



UNIVERSITY *of the*
WESTERN CAPE

*Developing a strategy to support parents of children
who experienced trauma in primary school contexts
in the Eastern Cape*

Student: Mlonyeni Nomhle

Student no: 3972109

Supervisor: Prof A E Kitching

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ABSTRACT

Trauma is identified as “the state of severe fright or shock that a person experiences when confronted with a sudden, unexpected, potentially life-threatening event over which the person does not have control and to which the persons are unable to respond effectively” (Dye, 2015, p.158). In South Africa, many children are exposed to traumatic events. Children therefore need support to deal with trauma. Past studies have shown that traumatised children in some contexts might get support from psychologists, psychiatrists and other health professional specialists. In other contexts, the child might only have the support of a parent. In view of the fact that schools are well positioned to refer children who have experienced trauma, the role of schools in assisting parents to support their children seems imperative. The research literature on trauma-informed schools emphasises the important role that schools should play in supporting children who have experienced trauma. However, there is still a gap in the knowledge on the role that schools can play in guiding parents to effectively support children who have experienced trauma. The aim of this study was to investigate what a school-based strategy can do to equip parents and caregivers in resource-restrained contexts to support children who have experienced trauma. A transformative paradigm guided the design of the study. A participatory action research approach was applied in combination with a basic qualitative research design to ensure that the research was conducted with and for people rather than on people. The research was conducted in two semi-urban primary schools in the O.R. Tambo Inland District in the Eastern Cape, South Africa. The participants included parents, School-Based Support Team members (SBST), School Governing Body (SGB) members as well as health professionals who provide support to children who experience trauma. The data were gathered through a cyclic process that included individual interviews with ten selected parents, two focus group interviews with SBST and SGB members, health professionals, and community members from the local community. Thematic analysis was conducted. The findings of the study contributes to the knowledge on the implementation of the Screening, Identification, Assessment and Support Policy (2014) and strengthen the capacity of resource- constrained schools to enhance care and support for children who experience trauma by providing guidelines for engagement with the parents of these children. **Key words:** School-based support; trauma; parents; health professionals

ISIXHOSA ABSTRACT

ITrauma /uxinzelelo lwengqondo luchazwa ngokuba yimeko yokothuka okukhulu athi umntu abe nayo emva kokugaxeleka ngesaquphe ngokungalindelekanga kwimeko eyoyikisayo abengenakuyinqanda nangena kukwazi ukubanempendulo echanekileyo yayo. Apha eMzantsi Afrika abantwana abaninzi baye bagaxeleke kwiimeko ezinje. Ngoko ke abantwana badinga ukuxhaswa ukuze bakwazi ukumelana nolu xinzelelo lwengqondo. Kwizifundo ezidlulileyo kubonisdwa ukuba abantwana abanolu xinzelelo lwengqondo bafumana ukuxhaswa ziindawo amaziko amaninzi okuxhasa abantu njengezikolo, aboluleki ngokwengqondo, oogqirha bengqondo kunye nabanye abantu abafundele oko. Kodwa kusekhona isikhewu kulwazi malunga nokuxhasa abazali ukuze bakwazi ukuxhasa abantwana babo ngokupheleleyo. Uncwadi lophando kwizikolo ezinolwazi ngoxinzelelo lwengqondo zigxininisa ukubaluleka kwendima enokudlalwa zizikolo ekuxhaseni abantwana abaye bafumana uxinzelelo lwengqondo. Injongo yoluncwadi kukuphanda ukuba izikolo ezingena zibonelelo zingenza njani ukuxhobisa abazali kunye nabantu abahlala nabantwana kwindawo ekungekho zibonelelo khona ukuxhasa abantwana babo abaye banoxinzelelo lwengqondo. Iparadigm yenguqu ebalulekileyo iza kukhokela uyilo lophononongo.

Indlela yokuthatha inxaxheba yophando iza kusetyenziswa ukuqinisekisa ukuba uphando lwenziwa nabantu kwaye lwenzelwa bona endaweni yokwenziwa kubo. Uphando luzokwenziwa kwizikolo ezibini ezisezilokishini zamabanga aphantsi, kwisithili sase O.R. Tambo Inland eMpumakoloni. Abazakuthatha inxaxheba baza kuquka abazali, namalungu eqela lenkxaso elisezikolweni, amalungu esigqeba esilawula isikolo, kunye neengcali zempilo ezixhasa abantwana abaye banoxinzelelo lwengqondo. Idatha iza kuqokelelwa ngenkqubo yomjikelelo ezoquka udliwano-ndlebe lomntu ngamnye nabazali, udliwano-ndlebe namaqela ekugxilwe kuwo aquka amalungu eqela lenkxaso ezikolweni, amalungu esigqeba solawulo lwesikolo kunye neengcali zempilo. Uhlalutyo lwethemamatika luza kwenziwa ngentsebenziswano neNjongo ekhethiweyo iqela labathathi-nxaxheba. Uncwadi luzakuncedisa kulwazi ekuqulunqweni komgaqo-nkqubo weSIAS nasekomelezeni amandla ezikolo ezinengxaki zoncedo ukuphucula inkxaso kubantwana abaye banoxinzelelo lwengqondo ngentsebenziswano nabazali. **Isigama:** inkxaso efumaneka esikolweni; uxinzelelo lwengqondo; abazali; amagosa ezempilo

TABLE OF CONTENTS

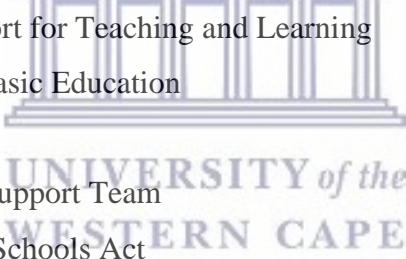
Cover page	1
Acknowledgements	2-3
Abstract	4
IsiXhosa abstract	5-6
Table of contents	7-8
Acronyms	8
CHAPTER 1. CONCEPTUALISING THE RESEARCH	
1.1 Introduction	9-12
1.2 Background and rationale	12-13
1.3 Problem statement	13
1.4 Research questions	14
1.5 Aims and objectives	14
1.6 Research paradigm, design and methodologies	15-17
1.7 Data analysis	17
1.8 Trustworthiness of the study	17-18
1.9 Ethical considerations	19
1.10 Key concepts in the study	19
CHAPTER 2. LITERATURE REVIEW	
2.1 Introduction	21

2.2 Theoretical framework and relevant policies	22-26
2.3 Traumatic life experiences prevalent in South African context	25-30
2.4 The impact of trauma on children	30-31
2.5 The need to support parents when their children are exposed to traumatic life events	32-37
2.6 Summary	38
CHAPTER 3. RESEARCH DESIGN AND METHODOLOGY	
3.1 Introduction	39
3.2 Research paradigm	39
3.3 Research design and methodology	40
3.4 Research context	41
3.5 Selection of participants	41-44
3.6 Data collection	44-45
3.7 Data analysis	45-46
3.8 Rigor of the study	46-47
3.9 Ethical considerations	48
3.10 Challenges experienced	49
CHAPTER 4.	
PRESENTATION AND DISCUSSION OF THE FINDINGS	
4.1 Introduction	50
4.2 Presenting the findings	50

4.3 Theme 1: Traumatic experiences and associated responses	51- 63
4.4 Theme 2 : Supportive engagements	63-72
4.5 Discussion of the findings.	72 -77
4.7 Conclusive summary	77-79
CHAPTER 5. CONCLUSION AND RECOMMENDATIONS	
5.1 Introduction	80
5.2 Conclusions	80-82
5.3 Recommendations	83-84
5.4 Limitations	84
5.5 Contribution of the study	85
5.6 A final word	85
6. REFERENCES	87-95
7. ADDENDA	96 - 114
Addendum 1. Participant Information letter for parents	96 - 99
Addendum 2. Participant Information for members of the School-Based Support Teams, School –Governing Bodies and Professionals	100- 103
Addendum 3 A. Informed Consent for individual interviews	104- 105
Addendum 3 B. Informed Consent for School-Based Support Teams, School-Governing Bodies	106 - 107
Addendum 4. Questions for participants in cycle 1 and 2	108- 109

Addendum 5. Approval letter from Eastern Cape Department of Education	110
Addendum 6. Approval letter from University of Western Cape	112
Addendum 7. Letter for language editing	113
Addendum 8. Turnitin Original Report	114

ACRONYMS



CSTL – Care and Support for Teaching and Learning
 DBE - Department of Basic Education
 DBST – District Based
 SBST – School Based Support Team
 SASA – South African Schools Act
 SGB – School Governing Body
 SIAS – Screening, Identification, Assessment and Support.
 SMT - School Management Team

CHAPTER 1. CONCEPTUALISING THE RESEARCH

1. 1. INTRODUCTION

The definition of trauma presented by Dye (2015) explains trauma as the state of severe fright or shock that a person experiences when confronted with a sudden, unexpected, potentially life-threatening event over which the person has no control and to which the person is unable to respond effectively. Trauma affects the individual, but also the family unit and the entire community.

In the South African context, research suggests that by adolescence, half of the population of South African children has experienced traumatic events, either as a direct victim or a witness (Kaminer & Eagle, 2010). Children are more seriously affected by trauma because they are often defenceless, voiceless and helpless. The wide-ranging effects of traumatic events on children impact their behavioural, emotional, social and academic development. Childhood trauma can result in significant developmental disruptions, serious long-term mental and physical health problems and increased involvement in child welfare and juvenile justice systems (Ford, et.al. 2007; Rix, 2019).

With reference to the impact on children's school experience, the effect of trauma may manifest as deficits in attention, abstract reasoning, long-term memory for verbal information, changes in academic performance and behaviour, and higher absenteeism (Beers & De Bellis, 2002). Orphans and vulnerable children are further negatively impacted by poverty on both a mental and physical level, which is most likely to have a negative impact on their academic performance owing to lack of focus and inability to complete schoolwork. Many of them struggle to do their assignments due of household responsibilities and taking care of younger siblings.-Any resulting absence from school also has a negative impact on their academic performance (Pillay, 2018).

Considering the impact of trauma on orphans and vulnerable children, it is evident that childhood trauma may impose feelings of anger and sadness due to unfavourable environmental conditions. The pain of being orphans and not being guided by parents or

adults can leave them feeling devastated, especially if they are not supported psychologically. Counselling could help them cope with the fact that parents and or caregivers are absent (Pillay, 2018).

Overall, children and their families therefore need access to support in dealing with trauma. Considering the limited access to professional support in rural areas, due to the limited availability of human resources, it is important to consider the role of parents as a support system for children who have experienced trauma. Considering the serious implications that traumatic experiences will have for the children's education, it is imperative that parents are equipped to provide efficient support to their children when they have experienced traumatic events.

Kaminer and Eagle (2010) found that the involvement of parents and caregivers as part of the treatment of victims and witnesses of childhood trauma may counter the impact and prevent the development of serious symptoms and disorders later in life. However, parents lack knowledge on how to provide social support when their children have experienced trauma. Williamson, et.al. (2019) found that parents often encourage the child to forget about the trauma or even remove the child from the area where the event took place, as it will remind him/her of it. In other instances, parents perpetuate the traumatic experience in their children by repeatedly referring to the incident or situation. This suggests that parents would benefit from guidance from professionals in order to be able to provide support to their children when they have experienced trauma. This also necessitates the identification of strategies to provide support to those children who may be excluded from parental support.

Schools provide a natural setting for identifying and supporting traumatized children. They provide access to all children who need mental health services. This is particularly appropriate in the rural South African context where schools are located in communities where children live and educators are familiar and often trusted by families. School-based treatment in these areas can address the barriers that parents experience to gain access to mental health.

The role of schools in addressing childhood trauma has recently been emphasised with the introduction of trauma-informed practices in schools. The research literature on trauma-informed schools emphasises the important role that schools should play in sup-

porting children who have experienced trauma. Meg and Tory (2013) focused on the impact of trauma-informed schools by examining how this approach may enhance the improvement of emotional and physical safety of learners, while also improving academic and behavioural outcomes. These authors emphasised that the trauma-informed system requires collaboration between all who touch the life of a child, arguing that school social workers are well suited to take a leadership role in moving their school communities forward. Stacy and Sandra (2016) argued that, in trauma-informed schools, personnel at all levels have a basic realisation about trauma and an understanding of how trauma affects learners' learning and behaviour in the school environment. These schools respond to the needs of trauma-exposed learners by integrating effective practices, programmes and procedures into all aspects of the organisation and culture. However, equipping parents and caregivers to assist in the treatment of these children does not seem to be a focus in this practice, despite the fact that the relationship between parents and teachers can be severely affected in instances where children have experienced trauma. Parents might avoid contact with the school, because they may fear being blamed for the challenges experienced by their children.

