hereby request permission from the Board of Education to collect data based on the experiences of school children.

The study will include a quantitative research methodology and data will be collected through interview format. Questions will be based on standardised inventories. A demographic questionnaire will also be completed. Copies of the questionnaires are included in the letter.

This data will be collected in the month of June / July.

The samples will be drawn from what has been identified by the South African Police Head-office as the highest and the lowest violence area in the Western Cape respectively, based on 1999 statistics. Schools that will be directly involved the process of data collection includes: Tafelsig Primary (which is located in the highest violence area: Mitchell's Plain) and Strandfontein Primary as well as Dennegeur Primary (which is identified as the lowest violence area in the Western Cape: Strandfontein).

It is hoped that the data obtained will provide insight into the relationship between exposure to community violence and the development of depression, but also to determine the extent to which variables like perceived competence and social support impact on this relationship.

Thanking you in anticipation

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Thesis Supervisor

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Western Cape Education Department

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RESEARCH PROPOSAL: THE RELATIONSHIP BETWEEN EXPPOSURE TO COMMUNITY VIOLENCE AND THE DEVELOPMENTOF DEPRESSION IN CHILDREN BETWEEN 8 AND 12 YEARS

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, teachers and learners are under no obligation to assist you in your investigation.
2. Principals, teachers, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. All research should be conducted after school as educators' programmes should not be interrupted.
5. Should you wish to extend the period of your survey at the schools, please contact F Wessels at the contact numbers above.
6. The investigation is not conducted during the fourth school term.
7. A photocopy of this letter is submitted to the principal of each school where the intended research is to be conducted.
8. Your research will be limited to the following schools: Tafelsig Primary; Strandfontein Primary and Dennegeur Primary.
9. A brief summary of the content, findings and recommendations is provided to the Director: Research.
10. The Department receives a copy of the completed report/dissertation/thesis addressed to:

    The Director: Research
    Western Cape Education Department
    Private Bag 9114
    CAPE TOWN
    8000

We wish you success in your research.

Kind regards.

IP HEAD: EDUCATION
DATE: 30/5/01

Demographic sheet

1. Area of residence _____

2. School _____

3. First Language _____

4. Age _____

5. Gender _____

6. Parent's marital status _____

7. Number of breadwinners in the family _____

8. Size of family _____

9. Number of rooms in the house _____

10. Number of other persons living in home _____

Questionnaire # 1

Indicate the participant's answer by circling the corresponding number

1.	0	I am sad once in a while
	1	I am sad many times
	2	I am sad all the time
2.	2	Nothing will ever work out for me
	1	I am not sure if anything will work out for me
	0	Things will work out OK for me
3.	0	I do most things OK
	1	I do many things wrong
	2	I do everything wrong
4.	0	I have fun with many things
	1	I have fun with some things
	2	Nothing is fun at all
5.	2	I am bad all the time
	1	I am bad many times
	0	I am bad once in a while
6.	0	I think about bad things happening to myself once in a while
	1	I worry that bad things will happen to me
	2	I am sure that terrible things will happen to me

7.	2	I hate myself
	1	I do not like myself
	0	I like myself
8.	2	All bad things are my fault
	0	Many bad things are my fault
	0	Bad things are not usually my fault
9.	0	I do not think about killing myself
	1	I think about killing myself but would not do it
	2	I want to kill myself
10	2	I feel like crying everyday
	1	I feel like crying many days
	0	I feel like crying once in a while
11	2	Things bother me all the time
	1	Things bother me many times
	0	Things bother me once in a while
12	0	I like being with people
	1	I do not like being with people many times
	2	I do not want to be with people at all
13	2	I cannot make up my mind about many things
	1	It is hard to make up my mind about many things
	0	I make up my mind about things easily
14	0	I look OK
	1	There are some bad things about my looks
	2	I look ugly
15	2	I have to push myself all the time to do my schoolwork
	1	I have to push myself many times to do my schoolwork
	0	Doing schoolwork is not a big problem
16.	2	I have trouble sleeping every night
	1	I have trouble sleeping many nights
	0	I sleep pretty well
17.	0	I am tired once in a while
	1	I am tired many days
	2	I am tired all the time
18	2	Most days I do not feel like eating
	1	Many days I do not feel like eating
	0	I eat pretty well