Thompson, et, al., (2004) found that teachers will most likely blame learners and their parents for low achievement when the child had experienced trauma. Considering the serious implications that traumatic experiences could have for the children's education, it is imperative that schools take responsibility to support rather than blame parents and caregivers. The first line of support is generally provided by professional staff who work in Health Clinics, Social Services or the Department of Basic Education. Due to infra-structural and human resource restraints, these services might not always be able to respond immediately and even in instances where they do respond, the children eventually need to go home and continue with their lives, which implies that their parents or caregivers need to be equipped to support them.

This study explored the forms of support that could be rendered to children who go through the challenges highlighted above, with a special focus on the extent to which parents could provide home-based support for their children. The study aimed to investigate how schools could enable parents to equip their children, thereby becoming better health support practitioners. The role that schools in resource-constrained environments can play to support these parents, is emphasised in the literature on trauma-informed

schools. Meg and Tory (2013), examined how this approach may hold the key to improving the emotional and physical safety of learners, while also improving academic and behavioural outcomes.

The focus of this study is on the provision of guidance and support to parents and legal guardians of children who experience trauma, with consideration of the resource-constrained nature of their contexts. The research was conducted in two resource-constrained primary school contexts in the Eastern Cape Province, South Africa. The participants in this the study involved parents, members of school-based support teams and health professionals who support children experiencing trauma, in a process of co-constructing guidelines for School-Based Support Teams.

1.2 BACKGROUND AND RATIONALE

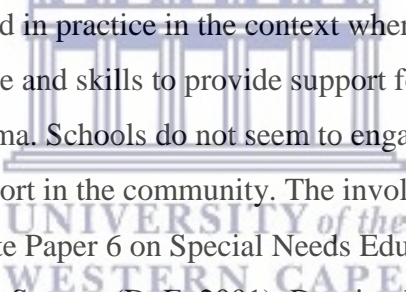
The important role of parents in their children's lives is emphasised in Section 25 of the Constitution (RSA, 1996). The White Paper on Families (2013) also emphasises the significant role that parents or familiar caregivers play in children's lives. The Screening, Identification, Assessment and Support (SIAS) policy (DoE, 2014) foregrounds the need for parental involvement in cases where children are in need of support.

Makunga (2017) states that all caregivers and parents in South Africa, especially those living in rural communities, are facing many challenges including poverty and lack of education and skills. The implication is that they would be even more stressed and anxious when their children experience trauma. In the area where I live and work, children get traumatised due to some cases of rape, violence against them, some even victimised by perpetrators who are close family members. They also experience loss of a parent or a close relative, exposure to parental drug addiction, alcohol over-consumption as well as serious illness of themselves or close relatives. In a study by Williamson, et. al. (2019) on parents' experiences of providing support to their children following trauma, the participants reported that they experienced considerable anxiety about how to support their children's recovery better. Parents also blamed themselves for being unaware of their children's symptoms or for their perceived contribution to their children's adjustment difficulties.

My observations over a period of ten years working as a teacher in a resource-constrained environment in the Eastern Cape have been that parents and caregivers of children exposed to traumatic events have, by and large, a similar response to their children's trauma. The consequence is that both the child and the parents' health and well-being might have been impacted. The rationale for this study was to address the impact of trauma on the health and well-being of children and their parents in resource-constrained contexts, where access to longer-term professional support may be limited.

In South Africa, issues of women and child abuse are topical. On various media platforms, child abuse is discussed on a daily basis. There is a nationwide debate on how better homes can improve child safety and security. On this account, I argue that, in the event of trauma, parents can play a significant role, regardless of place, time and circumstances; and that schools could equip parents to perform this function better.

1.3 PROBLEM STATEMENT



The problem observed in practice in the context where I work is that schools do not seem to have the knowledge and skills to provide support for parents or caregivers of children who experienced trauma. Schools do not seem to engage effectively with other stakeholders who provide support in the community. The involvement of parents is emphasised in the Education White Paper 6 on Special Needs Education and Building an Inclusive Education and Training System (DoE, 2001). Despite the fact that the inclusion of parents in the development of support plans for their children is emphasised in relevant policy documents, very limited research has been conducted to identify strategies to support parents in cases where the learner has experienced trauma. Research data shows that the current movement towards trauma-informed schools does focus on equipping teachers to deal with children who experience trauma. However, limited research has been conducted on school-based interventions aimed at equipping parents and caregivers as part of the trauma-informed approach. The study intends to address both the gap in the research knowledge and the gap in practice by presenting co-constructed guidelines to these schools.

1.4 RESEARCH QUESTIONS

To address the identified gap in the research knowledge and literature, the

Following questions guided the research in this study:

Main research question:

How can schools in resource-constrained contexts equip parents and caregivers support their children who have experienced trauma?

Subsidiary research questions:

What are parents and caregivers' experiences when their children have experienced trauma?

What do parents and caregivers need to enable them to support their children when they have experienced trauma?

How do the participating resource-constrained primary schools currently respond to parents and caregivers when their children have experienced trauma?

How can these schools collaborate with professionals in clinics to equip parents and caregivers whose children have experienced or are experiencing trauma?



1.5 AIMS AND OBJECTIVES

The main aim of the research conducted in this study was to develop a school- based strategy to equip parents and caregivers in resource-constrained contexts to support their children who have experienced trauma.

The aim was achieved by focusing on the following objectives:

Exploring the experiences of parents and caregivers' whose children have experienced trauma.

Establishing what parents and caregivers need to enable them to support their children when they have experienced trauma.

Investigating how resource-constrained primary schools currently respond to parents and caregivers when their children have experienced trauma.

Investigating how schools can co-operate with professionals in clinics to support parents and caregivers whose children have experienced trauma.

1.6 RESEARCH PARADIGM, DESIGN AND METHODOLOGY

The research in this study is embedded in a Transformative Paradigm, that values people as social beings and advocates for action research that highlights work with and for our people rather than on people (Kamden & Leslie, 2019; Nelson & Prilleltensky, 2010). The approach is well aligned with the Afrocentric paradigm which is rooted in the communal character of African life (Brock- Utne, 2016).

In line with the Transformative Paradigm that intends to facilitate change, the participants came together to develop guidelines for the development of interventions using a reflexive and engaged action research approach as described by Vishalache and Lise (2017). A basic qualitative research design was applied to allow the researcher to obtain an in-depth understanding of parents' experiences (Phase 1) and gain insight into the current support available to parents (Phase 2) before developing guidelines for parental support by schools.

1.6.1 Research sites

The research was conducted in two semi-urban primary schools, in the O.R. Tambo Inland District in the Eastern Cape (South Africa). The selected research sites are a representation of typical primary schools in the region. Children in these schools are exposed to various traumatic events due to the socio-economic problems and the high crime rates that prevail in surrounding areas.

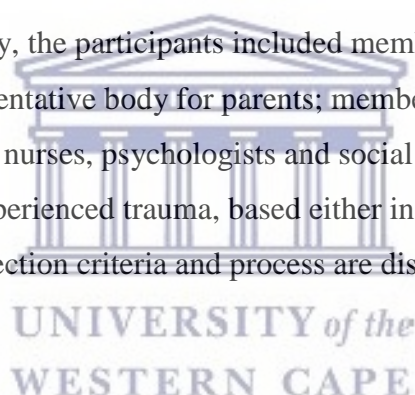
The services that are offered to traumatised children in these areas are limited to counselling offered by a Non-Governmental Organisation. In cases of rape, children are taken to hospital and also get counselling from the Department of Health. Some parents

take their children to traditional healers. Other children never receive counselling due to lack of knowledge or lack of facilities.

1.6.2 Selection of participants

The participants in this study were purposively selected to ensure in-depth data collection on parental support in cases where their children have experienced trauma and in-depth conversations about ways to provide such support. A total of thirty participants was involved in this study. The participants in Phase 1 of the study included ten parents or caregivers from the Ikwezi Community in the Eastern Cape, whose children had experienced trauma. They were selected based on information provided by the School Based Support Teams (SBST) in each school.

In phase 2 of the study, the participants included members of the School Governing Body (SGB) as the representative body for parents; members of the SBST and professionals support staff including nurses, psychologists and social workers who provide services to children who have experienced trauma, based either in the school contexts or in the clinics in the area. The selection criteria and process are discussed in depth in Chapter 3, Section 3.5.



1.6.1 Data collection

In Phase 1, the focus was on the parents' experiences. The aim was to understand the experiences and needs of the parents / caregivers. The data collection comprised individual interviews of 20 – 30 minutes with the ten participating parents. During the interviews, the participants were requested, to share their uniquely personal stories in order to allow me to gain an in-depth understanding of the personal experiences and feelings, and the meaning given to these experiences. The interviews were guided by the interview schedule in Addendum 6.

In Phase 2, the focus was on the current support and envisioned support that could be offered by schools to parents whose children have experienced trauma. The data collection was done in two semi-structured focus group interviews held at each of the two schools. The 17 participants included parents, who participated in Phase 1, SBST members, SGB members and health professionals. The focus group interview schedule is presented in Addendum 4. An in depth discussion of the data collection process is presented in Chapter 3 in Sections 3.6.1 and 3.6.2 (s

1.7 DATA ANALYSIS

Thematic analysis, described by Braun and Clarke (2006) as a method for identifying, analysing and reporting pattern (themes) within data, was applied in this study. The application of the method encompassed the following: reading and re-reading of the data, initial open coding, refinement of the codes through axial coding, followed by the identification of themes. A detailed description of the data analysis process is presented in Chapter 3,-Section 3.5

1.8 TRUSTWORTHINESS OF THE STUDY

The criteria indicated by Tracy (2010) as markers of quality in qualitative research were applied to ensure the trustworthiness of the research in this study. To ensure rich rigour in this study, I applied multi-vocality as a criterion by including the voices of parents, schools and professionals. All the various opinions were valued and acknowledged and participants presented with a variety of ways to express themselves throughout the process to ensure full participation. I, moreover, ensured deep rich data by engaging in in-depth interviews with parents whose children have experienced trauma as well as interrogating current practice applied by schools and professionals to support parents.

Before and during the data collection process, I provided clear documentation of the whole research process, as well as detailed accounts of interactions among the re-

researcher and the participants in each context. In this report, I also demonstrated transparency by communicating the challenges and shifts in the focus of the inquiry in Chapter 3, Section 3.7

Transferability is achieved by providing an extensive report of the findings of my research, so that those who read the story of the research can identify the overlaps with their own situation and intuitively transfer the research to their own context, since trauma is prevalent in most South African school contexts.

1.9 ETHICAL CONSIDERATIONS

Ethical considerations ensure the recognition of the human rights of people, as proposed in the Constitution of the Republic of South Africa (1994). During the process of the research activity, ethics was adhered to as stipulated in the Constitution document.

Ethical clearance for the research was also obtained from the Human Social Sciences Research Committee at the University of the Western Cape (see Addendum 6) and the Eastern Cape Department of Basic Education (see Addendum 5) before commencing the research.

Goodwill permission was obtained from the school principal, the School Management Team (SMT, the SGBs and the institutions where the professional staff who provided services work, since these people act as gatekeepers for the community, in which the research was conducted.

The following ethical consideration were adhered to as proposed in the Constitution of the Republic of South Africa (1994):

- Informed consent was obtained from all the participants after providing them with a clear explanation about the intention of the research and what would be expected of them.
- Anonymity of the participants' particulars and the data gained from them was ensured by allocating a code to each participant to ensure that their true identity was successfully concealed and protected. In the focus groups, partial anonymity was ensured by

asking participants not to reveal the identity of other participants outside of the group or discuss the content of the focus group session.

- Confidentiality was maintained by ensuring limited access to the data collected and by requesting that data is was not discussed outside of the focus groups. The person who transcribed the data was also be requested to sign a confidentiality agreement for individual participants (see Addendum 1) and focus groups (see Addendum 2).
- Privacy and protection of the participants was ensured by selecting a private and safe environment in which to conduct the research. All participants were treated with respect and dignity.

The collected data was stored on the laptop of the researcher and locked with a password known only to her. Any hard copies of the data were locked in a cupboard at the researcher's home. On completion of the research, the data collected is has been stored by the Faculty of Education for at least five years after which it will be shredded and deleted.

Feedback on the outcomes of the research will be presented to both schools. The outcomes will also be shared with the professionals involved as well as the Eastern Cape Department of Basic Education.



1.10 Key concepts in the study

Trauma / Traumatic life events:

Trauma is defined as an emotional response to a terrible event for example, an accident, rape, or natural disaster while traumatic life events refer to the events that elicited the trauma.

Parental involvement and support

Parents are the adults in a child's life who take the primary responsibility for their upbringing, well-being and education. The term 'parent' is used in a broad and inclusive way to mean any caregiver responsible for caring for, and supporting, a learner. The South African Schools Act (No. 84 of 1996) (SASA), defines a parent as:

(a) biological or adoptive parent or legal guardian of a learner (b) a person legally entitled to custody of a learner; or (c) a person who undertakes to fulfil the obligations of a person referred to in paragraphs (a) and (b) towards the learner's education at school.

Resource-constrained contexts

Resource-constrained schools have limited access to resources that might be available in other contexts depending on the location and socio-economic situations that prevail in particular communities. The South African government has categorised the country's public schools into five quintiles based on the socioeconomic status of a school. They are determined by measures of average income, unemployment rates, and general literacy level in the school's geographical area. Resource-constrained schools fall within Quintile 1 to 3. They are non-fee-paying schools which receive more funding per learner from the government than schools in Quintile 4 and 5 which are fee-paying schools, based on the assumption that parents can afford to pay fees and, therefore require less governmental support than schools in lower quintiles.

School - based strategy

A school-based strategy in the South African context refers to a strategy that can be implemented by the School-Based Support Teams (SBST), Institutional-level Support Teams (ILST) (this is not in the list of acronyms) or SBST's work with the District-Based Support Teams (DBST) to develop school-based support plans and identify learners that need specialised assistance. These teams consist of teachers, parents or caregivers, members of the SBST, members of the local community, teachers from other schools and learner representatives.

CHAPTER 2 LITERATURE OVERVIEW

2.1 INTRODUCTION.

Trauma in South Africa is everywhere: on radios, televisions, in our streets, in communities and what people read about in newspapers social media etcetera. People are traumatised by different things like violence, whether physical or sexual, emotional abuse, bullying in schools, neglect and abandonment, kidnapping, divorce and loss or death of parents. Trauma has a negative impact on children which can be noticed in different ways such as problems that they reflect in their academic performance at school, mental health and behavioural problems including relationships with other people. Trauma shows through the relations one has with the self, others around one and the activities expected of one. Parents, in particular, are the first to be directly affected when their children experience trauma (Reference needed). Parents whose children experience trauma can seek support from health professionals, School Governing Bodies, School Based Support Teams and from the church and community organisations. In this chapter, I identify and briefly discuss various forms of traumatic experience that children are exposed to; discuss the impact of traumatic experiences on children and deliberate how parents can be supported by various societal institutions.

2.2 THEORETICAL FRAMEWORK AND RELEVANT POLICIES

The theoretical and conceptual framework for this study provided a basis for understanding how parents can be supported by schools in resource-restrained contexts in South African. The diagram below presents an overview of the theoretical and conceptual framework that includes the theoretical perspective that informed the research, policies related to support the affected in school contexts. It also presents key concepts used in this study.

2.2.1 Ubuntu – an African worldview

Tsotetsi and Omodon (2020) discuss Ubuntu Philosophy as “all about compassion-ateness, love and respect for one another for the development with emphasis on cultural richness of people in the society” (p.30). Ubuntu means humanness, implying that people of different diversities can live and work together to achieve the same goals and objectives. In the context of the study, Ubuntu advocates that schools should become partners who enhance this unity between people. This is important to ensure that teachers and parents unite in their support for their children without thinking that anyone is superior to another and that all stakeholders work together in the best interest of society.

2.2.2 An ecological systems perspective

The Afrocentric Worldview is aligned with a community educational psychology perspective insofar as both these perspectives emphasise the important relationship between individuals and their environment (Nelson and Prilleltensky, 2010). From a community educational psychology perspective, the individual child who experienced the trauma is part of an ecological system. Neal and Neal (2013) describe an ecological system as a collection of structures that are all connected to one another either directly or indirectly through the direct or indirect social interactions of the members.

In this study, I used Bronfenbrenner's ecological systems theory as a basis for investigating how parents are impacted and supported. The bio-ecological systems theory developed by Urie Bronfenbrenner, according to Härkönen (2007), informs our understanding of the environment in which the individual engages in activities and interactions (i.e., the microsystem). In this study, the most important microsystems are school, home and peers. The interrelatedness among these microsystems is referred to as the mesosystem, whilst exosystems are those contexts that influence the development of individuals who are not actually situated in the context, such as the parents' work context or a caregiver's support group. The macrosystem is the all-encompassing system of community members who share value or belief systems. In this study, the focus is on the microsystems in which the child and the parents are involved and the mesosystem where the school functions in interaction with the parents with consideration of the macro systemic challenges that may lead to traumatic life events for children.

The application of an ecological systems perspective reveals that multiple, inter-connected factors may lead to children's trauma. Using an ecological systems lens makes it possible to consider all the factors and involve multiple role-players when supportive strategies are developed.

2.2.3. Policies informing the study

Various policies across government departments may be relevant to this study. A brief discussion of five key policies relevant to this study are presented:

1) White Paper 6: Special Needs Education Building an inclusive education and training system (2001). These policies aim at strengthening the district based education support service. Inclusive education will uncover and address barriers to learning, recognising and accommodating the diverse range of learning needs. An emphasis will be placed on supporting learners through full-service schools. The aim of this, like the other two aspects is also to give direction for the education support system. This is the central objective of this study. This policy is relevant to this study because it arms the DBSTs to become a co-ordinated professional support service providing services like counselling by the social workers and psychologists. This policy is all about supporting a child for learning to occur and accommodate their learning needs.

2) Policy on Screening, Identification, Assessment & Support SIAS) (2014). This aims to identify, assess and provide support programmes for all the learners who require additional support in order to enhance their participation and inclusion in schools. It also aims at improving access to quality education for vulnerable learners and those who experience barriers to learning of whatever nature, like family disruption, language issues, poverty, learning difficulties, disabilities and others. This policy is mentioned in this study because the children who are identified early in life as affected by trauma are can be supported. When supported successfully, these children are able to succeed in life. They regain their confidence and their dignity is restored. The support of teachers and parents also enables them to be able to support these children, which helps them heal quickly.

3) The Care and Support for Teaching and Learning Conceptual Framework (2012; 2018). The handbook for the provision of an integrated package of care and support for learners in South African Schools (2014) stresses the importance of collaborative support for children from different government departments like The Departments of Health, Agriculture, Social Development, Home Affairs, Public Works, as well as the South African Police Service, local municipalities and Non- Governmental Organisations. This handbook also mentions the importance of schools helping each other by sharing information on how they support children who are traumatised. The schools can also share stories of care and support. This policy aims to address the barriers to teaching and learning. It also aims to support schools by providing nutritional support, employ trained teachers, and make sure that buildings and infrastructure, good water and sanitation facilities are taken care of. This policy recognise sand builds on the strengths of learners and teachers.

4) White Paper on Families in South Africa (2013). This aims to enhance the socialising, caring, nurturing and supporting capabilities of families. It empowers families and their members by enabling them to identify, negotiate around and maximise economic, labour market and other opportunities available in the country. This policy also aims to improve the capabilities of families and their members to establish social interactions. It promotes healthy family life. This policy is mentioned in the study due to its relevance. When families are empowered and have skills that are beneficial to the families, they become families that are loving, caring, and peaceful homes with safe, economically stable families. This limits the number of violent incidents which traumatise children in our society. Family members are able to support each other.

5) Revised White Paper on Families in South Africa (2021). This highlights the crucial role that families play as critical building blocks of society. This policy aims at creating a system of monitoring of the well-being of families. It also ensures that families are able to overcome and manage stressful conditions and strengthen family relations, and supports families in need or characterised by severe conflict or neglect of vulnerable family members. This policy is relevant to this study because united families defeat the problem of neglected and abandoned children. These families support each other and solve their problems on their own. When supported, families in need, especially child-headed homes and poor families, will be able to learn without barriers.

2.3 TRAUMATIC LIFE EXPERIENCES PREVALENT IN THE SOUTH AFRICAN CONTEXT

Various forms of trauma have been identified in the research literature. In this section, the forms of trauma that are prevalent within the contexts of the study will be briefly discussed as a basis for understanding the specific cases presented by parents during the data collection phase. These include abuse, losing a parent(s) or caregiver, divorce, bullying and kidnapping.

The abuse of children is a widespread problem in South Africa, (Meinck, et.al. 2015; Nõthling et.al. (2019). Child abuse has been defined by various academic researchers. Mohamed and Naidoo (2014), define child abuse as “any act that has a detrimental impact on a child's physical or emotional development.” (This appears to be a quotation. If so, add quotation marks and page no). Graham (2006) describes child abuse as a violation of a person's (child's) human and civil rights. Child abuse, for this author, includes physical, sexual, and emotional abuse, as well as emotional neglect. Jackson and Greene (2015) argue that child abuse has become a public health issue, with toxic stress affecting at least one in every eight children by the age of 18. The toxic effects of child abuse can last well into adulthood as it impacts a person's methods of thinking, experiences and observations of the world, which often result in dysfunctional beliefs and maladaptive schemas (Esteve'z et. al., 2017). Trauma can also lead to traumatic stress, characterised by its unpredictability and the feelings of horror and helplessness it elicits. On the extreme end of the traumatic stress continuum is toxic stress that is so emotionally costly that it can affect brain development and other aspects of a child's health (Lieberman & Van Horn, 2009). Goodrum et.al. (2018), report that abuse of children takes various forms:

- Physical abuse

Physical abuse according to Mahmud (2013), is the intentional or unintentional infliction of physical injury or mistreatment on a child. Abdul (2018), considers the infliction of temporary or permanent damage to a child's bodily functioning, such as corporal

punishment, beating, choking, biting, and purposefully burning, is as physical abuse. According to Stoltenborgh et. al. (2019) physical abuse is becoming a global epidemic that affects the lives of millions of children.

➤ Sexual abuse

Sexual abuse is defined by Abdul (2018) as engaging children in sexual behaviours that they do not understand or consent to. Daphna-Tekoah (2019), describe sexual abuse as a physical assault on the body and a complicated traumatic event that affects both the body and the psyche. Pornography is also considered as a form of sexual abuse because of the exposure to sexually explicit information. However only rape is considered as illegal.

➤ Emotional abuse

Abdul (2018) defines emotional abuse as the repetitive emotional maltreatment of a child - also known as psychological abuse. Emotional maltreatment is more difficult to recognise than either sexual or physical abuse. According to Hornor (2012), emotional maltreatment has taken a long time to be recognised as a severe social problem. The same author argues that mental harm is more serious than physical harm and therefore has a serious impact on a child's mental health and development.

Neglect and abandonment is another form of emotional abuse. Sharley (2019) describes child neglect and abandonment as a persistent and complex public health issue which implies that there is a lack of care for the child. A few major problems that contribute to the lack of care for children have been identified in the research literature. One such problem is alcohol misuse. Taylor (2016) argues that it is a substantial health problem in South Africa, which impacts adults' ability to care for children. Another problem is that women who are primary carers of children, even if they are not the biological mother but the child's grandmother or another female relative (Hatch & Posel, 2018).

In some cases neglect and abandonment result from women, in particular younger women who tend to find jobs and then leave the children alone with family members. As

a result, third-generation female caregivers, generally grandmothers or other older females, colloquially known as gogos, take the role of caretakers in many South African households (Simmonds, et.al.,, (2021).

Abdul (2018) found that children who have been neglected may have a variety of behavioural or emotional expressions. They could include the child being distant, quiet, or irritable, as well as rage outbursts or disruptive behaviour, excessive sobbing, specific dread of a place or person, nightmares, and bedwetting. Changes in scholastic performance are also evident. These include declining grades, altered sleep habits, such as excessive or insufficient sleep, and appetite, such as eating too much or too little can all be signs of abuse.

2.3.2 Losing a parent(s)

Children can lose their parents through natural causes, accidents or even violence. The death of a parent, according to Bergam and Hanson (2017), is a very traumatic life event for children. Revet et. al., (2021) concur that parental death is frequently regarded as the most devastating occurrence that a child can encounter in their lifetime. Stokes (2016) states that grief is not only a personal psychological experience but also has significant societal and familial consequences. Andriessen et.al. (2020), argue that having a parent die by suicide is even more distressing for children and puts their mental health at risk.

The research literature emphasises the severe devastating impact of losing a parent on children and youths. Dahlberg (2020) studied this aspect of trauma. Among his findings is that parental loss has significant psychological and physical impacts on children, leading to distress. Kailahemo-Lonnquist and Erola (2020) concur that losing a parent due to early death has a detrimental impact on all children but is more severe in the case of young children. Youth, according to Carr et.al. (2020) run a higher risk of self-harm and involvement in violent crime when they lose a parent. Unnatural versus natural parental death increased the risk of negative effects. Alisic et. al., (2017)-assert that that trauma is worse when the parent is killed in front of their children. The incident continues to remain in their memories for the rest of their lives. Some children have physical scars which occurred during the killing incident. Scars also become emotional. It may become

difficult for the parent or caregiver who is left with the child to support the child, as she/he may also needs to be supported in order to be able to the child. These are the challenges faced by guardians or caregivers who take over following the death of a parent.