19	0	I do not worry about aches and pains
	1	I worry about aches and pains sometimes
	2	I worry about aches and pains many times
20	0	I does not feel alone
	1	I feel alone many times
	2	I feel alone all the time
21	2	I never have fun at school
	1	I have fun at the school all the time
	0	I have fun at school many times
22	0	I have plenty of friends
	1	I have some friends, but wish I had more
	2	I do not have any friends
23	0	My schoolwork is alright
	1	My schoolwork is not as good as before
	2	I do very badly in subjects I used to be good in
24	2	I can never be as good as other kids
	1	I can be as good as other kids if I want to
	0	I am just as good as other kids
25	2	Nobody really loves me
	1	I am not sure if anybody loves me
	0	I am sure that somebody loves me
26	0	I usually do what I am told
	1	I do not do what I am told most times
	2	I never do what I am told
27	0	I get along with people
	1	I get into fights many times
	2	I get into fights all the time

Questionnaire # 2

Indicate agree or disagree by making a cross in the corresponding category

	Agree	**Disagree**
1. I often feel lonely		
2. When I am unhappy or tense, there are people I can turn to for support.		
3. I don't know anyone I can trust with my deepest secrets.		

	Agree	Disagree
4.I used to have close friends that I could talk to about things, but I don't anymore.		
5. When I am worried or sad, I keep things to myself.		
6. I am not a member of any group (e.g church, club, team)		

Questionnaire # 3

Make a cross in the block that is corresponds to the participant's experience

	Really true for me	Sort of true for me
1. Good at schoolwork	1	
2. Like school, doing well	2	
3. Just as smart as others	3	
4. Can figure out answers	4	
5. Finish schoolwork quickly	5	
6. Remember things easily	6	
7. Understand what read	7	
1. Have a lot of friends	1	
2. Popular with kids	2	
3. Easy to like	3	
4. Do things with kids	4	
5. Easy to make friends	5	
6. Important to classmates	6	
7. Most kids like me	7	
1. Do well at sports	1	
2. Better at sports	2	
3. Do well at new activities	3	
4. Good enough at sports	4	
5. First chosen for games	5	
6. Play rather than watch	6	
7. Good at new games	7	
1. Sure of myself	1	
2. Happy the way I am	2	
3. Feel good	3	
4. Sure am doing the right things	4	
5. Am a good person	5	
6. Want to stay the same	6	
7. Do things fine	7	

Demografiese informasie

1. Naam van die area waarin jy woon _____
2. Skool _____
3. Eerste taal _____
4. Ouderdom _____
5. Geslag _____
6. Ouers se huweliks status _____
7. Getal broodwinners in die familie _____
8. Hoeveeleid mense in gesin _____
9. Getal kamers in die huis _____
10. Getal ander mense in die huis _____

Vraelys # 1

Maak n' sirkel om die nommer wat mees korrek is vir jou

1.	0	Ek is hartseer elke nou en dan
	1	Ek is dikwels hartseer
	2	Ek is altyd hartseer
2.	2	Niks sal ooit vir my uit werk nie
	1	Ek is nie seker of enige iets vir my sal uit werk nie
	0	Dinge sal OK uit werk vir my
3.	0	Ek doen meeste dinge OK
	1	Ek doen baie dinge verkeerd
	2	Ek doen alles verkeerd
4.	0	Ek het pret met baie dinge
	1	Ek het pret met sommige dinge
	2	Niks is ooit enige pret
5.	2	Ek is altyd stout
	1	Ek is baie keer stout
	0	Ek is nou en dan stout
6.	0	Ek dink nou en dan oor slegte dinge wat met my gebeur
	1	Ek is bekommerd dat slegte dinge met my sal gebeur
	2	Ek is seker dat verskriklike dinge met my sal gebeur