In cases where losing a parent, both parents, or a caregiver leads to children being orphaned, the children might have even more unfavourable psychosocial issues than their peers (Ntuli & Madiba, 2020). Orphans can suffer from emotional turmoil and long-term mourning marked by perceptual yearning for their parent and they have turned to silence as a coping mechanism. For a number of circumstances, they may be compelled to leave school early, which has a severe impact on their psychosocial well-being. Isolation, melancholy, hopelessness, a lack of serenity, and the anxiety about an unclear future may result from this.

2.3.3 Divorce

Divorce and separation are two major life events that characterise modern households and have altered the face of developing civilizations. Adebuseyi (2018). According to Basak et.al. (2022), divorce rates are rising across the world. Divorce brings about changes that necessitate adaptation in nearly every aspect of one's life, including legal, economic, social, sociological, psychological, and physiological.

Divorce is a trying time in one's life. In African philosophy, marriage is a duty and the centre of existence and divorce is linked with failure. Osafo et.al. (2021), state that there are several major reasons for divorce. Among these are infidelity, abuse, financial concerns, intimacy issues, third-party intrusion, and gender-role ideology. Idemudia and Mulaudzi (2019), argue that cheating behaviour among married people is a serious concern and accounts for over 90% of divorces in South Africa.

Theoretical models of the divorce process developed by Leopold and Kalmijn (2016) imply that divorce is more painful in the presence of children. Parental divorce, according to Camela et.al. (2019), is a stressful life event that may cause psychological fragility. The implications for the children are evident in the work of Chae (2016), who found that parental divorce is linked to lower grade attainment and a wider schooling gap. According to Ncube and Mudau (2018), teenagers from divorced homes may face social,

psychological and educational obstacles. They may develop deviant behaviours, including substance misuse and prostitution, as well as low self-esteem, poor academic performance, and a negative attitude toward marriage. Smith-Greenaway and Clark (2017) indicate that children in Sub-Saharan Africa who have divorced parents have much worse health than their counterparts who have married parents. Childhood disadvantages linked with divorce are more severe in Sub-Saharan African regions where divorce is uncommon, and less so in areas where divorce is more widespread. According to Gähler and Palmtag (2014), the number of children and adolescents who have experienced parental divorce and separation has risen sharply. Children in these households fare worse than children in intact homes, according to these studies.

The impact of divorce on children is described by Van der Wal and Visser (2019) as mixed, with conclusions ranging substantially in terms of the intensity, chronicity, and harmfulness of parental divorce on children's post-divorce adjustment. In some instances, children want their parents to get back together since it impacts them and makes it difficult for the other partner to care for them.



2.3.4 Bullying.

Bullying as the most common forms of peer violence can also be traumatic for children. Menesini and Salmivalli (2017) describe bullying as peer's systematic abuse of power. Aggressive behaviour is classified as bullying, when repetition, intentionality, and power imbalance are detected. Bullying is most commonly experienced in school. Dussich and Maekoya (2007) describe school bullying as a social problem that is a major concern for those responsible for governing schools. Bullying behaviour escalated with the advancements in social media as it gives agency to bullies.

The trauma associated with bullying is immense and evidence suggest that it may contribute to an escalation in suicide. According to Sterzing et. al., (2020), children who experience child maltreatment are more likely to become bullies themselves or become victims of bullying. Depression, Post-traumatic stress disorder, anger, self-efficacy, and alcohol use are all correlated with bullying.

2.3.5 Kidnapping

Kidnapping is another traumatic event that is on the rise. Brockett et.al. (2019), indicate that the kidnappers' primary goal is to obtain money through ransom payments. They also found that those who are kidnapped, as well as their relatives, suffer psychological harm. Kidnapping is associated with human trafficking, child sexual trafficking, and sexual exploitation. According to Greenbaum (2020), kidnapping is considered a global public health crisis with broad, long term effects on children, families, and communities. Warria (2018) added that child protection both in South Africa and around the world has come under threat due to child trafficking, which violates a number of different human rights.

2.4 THE IMPACT OF TRAUMA ON CHILDREN

The impact of trauma on children is evident. A study by Zheng et.al. (2019) indicates that all types of violence, particularly physical violence, are linked to victims' poor physical and mental health, lower academic accomplishment, and lower educational levels in the short and long term. In this section, the impact will be discussed with reference to academic problems and mental health problems.

2.4.1 Academic problems

The prevalence of academic problems in children who experienced traumatic life events is evident in the research findings. Overstreet and Mathews (2011) found that academic failure and emotional/behaviour issues are substantially more likely to develop in children who experience chronic trauma. Ryan et. al., (2018) found that children who were the subject of investigations into child maltreatment had significantly lower test scores on standardised maths and reading exams, were more likely to be determined to

require special education, and were more likely to be held back at least one grade. Childhood trauma may also contribute to poorer premorbid social and intellectual adjustment (Smit et. al., 2021).

All forms of violence, according to Zheng et.al. (2018), are linked to victims' poor physical and mental health, reduced academic achievement, and lower educational levels in both the short and long term. Male adolescent victims of childhood violence are more likely to report poor scholastic performance and long-term physical health, while female victims are more likely to suffer from mental illness. Pillay (2021) specifically refers to bullying as having a negative impact on primary school learners' academic achievement. Muthevhuli (2021) concur that bullying has a negative impact on school learners' performance and attentiveness in class.

2.4.2 Mental health problems

Children who have experienced traumatic life events reportedly tend to experience both physical and mental problems as a result of these events both in the short term and in the longer term. For example, Scorgie et.al. (2017), in work with children exposed to violence, found that exposure to violence has long-term repercussions on physical and mental health outcomes in adulthood. Maroney (2020) states that such children can develop a variety of short and long term mental and physical health problems, including anxiety, depression, aggression, learning disabilities, impaired immune function, and adult-onset disease. Traumatised children exhibit symptoms of depression, antisocial behaviour, peer deviancy, drug/alcohol usage, and risky sexual behaviour, as indicated by Diaz et.al. (2020). Research by Machisa and Jewkes (2016), agrees, indicating that violent trauma exposure, such as child abuse, is a risk factor for Post - Traumatic Stress Disorder (PTSD) and other mental disorders. The degree of PTSD increased the likelihood of binge drinking. Hogarth and Seedat (2019) also found that child abuse, including emotional, physical, and sexual abuse, is associated with a drug or alcohol problem in South African school-aged teenagers. According to Sui et.al. (2021), experiencing various forms of violence and victimisation can lead to hopelessness, anxiety, depression, stress, and suicidal thoughts.

The impact of trauma on children is evident in the research literature. The impact mainly influences academic behaviour but depending on the nature of the traumatic event it can also impact on children's mental health. The next section focuses on the support provided for children who have experienced traumatic life events.

2.5 SUPPORT FOR PARENTS WHEN THEIR CHILDREN ARE EXPOSED TO TRAUMATIC LIFE EVENTS.

2.5.1 The impact on their parents of children's experiences of trauma

The scientific literature clearly shows that parents whose children have experienced traumatic life events are affected by their children's experiences. Williamson et.al. (2019) state that parents and caregivers reported that they were anxious when dealing with their child's PTSD. In the same study, parents expressed emotions indicating that they experience a sense of responsibility for what happened to their child and therefore tend to blame themselves.

Masilo and Davhana-Maselesele (2016) found that mothers experienced emotional suffering as a result of sexual assault on the child. They felt shocked, angry and guilty for failing to prevent the assault. The authors indicate that it is rarely accepted that these mothers are traumatised and require help and disclosure just as much as the primary victim does. As a consequence of the lack of support, these mothers might feel depressed. Gewirtz and Wieling (2008), concur that that children's sexual abuse disclosure left mothers experiencing shock, rage and disbelief. Yet there were no guidelines which outlined support for these mothers.

Parents experience their children's exposure to traumatic life events at a deep emotional level and therefore find it difficult to distance themselves from their child's experience. However, their need for support do not necessarily seem to be recognised within the mesosystem, as indicated by the limited research on the development of strategies to support these parents.

2.5.2 The need to support parents

Shilubane et al. (2015), argue that the capacity of our society to support children who have undergone trauma is low. Concurrently, resources for dealing with trauma are limited. Vinesh (2018), for example, foregrounds the formidable challenges that dealing with the trauma of sexual abuse poses to the South African police. Among these is a lack of awareness about the impact of trauma and limited knowledge on how to deal with the trauma. It is argued that this poses serious concerns to health professionals.

In view of the limited capacity to deal with children's trauma, it seems important to note that White Paper on Families (2013) emphasises that parents and caregivers should be actively involved in their children's lives. They should be prepared to support and guide their child in cases of trauma. Yet various forms of trauma still go under-reported, with dire consequences for the children on whom it had a direct impact. Parents therefore need guidance and support that will enable them to notice when their child has experienced trauma. Besides reporting the traumatic event, it is also imperative that parents are considered as the first line of support in cases where they are not fully or partly responsible for the traumatic event.

The important role parents can play is evident in the work of Williamson et al., (2016) who found that parental warmth and emotional support can help children transition better after a traumatic event. These findings imply that parents who try to help their children recover from trauma in positive ways, such as expressing reassurance and encouraging them to continue normal activities will make a difference in their children's lives. The authors also encouraged parents and children to talk about the incident and their experiences. It is evident that parents whose children experienced trauma need support and that the support will help them cope with the situation as well as equip them to support their children. It could be difficult to support the child if a parent is not and was not supported because she/he could be stressed and not be able to help the child.

Williamson et al. (2016), conclude that parents are frequently the primary source of support for their children. Parents who were aware of their child's anxiety provided reassurance and encouragement so that their child could return to normal activities. The main sources of support for parents are health professionals, the education system and community organisations.

2.5.3 Support from health professionals

Fearnley and Boland (2017), indicated that health professionals are the primary source of assistance for parents whose children have experienced trauma. Similarly, Ahanonu and Waggie (2015), in a study in the Western Cape Province, found that many young victims of violence seek treatment at health care facilities. These health care professionals (professional nurses, doctors, and social workers) are expected to provide health education, confidential counselling services, and establish school and community outreach programmes as part of their responsibility.

Maroney (2020) found that paediatric nurses who work in hospitals, clinics or schools often see children who are showing signs of stress or their parents report their child is experiencing stress. It is imperative that medical professionals assess and support children who experience stress and /or who have experienced past or present trauma. The trauma can cause numerous short and long term mental and physical health issues such as anxiety, depression, aggression, learning impairments, decreased immune function and adult onset disease.

Erlank and Williams (2019), emphasise the important role of social workers in the provision of swift and efficient support for victims of trauma. Social workers in schools, according to Finigan-Carr and Shaia (2018), do not only support children with challenges, but the entire school community too. School social workers can advocate for development of and assume leadership in providing services that bring the school and the community together to fulfil learners' needs by employing skills and principles that have long been core to social work practice.

Schmidt (2018) found that, despite this need, there is a shortage of social workers in the Eastern Cape's early childhood development centres and schools. In view of this shortage, debriefing services to traumatised community members are overburdened. It is therefore evident that more health professionals are needed to ensure efficient and sustainable support.

2.5.4 Support within the education system.

The school is the one of the institutions of support when children have experienced trauma. According to Section 20 and 21 of the South African Schools Act, the SGBs have to perform the duties that are necessary for promoting well-being in schools. The White Paper on Families in South Africa (June 2013: 39-40) affirms the importance of the family. It also encourages fathers' involvement in their children's upbringing and responsible parenting. The Revised White Paper on Families in South Africa (31 March 2021: p. 25) promotes family well-being, treatment and support for vulnerable families.

The handbook for the provision of care and support in South African schools (2014) indicates that the DBE has identified minimum support services for all South African schools. The education mandate for care and support includes infrastructure, water and sanitation, psychological support, co-curricular support, material support, curriculum support, safety and protection, social welfare services, health promotion, nutritional support and a right –based socially inclusive and cohesive school. All these are achieved only when departments involved work hand in hand.

The SBST is also responsible for determining the support needs of the school, teachers and learners and co-ordinating support provision within the framework of the SIAS Policy (2014). The focus of these teams should be on the provision of support that enhances the teaching and learning process. According to Makhalemele and Nel (2015), the SBST in South Africa should transform the classroom practices by supporting learners with learning barriers.

Considering the fact that children who have experienced traumatic life events may have problems to progress academically, it is important that the SBST's should address their needs and assist them to overcome this barrier to learning. They should try to find out the reason which lead to the child having a learning barrier. In most cases, this committee refers children to the DBST because they are the ones with skills to help the children on different areas.

The SBST is closest to the child and needs to play an active role in the identification of children's needs and provide support. If the SBST fails to perform its role as expected, the schools will likely continue to have over-aged learners, poor performance and

other social issues. Learners might experience challenges and be at risk of dropping out of school. Ecological Systems Theory (EST) outlines the importance of a support system for individual learners.

In White Paper 6 (2001), the Department of Education emphasised that the needs of parents of disabled learners or learners at risk, such as those who have experienced trauma, should be considered, and that they should be given information, counselling, and skills to help their children.

Academic results improved and student well-being increases after school administrators consciously adopted trauma-aware practice as a comprehensive school strategy for all staff members (Stokes, 2019). Saumya (2020), found that educators who have received training in trauma-informed methods have broadened their scope of influence and are aware of the potential negative effects on learners' long-term health. They can articulate the techniques they employ in group and one-on-one settings and recognise when a situation needs to be addressed.

Wells (2022) claims that the a framework for culturally responsive trauma- informed educators outlines the knowledge and skills required to support trauma-informed practices, including the necessity of ongoing self-reflection and a discussion of the implications of school counsellors and school counselling programmes.

Schools that serve learners who have experienced trauma must cope with the particular difficulties brought on by the brain's stress response in order to help these learners succeed academically. Ko et.al. (2008) made the case that in order to improve the standard of care for these children, service providers must adopt a trauma-informed perspective in their work. It also entails ensuring that there is continuity of care across service systems that service providers follow established guidelines, that survivors and their families have access to resources on trauma, and that children and adolescents are assessed for identify any evidence of trauma.

Stagg (2021), argue that pre-service teachers should be trained in trauma- informed care, because learners who experienced trauma experience changes that may influence their academic performance, their behaviour, as well as their mental health. Teachers who

are trained will be able to integrate trauma-informed care in their future classrooms in a way that not only decreases the negative consequences of trauma but also prevents re-traumatisation.

Kim, et. al. (2021), argue that a trauma-informed approach can be beneficial because it provides teachers with the techniques they need to help traumatised children reach their full academic potential. The mindfulness-based, social-emotional learning programmes will provide teachers with the tools they need to build a trauma-informed classroom, which will reduce stress caused by helping trauma-affected learners.

Brunzell and Waters (2016) investigated how flexible learning teachers applied trauma-informed ideas into their daily teaching practice, focusing on three areas as strengthening regulation abilities within a trauma-informed positive education approach. Trauma-informed teaching approaches, they believe, are particularly relevant for flexible learning environments. These can also help fulfil the diverse requirements of learners who have been exposed to trauma such as violence, abuse, or neglect.

Training of teachers on trauma could be very helpful as this will take some responsibility from the SBST and the DBST. Teachers will be able to know and understand the child. They will also be prepared to know what to do if a child's behaviour suggests that they have experienced trauma. Teachers equipped with relevant knowledge will also be able to reduce the load of the social workers and the educational psychologists, who may not be able to attend to due to their limited number compared to the large number of schools. This could limit the number of referrals from the SBST to the DBST. Teachers in schools in my area, the O.R. Tambo Inland District, are not trained in trauma handling and care. This leads to difficulty in day- to - day activities at schools.

2.6 SUMMARY

The exposure to traumatic life events is detrimental to the lives of children and also affects their parents and caregivers. Various support systems are available to support children. However, in instances where these support systems are not readily available, as

is the case in the resource-restrained school contexts in a rural area in the Eastern Cape, it is imperative that schools strengthen their role as a support network for parents. From an ecological systems perspective this implies the strengthening of the various systems to support s not only children but the whole family. From a participatory action research perspective this implies that the parent's voices should be included in the identification and support of their child's needs as proposed by Parker et.al. (2016).



CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

In this chapter, I present a more comprehensive explanation of the research conducted in this study. I discuss the research paradigm, design and methodology, followed by a brief reflection on the challenges experienced during the data collection.

3.2 Research paradigm

A research paradigm is a set of common beliefs about research, and should be a key facet of any research project. The research in this study was conducted within a transformative paradigm. Mertens (2007) state that to embrace a transformative paradigm allows a researcher to attend to the lives and experiences of those in need of support but have been excluded for various reasons thus bearing social justice issues in mind. In this project, it implies the children and parents whose support needs are not met.

Ontologically, a transformative paradigm recognises the existence of multiple realities and respect cultural norms of interaction. Knowledge is generated through the development of trusting relationships and close collaboration between the researcher and the participants (Anderson & McLachlan, 2016). Methodologically, a transformative paradigm recognises and values people as social beings and therefore advocates for an approach to research that allow the research to work with and for people rather than only obtaining data from people (Kamden & Leslie, 2019; Nelson & Prilleltensky, 2010). The application of this paradigm allowed me to learn with, by and from the indigenous communities and assist them to develop guidelines for the support of parents in their own context.

3.3 Research design and methodology

The initial plan before COVID-19 was to apply a combination of a basic qualitative research design in Phase 1 with a collaborative action research design in Phase 2.

Collaborative action research implies that groups of people came together to change the practice through their interactions in a shared social world through reflexive research (Vishalache & Lise, 2017). This would have necessitated regular meetings with the team of participant-researcher who were part of the Phase 2.

It was not possible since due to the pandemic these participants were only available for a single focus group interviews.

I did however still consider the participants in Phase 2 of the study as participant-researcher and worked with them for the children of community (Kamden & Leslie, 2019). I allowed the participants during the focus groups to highlight their lived experiences grounded in their own struggles and hopes for their community as a way to give them voice (Lazarus, 2018). I also applied the principles identified by McNiff and Whitehead (2005) as the basis of action research in the focus group interviews. These are: A need for justice; a need for democracy; the right for all people to speak and be heard; the need to experience truth and beauty in personal and professional lives, and the need for improvement. .

In this research study, the parent's stories in Phase 1 of the study provided a basis for continuing the collaborative conversations with those who are supposed to provide support in Phase 2 of the study. This concurs with the work of Zuber-Skeritt and Wood (2019) who argues that action research takes place in the present, but builds on the past, with a view to shaping the future.

3.4 Research context

Two semi-urban primary schools, in the O.R. Tambo Inland District in the Eastern Cape were requested to participate in the research. The schools were representative of typical primary schools in the region. Children in these schools were exposed to various traumatic life events due to the socio-economic problems and high crime rates that prevailed in the surrounding community.

The services offered to traumatised children in these areas are limited to counselling offered by a Non-Governmental Organisation. In cases of rape, children were taken to hospital and also received counselling from the Department of Health. Some parents have taken their children to religious pastors for counselling. However, other children have never received counselling due to lack of knowledge and lack of facilities.

3.5 Selection of participants

As indicated earlier, the intention of the research was to ensure that contextually relevant guidelines were developed through a collaborative action research process. The population for this study therefore included all the relevant stakeholder groups:

1. Parents or caregivers whose children experienced traumatic life events
2. Members of the SGB as the representatives
3. Members of SBST.
4. Professional support staff including nurses, psychiatrists, psychologists and social workers who provided services to children who have experienced trauma, based either in the school contexts or in the clinics in the area.

A total of 27 participants was selected from this population to ensure both in-depth data collection on parental support needs in cases where children had experienced trauma and deep conversations about ways to provide such support. Grunow (2017) explains that

in purposive sampling is the strategy which is crucial for facilitating the comparison and integration of the research findings. This sentence does not make sense.

3.5.1 Selection of parents and caregivers

The parents were purposively selected based on their knowledge and understanding of their community and therefore being capable of providing valuable information. At both schools, these were parents whose children had experienced trauma. Following a participatory approach implied that I worked in close collaboration with the chairpersons of the SBSTs and the SGB at the two sites where the research was conducted. As gatekeepers for the respective school communities, they were requested to identify six parents who adhered to the following criteria:

1) Their child had experienced a traumatic life event which occurred at least a year ago for which they needed professional support; 2) the parents engaged with the school to seek support; 3) the parents were willing to share their experiences to contribute to the development of a strategy that could enhance support for other parents.

The chairpersons of the two SBST were to identify parents and inform them about the research and the ethical considerations. Once parents agreed their contact information was shared with the researcher. The researcher was guided by members of the SGB to indicate the best way to contact the parents, taking their circumstances into consideration.

The prospective participants were presented with information sheets (Addendum 1), either by hand or via email. Parents were requested to complete the consent forms and return their sheet to the SGB chairperson. In cases where the participants could not read, the researcher requested the SGB member to verbally inform the participants and request verbal consent confirmed in the presence of a witness. Ten parents of the twelve parents approached, consented to participate in the study.

3.5.2 Selection of School Based Support Team and School Governing Body members

The SBST members and the SGB members were conveniently selected. That implied that members who were willing to participate and had the potential to fulfil the demands of this study were included in the research (Adhityo & Yuliati 2020). Welman et.al. (2005) warn that the technique may be prone to bias and influences that are beyond the researcher's control. The research therefore relied on the principal and the chairpersons of the SGB and SBST to assist with the selection process to ensure that participants would be suitable.

On their arrival, they invited me to the office to explain the procedures of my study more extensively. The chairperson of SGB and the chairperson of SBST identified individual participants who they thought were the best candidates for the study. The SGB and SBST chairpersons informed these prospective participants.

After they agreed, I was given the contact numbers of the individuals. I called them and arranged a time for an information session. I explained the purpose of the study, its aims and objectives, the ethical consideration as well as confidentiality issues. I explained that participants are not obliged to participate and are free to withdraw at any stage of the research process. They all received information sheets (Addendum 2) and were requested to complete the consent forms (Addendum 3B) and returned it in a sealed envelope to the chairperson of the SBST.

In School 1, three SGB members were invited and two members agreed to participate. In School 2, two members of the SBST and two members of the SGB were invited and both agreed to participate.

3.5.2 Selection of professionals from the community

Health Professionals from the Departments of Education, Health, Social Development and non-profit organisations as well as pastor who provided counselling service to children who have experienced trauma were invited to the schools. Each group, was informed by an SBG member about the intended research project and invited to attend an information session at the school. Following a brief explanation of what the research would encompass, they were provided with an information sheet (Addendum 2) and a consent form (Addendum 3A). Those willing to participate were requested to complete

the consent form and to return it to the SGB member at a time and place convenient for them.

3.6 DATA COLLECTION

The data collection process for this study involved two phases.

3.6.1 PHASE 1: Understanding parents and caregivers' experiences.

The aim in this phase was to understand the experiences and needs of the parents / caregivers. Individual interviews allowed participants to share their uniquely personal stories to allow the researcher to gain an in-depth understanding of the personal experiences and feelings, and the meaning given to these experiences. Individual interviews, according to Kwasnicka, et.al. (2015), can engage the visual and auditory senses, improve recall, and elicit rich narratives rooted in personal experiences. According to Guest, et.al. (2017), individual interviews are successful at producing a wide variety of items.

The data was collected by conducting 20 – 30 minutes individual interviews with parents. Due to the Covid-19 pandemic, all individual interviews were done on a WhatsApp call. Parents who did not have phones with WhatsApp were asked to borrow a phone for that particular time. In some instances, the Learner Support teacher assisted by lending the parent a phone to use during the interview.

The interviews were conducted in IsiXhosa to optimise participant's opportunity to share their stories. I applied her knowledge of basic counselling skills like being empathic and listening attentively and asking probing questions (see Addendum 4). The WhatsApp calls were recorded with the permission of the parents involved. I transcribed the recorded interviews verbatim.

3.6.2 PHASE 2: Exploring current support offered by schools and professionals.

In this phase, as indicated in paragraph 3.3, the participants in this phase were viewed as collaborators in the research process. They were alerted to the fact that I want them to consider themselves as participant-researchers who have a strong voice in the development of the strategy to support parents of children who experienced trauma.

Due to the limitations presented by the COVID-19 pandemic, I was only allowed after a long delay to conduct one semi-structured focus group interview at each of the schools to explore current support practices and identify possible strategies. Welman et.al. (2005) justify the use of focus groups in these contexts. According to these authors, focus groups “can be conducted within a wide range of settings and a vast range of respondents can be selected. Focus groups also enable the participants in a group to discuss their opinions and experiences in such a way that a consensus of opinion regarding research problems can be reached” (pp. 201- 202)

The first focus group included ten participants: two parents who had participated in cycle 1, two SBST members, three SGB members and three professionals. The second focus group included nine participants: two parents who had participated in cycle 1, two SBST members, two SGB members, three health professionals and a pastor.

These focus group interviews lasted between 40 minutes to and an hour. The focus was on schools’ role in equipping parents to support their children (see Addendum 4). I audio-recorded the interviews, with the participants’ permission.