7.	2	Ek haat myself
	1	Ek hou nie van myself nie
	0	Ek hou van myself
8.	2	Alle slegte dinge is my skuld
	1	Baie slegte dinge is my skuld
	0	Slegte dinge is nie gewoonlik my skuld nie
9.	0	Ek dink nie aan selfmoord nie
	1	Ek dink oor selfmoord, maar sal dit nie doen nie
	2	Ek wil myself dood maak
10.	2.	Ek voel elke dag om te huil
	1	Ek voel baie dae om te huil
	0	Ek voel om te huil elke nou en dan
11.	2	Dinge pla my die heel tyd
	1	Dinge pla my baie keer
	0	Dinge pla my elke nou en dan
12.	0	Ek hou daarvan om met mense te wees
	1	Baie keer hou ek nie darvan om met mense te wees nie
	2	Ek wil glad nie met mense wees nie
13.	2	Ek kan nie n' besluit neem oor baie dinge nie
	1	Dit is moeilik om n' besluit te neem oor baie dinge
	0	Ek maak maklik n' besluit oor dinge
14.	0	Ek lyk OK
	1	Daar is n' paar slegte goed omtrent my voorkoms
	2	Ek lyk lelik
15.	2	Ek moet myself die heeltyd forseer om my skoolwerk te doen
	1	Ek moet myself baie keer forseer om my skoolwerk te doen
	0	Om my skoolwerk te doen is nie n' groot probleem nie
16.	2	Elke aand is dit moeilik vir my om te slaap
	1	Baie aande is dit moeilik vir my om te slaap
	0	Ek slaap redelik goed
17	0	Ek is elke nou en dan moeg
	1	Ek is baie dae moeg
	2	Ek is heeltyd moeg
18.	2	Meeste dae het ek nie lus vir eet nie
	1	Baie dae het ek nie lus om te eet nie
	0	Ek eet redelik goed

19.	0	Ek is nie bekommerd oor krampe en pynne nie
	1	Ek is dikwels bekommerd oor krampe en pyne
	2	Ek is die heeltyd bekommerd oor krampe en pyne
20	0	Ek voel nie alleen nie
	1	Ek voel baie keer alleen
	2	Ek voel heel tyd alleen
21.	2	Ek het nooit pret by die skool nie
	1	Ek het die heel tyd pret by die skool
	0	Ek het baie keer pret by die skool
22	0	Ek het baie vriende
	1	Ek het n' paar vriende, maar ek wens ek het meer gehad
	2	Ek het niks vreinde nie
23	0	My skoolwerk is OK
	1	My skoolwerk is nie so goed soos van te vore nie
	2	Ek doen baie swak in vakke waarin ek voorheen goed gedoen het
24	2	Ek kan nooit so goed soos ander kinders wees nie
	1	Ek kan so goed soos ander kinders wees as ek wil
	0	Ek is net so goed soos ander kinders
25	2	Niemand is regtig lief vir my nie
	1	Ek is nie seker of enige een lief is vir my nie
	0	Ek is seker iemand is lief vir my
26.	0	Ek doen gewoonlik wat vir my gese word
	1	Meeste tye doen ek nie wat vir my gese word nie
	2	Ek doen nooit wat vir my gese word nie
27.	0	Ek kom oor die weg met mense
	1	Ek beland baie keer in gevegte
	2	Ek beland heeltyd in gevegte

Vraelys # 2

Maak n' kruisie in die blokkie waarmee jy saam stem

	Waar	Onwaar
1. Ek voel dikwels alleen		
2. Wanner ek ongelukkig of gespanne is, is daar mense na wie toe ek kan gaan vir ondersteuning		
3. Ek ken niemand vir wie ek kan vertrou met my diepste geheime nie		

	Waar	Onwaar
4. Ek het goeie vriende gehad met wie ek kon praat oor goed, maar ek het nie meer nie		
5. Wanneer ek bekommerd of hartseer is, hou ek dinge vir myself		
6. Ek is nie n' lid van enige groep nie (bv. kerk, klub, span)		

Vraelys # 3

Maak n' kruis in die blokkie wat meer reg is vir jou

	Regtig waar vir my	Soort van waar vir my
1. Goed in skoolwerk	1	
2. Hou van skool, doen goed	2	
3. Net so slim soos ander	3	
4. Kan antwoorde uit werk	4	
5. Maak skoolwerk gou klaar	5	
6. Onthou dinge maklik	6	
7. Verstaan wat ek lees	7	
	1	
1. Het baie vriende	2	
2. Populer met kinders	3	
3. Maklik om van te hou	4	
4. Doen dinge met kinders	5	
5. Maklik om vriende te maak	6	
6. Belangrik vir klas maats	7	
7. Meeste kinders hou van my		
	1	
1. Doen goed in sport	2	
2. Beter in sport	3	
3. Doen goed in nuwe aktiwiteite	4	
4. Goed genoeg in sport	5	
5. Eerste gekies vir speletjies	6	
6. Speel eerder as om te kyk	7	
7. Goed in nuwe speletjies		
	1	
1. Seker van myself	2	
2. Gelukkig met hoe ek is	3	
3. Voel goed oor hoe ek op tree	4	
4. Seker dat ek die regte ding doen	5	
5. Is n' goeie mens	6	
6. Wil dieselfde bly	7	
7. Doen dinge goed		