A challenge in rural contexts was the fact that parents or caregivers did not have the means to travel to the organised venue. However, it was important to have them present in the focus group interviews to stay true to the collaborative approach. As researcher, I therefore arranged that a colleague and I collected some of them while others made use of public transport, for which I refunded them. Their presence made a significant contribution to the focus group discussions.

3.7 Data analysis

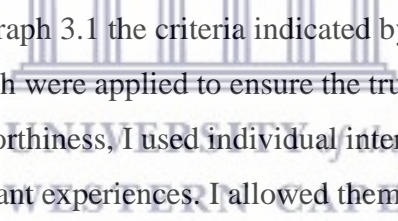
In this study, I applied thematic analysis, described by Braun and Clarke (2006) as a method for identifying, analysing and reporting patterns (themes) within data. The

application of the method encompassed the following: reading and rereading of the data, initial open coding, refinement of the codes through axial coding, followed by identification of themes.

The data analysis commenced on completion of Phase 1. To prepare for the data analysis, I transcribed the voice recordings, which I had made during the WhatsApp calls with the participants. Participants used their mother tongue – IsiXhosa. Since my mother tongue is IsiXhosa, I could translate the transcriptions into English. The correctness of translation was ensured through back translation presented to a colleague who is fluent in Isi-Xhosa and English to enable me scrutinise what I had written.

The advantage of allowing participants to use their mother tongue is that it was easier to explain all the details of what happened without fearing that he/she could be making mistakes while using another language, like English.

3.8. RIGOUR OF THE STUDY



As indicated in paragraph 3.1 the criteria indicated by Tracy (2010) as markers of quality in qualitative research were applied to ensure the trustworthiness of the research. To maintain the trustworthiness, I used individual interviews with the purposively selected parents who had relevant experiences. I allowed them sufficient time to express themselves and created a safe space by allowing them to use their mother tongue to tell their stories.

In the focus groups, each professional were requested to share their experiences and suggestions based on their areas of specialisation. Before the study, all the participants signed the informed consent forms. The participants were assured that no one would have access to their information as it be kept safely by the researcher and the supervisor.

I tried to support the participants and did what I could to address the impact of trauma on the families who took part in the study, for example, organising counselling for them at school through Education Department social workers. Other participants were

referred by the DoE social workers to the educational psychologist of the Department of Education. The pastor also played a vital role in supporting some of the families.

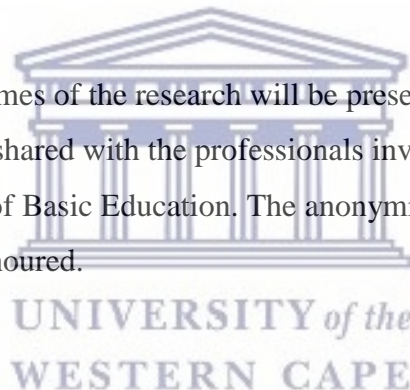
Feedback on the outcomes of the research will be presented to both schools, the professionals involved and the Eastern Cape Department of Education.

3.9. ETHICAL CONSIDERATIONS

Ethical clearance for the research was obtained from the Human Social Sciences Research Committee at the University of the Western Cape. I also sought and obtained permission from the Eastern Cape Department of Basic Education before conducting the research activity.

- ✓ Goodwill permission was obtained from the school principals, the SMTs, the
- ✓ SGBs and the institutions where the professional staff who provided services work. These people acted as gatekeepers for the community, in which the research was conducted.
- ✓ Informed consent was also obtained from all the participants after providing them with a clear explanation about the intention of the research and what was expected of them. Britz and Le Roux-Kemp (2012) argue that consent be aligned with relevant legislative and legal principles to ensure the protection of participants. The participants were also informed of their right to withdraw from the research activity anytime they felt uncomfortable. They were assured that if they withdrew, there would be no consequences against them or their children, in the case of parents.
- ✓ Anonymity of the participants' particulars and the data gained from them was guaranteed. A code was allocated to each participant to ensure that their true identity was successfully concealed and protected. In the focus groups, partial anonymity was ensured by asking participants not to reveal the identity of other participants outside of the group.

- ✓ Confidentiality was maintained by ensuring limited access to the data collected and I also requested that data was not discussed outside of the focus groups and the work-sessions. The person who transcribed the data was also requested to sign a confidentiality agreement.
- ✓ Privacy and protection of the participants was ensured by selecting a private and safe environment to conduct the research. All participants were treated with respect and dignity.
- ✓ As the research progresses, the collected data was stored on my laptop locked with a password known only to me. Only the supervisor was given access to the protected data on the computer. Any hard copies of the data were locked in a cupboard at my home. On completion of the research, the data collected will be stored by the Faculty of Education for at least five years, after which it will be shredded.
- ✓ Feedback on the outcomes of the research will be presented to both schools. The outcomes will also be shared with the professionals involved as well as the Eastern Cape Department of Basic Education. The anonymity and confidentiality agreements will be honoured.



3.10 Challenges experienced during the research process

Reflecting on the process revealed a few challenges associated with conducting this research:

- 1) With reference to the recruitment of participants, I found it very challenging to identify a suitable social worker for the research project because the government offices informed me that they were not able to help me because of their own busy schedule. It was difficult even with Non-Governmental Organizations because not all social workers deal with traumatic life events. Finally, one of the Non-Governmental Organization indicated that they were willing to get involved.

2) With reference to the attendance of individual interviews, it was not easy for parents to honour appointment times and dates for various reasons. Some parents had other obligations, such as visiting family in a rural area when there was a funeral, which meant that the parent would be away for quite a while. They still-wanted to take part, so I had to honour the agreement and wait for them to return. Other parents were working long hours and would get home when it was very late. I therefore had to wait until they were off duty for the interviews to be conducted.

3) The initial presentations as well as the focus group interviews were challenging with reference to time and money for the transport for different people. Trying to include professionals was not easy because people are busy with their own work and others were afraid of Covid-19. Other professionals would agree and after some days call and apologise because the agreed time was clashing with his /her programme. In addition, I had to provide masks and sanitizer as all of us had to be careful to maintain social distance because of Covid-19.

4) Another challenge was the inclusion of participants who did not live with their children. The intention was to conduct the interviews via Skype or WhatsApp. The challenge I experienced was that some parents or caregivers did not have cell phones, while others have cell phones but WhatsApp cannot be downloaded. In some instances, the parents then used their children's cell phone, while in other situations the Learner Support Teachers at the school assisted the parents by lending them their own cell phones for that particular interview.

CHAPTER 4

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

In this chapter the findings of the study are presented and discussed with reference to relevant research literature with the aim of answering the research questions.

4.2 PRESENTATION OF THE FINDINGS

The findings are based on and will include references to the following data sets: Data set 1: Individual interviews conducted with 10 parents.

Data set 2: A focus group interview with the SBST members, SGB members, a social worker and a nurse, and two parents who had participated in individual interviews were involved in School 1.

Data set 3: A focus group interview with SBST members, SGB members and a psychologist, a nurse, a social worker, and a pastor, and two parents who had participated in individual interviews were involved in School 2.

The following references to participants will be used when referring to the data:

P1 – P10 for the 10 participating parents

FG 1 PA (with role indicated, for example nurse) – for the participants in Focus group 1 from School 1

FG 2 PA – (with role indicated) – for the participants in Focus group 2 from School 2

The findings will be presented with reference to the following main themes and sub-themes:

THEME 1 TRAUMATIC LIFE EVENTS AND ASSOCIATED RESPONSES	THEME 2 SUPPORTIVE ENGAGEMENTS
Subtheme 1.1 Nature of trauma experienced, as reported by supportive adults	Subtheme 2.1 Support provided to address traumatic experiences
Subtheme 1.2 Children's responses to the traumatic experiences	Subtheme 2.2 Suggestions for enhancing supportive engagements with parents
Subtheme 1.3 Parental responses to children's traumatic experiences	

4.3.1 THEME 1:

TRAUMATIC EXPERIENCES AND ASSOCIATED RESPONSES

The theme refers to the traumatic experiences of children and the associated responses of children and parents, as described by the participants in this study. The findings for this theme are discussed with reference to a) the nature of the trauma experienced by children, as reported by adults in their lives and communities, b) the responses of children to trauma, as described in the focus groups by the adult participants and c) the responses of parents and other participants to the children's responses.

4.3.1.1 SUBTHEME 1.1

Nature of the traumatic life events experienced by children as reported by supportive adults

The various forms of trauma experienced by the children of the ten participating parents will be described with reference to the cases to which the specific trauma apply.

Loss of parents

Six of the ten participating parents indicated that their children had experienced the loss of a parent. The circumstances under which parents were lost differed significantly among these cases.

One family lost their father:

My husband was involved in a car accident and died instantly. (P1)

In two other families, a parent was killed by her boyfriend and the children had to move away from the place where they lived with their mothers to come and stay with their grandmothers.



I took them from Joburg to Mthatha so I knew that the environment is new to them and so are the people they will be staying with and they are hurt. (P3)

In the fourth family, the deep trauma of the mother's death was described as follows by the grandmother who now takes care of the young boy:

His mother was mentally disturbed. She was sick after being operated in the head; she never got well again. He was very close to his mother and they used to sleep in one bed. The day his mother passed away, his mother did not show any serious symptoms, he shared the bed with her mother.

In the morning I woke him up thinking her mother was still asleep. He prepared for school and left. Later I went back to wake his mother only to find out that she had passed away the previous night but he didn't not know that

as he went to school. When he arrived from school the house was full of people, but his mother was not there, he was surprised because he did not see his mother showing signs of sickness as a result he became depressed.

In the fifth case, the father who was his children's pillar of strength, passed away due to illness. In this instance, the children were also abandoned by the mother who has an alcohol problem.

They had a father and he passed away; their father loved them very much. They were not satisfied with their mother's treatment. Their mother does not take care of them, she works and she receives grant but children are not satisfied because she likes drinking alcohol. (P5)

In the sixth case of parental loss, although not mentioned in the interview, I, as a member of the community in which the school is situated is aware that in the case of participant 8 the mother was gunned down in front of the children, and the father now takes care of his children.

The serious impact of losing parents was foregrounded by the psychologist and the pastor, in Focus Group 2. The psychologist specifically referred to the hurt that is experienced by a child and the tendency of families not to talk about it (FG 2 PS), while the pastor referred to the pain when children lose people who are their pillars at home. (FG 2 PST)

Sexual abuse

The five-year-old daughter of one of the parents had been raped. It was evident that the mother did not want to talk too much about the incident since it was very painful for her. She stated:

It was painful to see my child experiencing trauma and always crying. I was so hurt, worse she could not talk, and she couldn't talk at the age of five she was old for not being able to talk at that age. I felt like they took advantage of her since she could not talk, I was so heartbroken. (P6.)

The nurse who participated in focus group 1 expressed her deep concern about a child who was sexually abused. She stated:

The child will come to clinic complaining about stomach ache. Then when you touch the stomach you notice that no, when you ask, how is the stomach, you will get the information that does not correlate. Then you will start by asking the child deeper to get what really happened. (FG1 (Nurse))

Emotional abuse

One of the parents mentioned about the emotional trauma experienced by her child when a few men attempted to kidnap her while the two of them were walking from town. She explained:

My child was almost kidnaped kidnapped. I was walking with her and there were guys who tried to snatch her from me, they were driving a Hyundai, but they did not succeed, they ended up leaving her because some people appeared. That was how we were saved. (P4)

Emotional trauma is also evident in cases where parents do not care about their children's needs:

They are a poor family and there is no food to eat. People are just enjoying alcohol, and life is not right. FG 1 (Nurse)

In other cases, the parents leave their children with their grandparents'

You notice that a child has been left behind with the grandmother, the mother has gone to Cape Town. FG 1 (Nurse).

The mother who leaves, the child and go with the grant card. The aunt is shouting the same child telling him/her that your mother has gone to Cape Town with money. FG 2 (Nurse),

In other instances, the children were expected to take care of one another.

Our parents go and stay with their boyfriends leaving children alone. They leave children behind and sometimes you find that the older child is ten years. They will be a child headed. The ten years will be taking care of the younger ones. FG 2(SBST)

Emotional trauma is often also associated with domestic violence, which leads to the deprivation of children, as mentioned by SGB and SBST members as well as the nurses and social workers. Concern was, in particular, expressed about the quarrels between parents which were witnessed by the children:

The only one thing that I think about that affect children are the way we as parents conduct ourselves in front of children. As a child grows up in a family where the mother and father fight every day they become emotionally affected.

FG 2 (SBST).

The only time people chat at home is when they are scolding each other, they shout at each other FG 2 (Psychologist).

The focus group participants also mentioned that children experience emotional trauma due to the fact that parents misuse alcohol:

Many mothers drink alcohol and take their frustration out on the children.

FG 2 (Social worker)

Bullying behaviour can also lead to emotional trauma, as children are ridiculed and belittled: A social worker describe her observation as follows:

I want to say something about the emotional abuse, the one that greatly affects schools is bullying. The abuse that mostly happen is bullying where a child will be laughed at by other children because she/he is wearing takkies at school. The child fears to be ridiculed, to be laughed at by your peers. FG 2 (Social worker)

Physical abuse

Members of the focus groups reported that children often experience trauma due to physical abuse which can include anything from a smack to being severely beaten.

The physical abuse often happens in the children's homes:

We have children that are physically abused from their homes. A father comes and beat everybody starting from the mother to the children. F G 1 (S B S T)

The kinds of abuse that we meet are the physical abuse whereby a child you will notice that she /he is beaten. The child could be beaten by the mother, father, uncle or grandmother. FG 2 (Nurse)

The members of the focus groups expressed their concerns about children being unwilling to disclose that they have been physically abused:

But when you try to analyse this, you ask a child what happened to you? The child will say I have been hurt by the wardrobe. Then this does not make sense. It is when you investigate that trying to better understand because children are good in hiding secrets. Then you will know that she/he has been told to keep it secret and talk about it. FG 1 (Nurse)

We have to understand that trauma does not happen only when something happens to you. Through looking at something happening like looking at the father, beating mother... that traumatises a child. FG 1 (Social worker)

It is not that the child is not fine at home because she/he is the one who is beaten, no the parents beat each other in front of the children. This affects children. FG 2 (SBST member)

4.3.1.2 SUBTHEME 1.2 Children's responses to traumatic life events

The children's responses as described by adults in their lives refer to response both within the school contexts and outside of the school context. The children's responses as reported by the participating parents were, in some instances, directly linked to the incident, but considering the data obtained from the focus group interviews, there are some generic responses, irrespective of the nature of the trauma. It is also important to distinguish between a response that refers to the school contexts and a response to events outside of the school context.

The following responses were reported within the school context:

In the majority of cases mentioned, children started struggling with schoolwork following the trauma. A drop in performance was reported by parents, SBST members, the school nurse as well as the social worker. The drop in performance seems to be associated with concentration problems and a lack of co-operation as indicated in the statements below:

The challenge I had in the children was that their performance at school drop because we separated them from with their mother. P10

If she was a bright child, she / he loses everything. He/she starts on a clean slate. This action challenges the child at school to a level of not knowing anything as if she never knew anything before. The child comes back totally different from than before. FG1 (SBST)

If the child was bright, she will no longer be like that, the performance will drop, if the child was co-operative in class, she/he no longer cooperating. The child used to perform better but now her/his condition is dropping down. F G 1 (Nurse),

Maybe you find out that a child has dropped in his performance in class. This leads to a child to be unable to concentrate in class and sleeps as the teacher teaches due to hunger. FG 2 (SBST),

The child used to participate at school or used to be clever, the child will drop in performance and get zeros. She will develop lack of interest and not concentrate FG 2(Nurse).

The children's behaviour is also impacted by their traumatic experiences, as reported:

A child who experienced trauma changes in behaviour. If she was a child who likes to play, she/he does not play anymore, he /she is isolated. If he/she was a bubble child, she/he will no longer be bubble and the child will be terrified. FG 1(Nurse)

When something happened or you see a change of behaviour in your child. So, the child portrays this through behaviour. Sometimes the child can portray stout behaviour whereas she/he has been a quiet child for some time. FG 1 (Social worker)

So the reckless behaviour of a girl child who just goes to the tavern and get drunk and pass out is the language of signs, it says something. FG 2 (Psychologist)

In many instances, the children who experience trauma, reportedly displayed anger within the school or classroom context. This anger was expressed in different ways.

So that makes a child to feel bad and can lead to misbehaviour at school. In class she beats other children, she is a child who is always angry. When she wants to go for a short leave, she does not ask for permission when she feels like, she gets out of the class banging the door. FG 2 (SBST)

The child is noisy and not want to be hit. You will find out that the child misbehaves. FG 2(SBST)

The child grows up with anger that he/she cannot tell anybody. This makes the child very angry even towards God. What kind of God who allows my mother to

die or my father to die or my brother to die? What traumatises a person is the anger inside him/her. He /she develops a great anger in his/her heart. FG 2 (Pastor)

With reference to response outside of the school contexts the following were reported.

Children who lost parents, suffered from physical conditions after the death of their parents. A mother reported:

My eldest child was very brave and strong but from that day he got sick, he had a diarrhoea and got sick also. He said he had toothache, he wanted attention from everyone in the house he did not want us to concentrate on the matter we gathered for. They checked him since he said he had toothache only to find out that he was lying, he did not have a toothache, and he was shocked. P1

Then you will find a child going back to discharging urine. Acting like a child sometimes, cannot sleep at night, drop in marks at school and start showing violent behaviour. Then you can find that child at clinic suffering from back pains, tension headache, tense shoulders nose bleeding or she just faints and chest pains. FG 2 (Psychologist)

Some become so hurt, surprised and fearful. Other children even experience difficult in sleep. There are homes whereby parents do not communicate with children. Other children became quite and withdrawn and struggle to open up.

He could just be quite even when I tried to talk to him or ask him what happened I have to think by myself that maybe he is hurt. He would be negative be cheeky when I try to help him. P5

One of the brothers hardly opens up even if you ask him, you have to dig him up, and so it is difficult to know what is he thinking or feeling. P3

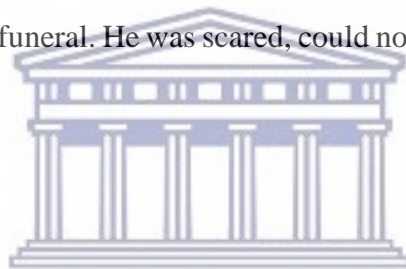
Parents and the psychologist expressed their concerns about the fear and withdrawal these children displayed:

My child has a fear I cannot help her so it's better to pray and read the Word to help me comfort my child, thank you. P 4

He sits alone, even if you try to talk to him maybe you ask a question, he just shows that he is not interested. He just answers what he is asked. He became shy, gets irritated. He is no longer that bubble person he used to be. Now if you want to talk to him, you see for yourself that he is not happy. Even if you try to, I want to say when trying to talk to him, he cannot talk. FG 1 (Parent)

I noticed that she was scared of going outside the house, she was scared of going to the street, she does not want to go to the street anymore and have sleepless nights. P4

The eldest knew why there were many people in the house and he was told that there was going to be a funeral. He was scared, could not sleep and had diarrhoea, it was like that. P1



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4.3.1.3 SUBTHEME 1.3

Parent's responses to the traumatic life events experienced by their children

In this subtheme, parent's responses to the traumatic life events experienced by their children are presented. It was evident that most parents were touched by their children's experience, but often did not know how to respond.

During the individual interviews some parents mentioned that they also experience pain when their children have traumatic incident happening to them.

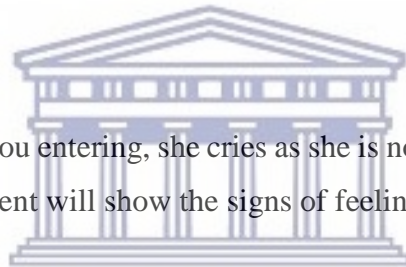
One parent indicated that it was painful, that she had to act as if nothing happened for the children's sake, as they were in bad situation. She stated:

It was painful because I had to change and act like nothing happened since I saw him in that situation. I had to comfort him, take care of him and tell him that everything is fine. P1

P4 and P6 also felt the pain. P6 while her child who could not even speak was raped in school premises and P4 while her child was *saved by God* while people tried to kidnap her child. I feel the pain and I have a fear. I realised that I was very shocked. P4

She felt that she had to comfort the children and take care of them. At the same time, she also felt emotional and easily cried, like her children.

The pain experienced by the parents was also noted by the member of the SBST and the psychologist:



While the parent sees you entering, she cries as she is not used to seeing you, the tears go down. The parent will show the signs of feeling the pain. FG1 (SBST)

What is very painful in counselling is the pain of a parent. FG 2 (Psychologist)

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One parent explained how difficult it was to contain the pain and to allow the children to open up to her:

At first I was hurt. It was not easy because I wanted them to open up to me. I wanted to know how do they feel and how do they see things since I had introduced them to a new change. I wanted to comfort them always ask them how do they feel and what did they dream about every morning. P3

The same parent felt very emotional when “the younger brother saw an axe and tell me that his mom was beaten with an axe”. She stated:

I felt so weak and felt like crying but I did not want him to see that I am crying while comforting him. P3

Some parents mentioned that they felt shocked after the traumatic incident that happened to the child.

I 'm still thinking that if I did not appear maybe, I would be asking where my daughter is, that was ringing in my head that eh my Lord I would not know where my daughter is, it was painful, I was scared and shocked when I realised that that this thing is happening for real. P4

Other parents were impatient and angry, perhaps because they felt powerless:

Then we like a parent who talks and notice that a parent by being angry as you notice that it seems as if she is reminded of what happened. FG1 (SBST)

That made me impatient at times when I do not see the progress and had to repeat things, I taught them but I realised that the problem was bigger, so that was my challenge. P3

Some parents become confused and do not know what to do if something traumatic happens to a child, which might lead to confusion and denial as indicated by the psychologist:

It hurts a lot cause of the child, everything come back to my heart, and I don't know what to do. P9

She became a mother who does not know this. I did not know what to do with this thing of this child. So, that another problem was the fact that she did not believe it that it really happened to the child. FG 2 (Psychologist)

I was confused because I did not know what happened to him or what to say, I got confused. P5

There were parents who acted like a strong person while dying inside, while other parents felt that they have failed the child. Parents felt confused about what have they not done or asked questions about what they not done well at home. Other parents feel contempt:

It hurts a lot cause of the child, everything come back to my heart, and I don't know what to do. P9

I do not know how I can change him. I do not know whether to be irritated or to push him to know I am the older person here. I do not know whether he is right or wrong. FG 1 (Parent)

You can see when a person is acting as if she/he does not care but she/he is dying inside. It is just the way of trying to make her/him strong. FG 2 (Psychologist)

We first counsel the child so that the child will develop to trust you and be able to talk and explain everything. So, what we usually do is to organise a support group. FG2 (Nurse)



4.3.2 THEME 2: SUPPORTIVE ENGAGEMENTS

This theme refers to supportive engagements to help parents and caregivers to be able to support their children who have experienced trauma. Subtheme 2.1 is about what parents need to enable them to support their children who have experienced trauma. Subtheme 2.2 addresses suggestions for enhancing supportive engagements.

4.3.2.1 SUBTHEME

2.1 Support received to deal with their child's trauma.

In this subtheme the support that is needed and available to address the impact of traumatic experiences on the children and their families is discussed.

Some of the parents who participated in this study indicated that they relied on their faith to carry them through the difficult time. These parents relied on the promises in God's word, the prayer of fellow Christians, the guidance of a pastor and applied their faith to counsel themselves to be able to cope, forgive and accept the traumatic incidents that affected their children.

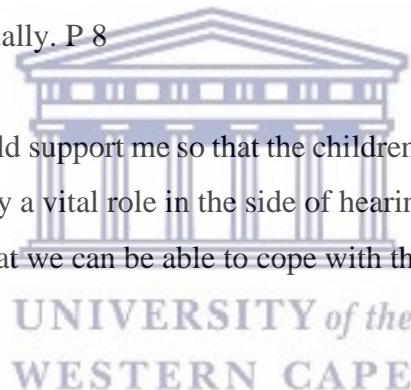
First thing that came to my mind was the Word of God because the Word of God can help me to be able to support my child. I thought of the Christians that I pray with, I thought of the church that can help me to support my child. P 4

First thing I did was to counsel myself and told myself that God was there when my daughter was being killed by her boyfriend she loved. P 2

I think a Pastor can help us because I love church; it sits well with me. It does not matter if the Pastor is a male or a female as long as she/he is a Pastor as long as we will get help spiritually. P 8

I think people who could support me so that the children can deal with the situation, is the church could play a vital role in the side of hearing what the Word of God says and listen to so that we can be able to cope with the situation we are facing.

P10



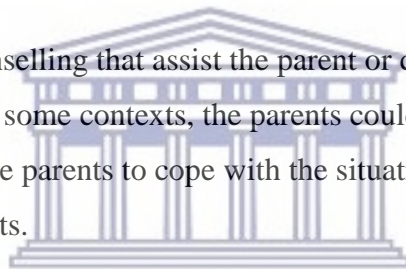
The first important thing when something has already happened is to find a way to accept it and to forgive it. The way you behave towards the situation, now the Word of God is playing a very critical role. It plays a very important role in counselling the spirit of a person so that we can forgive. FG 2 (Pastor)

It was evident that most participating parents did not receive any additional support. However, during the interviews, they clearly indicated what support they would have welcomed. Some parents mentioned the value of other parents, family and friends to support them in either forming a support group or by playing a significant role in their children's lives:

The parents also emphasised that the school can play a role to support them. One parent did get support from the school.

I think I can get support at school; my mom supports me very much and I get support from school also a certain sister the one you were talking with. No, the school is already helping me, so I wouldn't like anything other than the support they give to my child. (For example since rape happened at school, the principal and the SGB informed the parents and they took the child to the police station. The child was taken to hospital. The child has counselling sessions that are continuing. The school also filled the form called Support Needs Assessment Form for the department of Education to support the child). They look after her and tell us her progress, I am satisfied for now. I wouldn't ask for anything more because they take a good care of her, they know her and support her very much. I am not expecting anything else I am satisfied. P6

The focus seems to be on counselling that assist the parent or caregivers to understand what happened to the child. In some contexts, the parents could be invited to join a support group. This would help the parents to cope with the situation better as they would be supporting each other as parents.



When a child is brought to the clinic or hospital, the nurses will support the parent by counselling him/her and then we refer. The nurse in FG 1 stated:

We work with institution like Sinawe and Ikwezi Community where at least they render a better service. We counsel the mother and make sure that she reaches a stage of knowing and accepting the problem of the child. We as nurses have to start by sitting down with the grandmother or the mother and make her understand what happened, for her to be in the green light of what is happening.

The nurse who took part in the second focus group confirmed:

You sit down with the parent and counsel him/her. So, you sit down with the grandmother and offer her counselling. We refer most of the times. We have our

social workers at Botha Sigcawu building. We have Sinawe at Mthatha General Hospital. We also have psychologists who our social workers refer to.

The social workers indicated that they prefer to involve the whole family in the support process:

We social workers, don't deal with a child who is abused only, we deal with the whole family. You have to make right the whole family because in a family a person does not stay alone. So, we have to work with the family at large not only a child. We provide the counselling towards; we do what is called family press conference where we call everybody in the house and sit down with them. We try to explain how wrong what is happened to the child or what happened to this home and how it affects the child. Some of the things we do in that office is group counselling. This thing of what I talked about, I know that at school, as I mostly go to schools, some parents as you and identify that some children have been abused. In this group, a parent will be able to talk about what happened, then they will advise each other as parents. FG 1 (Social worker)

A psychologists and a social worker emphasised the importance of counselling, stating:

They have to go for counselling, it is necessary to go and talk about what happened in our homes. FG 2 (Psychologist)

To a parent it is counselling. It is counselling her/him because parents had their own trauma that they grew up with. So, when the parent comes to the office, we provide counselling to him/her because I believe when you reduce the burden on her shoulders as she has this great burden and help her reduce it, she will be able to handle the child. FG 2 (Social worker)

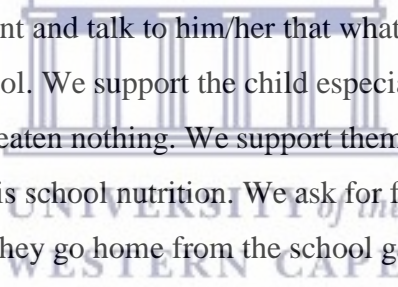
With reference to support coming from the school contexts, the members of the SBST at the school responded as follows:

We help parents at times maybe when a child experiences a problem which is the after effects of what happened before at school. If the matter is urgent a child has

to be taken to the doctor, the child is taken to where she/he will be helped. The parent is not around the school and is far away a certain problem happens to the child, it is duty of the committee to take the child home instead of being left alone at school. If the child felt sick at school and was taken to hospital, maybe the child was coming to school and was involved in an accident on the road. It is our duty to go and visit the child at hospital to see his/her condition. You inform the parents about the changes so that she/he can help where necessary. FG 1 (SBST)

We do have social workers particularly at Ikwezi Community, Ikwezi Lokusa that we normally refer learners to them. We have a section in the Department, we call E.S.S.S. There is a certain point in time that the social workers work within that section we normally invite them, then they come and assist us. Then fortunately enough we do have for 2021 a person who is called a Learner Support Agent.

FG 1 (SBST)



Firstly, we call the parent and talk to him/her that what you do as a parent as this affects the child at school. We support the child especially the child headed who come to school having eaten nothing. We support them by asking for food from the school kitchen that is school nutrition. We ask for food for them to eat here at school and even when they go home from the school garden, we get them some vegetables for them to have something to eat. There are children from poor families, If the school can try to support these children yes, it is available. A child who does not have a jersey or shoes, there are people who try to get that for the child. If they can continue as we cannot keep children in the situation that their parents have put them in. FG 2 (SBST)

The SGB also seems to take responsibility for assisting parents whom they know of when their children experience trauma:

We support by trying to calm down the parent by talking to her /him as human beings, as parents. We talk to parents as we sympathise with them from the pain, she/he is experiencing, we advise them, we pray with them. Your extra mile is

that of going to the parent in order to talk to her/him concerning a child. We say this to the parent, be a friend to your child. Yes, you are a parent but be a friend of your child, you will know what went wrong. You can even help him/her in school home works. FG 1 (SGB)

We came back and went to the parents of a child to show that we care. Then we go to the parents of those children to comfort them and sympathise with them.

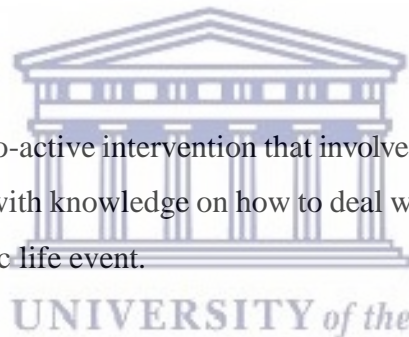
FG 2 (SGB)

4.3.2.2 SUBTHEME

2.2 Suggestions for enhancing supportive engagements.

In this sub-theme, the findings that indicate what could possibly be done to enhance current efforts to support parents are discussed, since it seems evident that the current support is not deemed as sufficient.

The participants proposed a pro-active intervention that involves presenting workshops for parents in order to equip them with knowledge on how to deal with the situation when their children experience a traumatic life event.



Parents should be work shopped or something can be given or shown that when you experience a certain problem take it to so and so or handle it this way which will not cheat the parent. FG 1 (SBST)

This option was supported by a psychologist, who indicated that this would also help them to understand the challenges parents face and how they deal with these challenges.

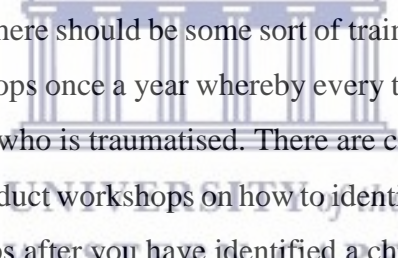
In a certain day the principal can arrange to have this exact panel, on the day of parent-child meeting to say that, parents these challenges that you face, the first thing that you should do when something traumatic happens to your child...So, that that child should know she is supported and has support on both sides.

FG 2 (Psychologist)

The social worker in one of the focus groups mentioned that they should consider awareness campaigns to open the eyes of the people. During these, people would be able to ask questions to the government officials and the government officials would answer parents according to the services they offer in their different departments. In this way, parents would receive relevant answers from the officials.

Just say on such a date we have to do the Awareness Campaign and that's when you will call people like these, like nurses, social workers, psychologists, police, and invite them. People from Home Affairs and SASSA will be able to talk to parents on kinds of programmes they render to parents. This will help parents to be aware of who to approach when experiencing a certain problem. Know the person in charge of the office and know your rights as a person. FG 1(Social worker)

The training of teachers, to be able to identify and act in cases where a child had experienced trauma was also foregrounded as a supportive intervention by the nurses who participated in the group discussions



So, we encourage that there should be some sort of training programmes for every teacher like the workshops once a year whereby every teacher will be educated on how to identify a child who is traumatised. There are counsellors who once in a year or twice a year conduct workshops on how to identify a child who experienced trauma and referral steps after you have identified a child.

Teachers are not equipped on what to do after identifying a child. (FG 1 Nurse)

It is important that the Department identifies some teachers in order to train them to be able to identify and also to know which kind of abuse they have identified. So, we say in fact we wish the department can train teachers for them to be able to inter-act with concerning their children as they are the ones who spend most time with the children. FG 2 (Nurse)

An important gap identified by the Department of Education and the SGBs is a lack of sufficient training for schools to implement and act according to the applicable policies

I should think that we need to intensify those policies, we implement correctly but without a proper training then as the school and SGB members we will not be able to do that. The Department also needs to have certain workshops because now is more dynamic and diverse. FG 1 (SGB)

An important aspect to be addressed in the workshop would be knowledge of the Children's Act which can be well explained by the social worker as stated:

So, it is important for the school to know who the social worker of the area is.

You as teachers are expected to have the Children's Act if you deal with children in order to know how to respond in case something happens. The Children's Act says I think it is Section 110 says who can report what has happened to a child? Every school should have the Children's Act and know it since schools stay and serve children. It should be guiding you. The Children's Act in Section 150 states that every professional has a responsibility of when seeing something at neighbourhood and report. FG 2 (Social worker),

The support for parents could be optimised if the various sectors are willing to collaborate. The following statement foregrounds the nature of such collaboration.

In terms of Health it is supposed to be, the school and the clinic work together, hand in hand according to the law. Usually, these things that happen at school affect the clinic. If the school and the clinic do not participate in a way or there is no unity between the two departments, education and Health, they will be failing in protecting the child the right way. We advise the school to have one person who will be elected. This person will work hand in hand with social workers, psychologists or relevant departments because children spend most of their time at school FG1 (Nurse)

Parents emphasised the value of having support from family, friends and the immediate community to strengthen them when their children experience trauma. They emphasised that this support should also include support for their child.

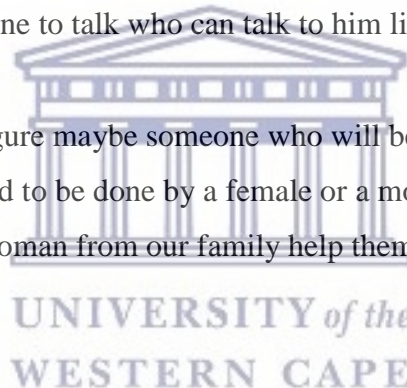
Two parent specifically emphasised a need for having support from parents who had had similar experiences, which may involve the establishment of support groups that will enable them to heal.

I think having supportive family, friends and people around me can make it easier for me to support the kids. If I can have supportive people around me, people to talk to when I feel weak, get some advices on how to deal with the situation or join a support group. P3

The other person that can help me is a family member in her group age who can talk to her maybe she can understand. I think the teachers can look at them since they are in this situation. P7

I think he needs a male figure in his life, someone to look up to and see how things are done, someone to talk who can talk to him like a father. P 5

They need a mother figure maybe someone who will be able to help them with things that are supposed to be done by a female or a mother maybe even if it's a helper maybe an old woman from our family help them and be a mother to them. P 8



I think I need a support group where parents with the same situation as mine meet so we can talk about it and find a way out. P6

The pastor emphasised the importance of supporting these parents to hold on to their faith and allow themselves to forgive. Two parents confirmed the value of prayer and Bible study as applied in the Christian faith.

So, now if we take this principle of forgiveness and teach it to people, it is painful I know but it is the beginning of healing to the victim of abuse whether it is rape, whether it is divorce or whether a person that you love is killed. A child has to be taught how to forgive. The school should know that it has its own social worker and a Pastor for such cases. FG 2 (Pastor)

Okay I think there are two things that can help me which are to pray and study the Bible so I can be calm and cool and pray and ask for direction from the Lord to lead me to do the right. I need prayers so that I can be strong. P4

First thing I did was to counsel myself and told myself that God was there when my daughter was being killed by her boyfriend she loved. P2

4.4 DISCUSSION OF THE FINDINGS

The findings confirmed that children experience various forms of traumatic life events, either directly or as part of their family. Not all contexts are the same and schools should make an effort to establish which traumatic life-events are most prevalent in the broader ecological system but more specifically in the specific mesosystem in which the families as microsystems are involved in alignment with the Bronfenbrenner's ecological systems theory as supported by Carl et.al., (2013).

In the context of the study, the traumatic life event that was reported in most of the cases was the loss of parents. The findings indicate that each situation is different depending of the cause of the loss. The causes varied from one parent dying in car accident to other parents being murdered. The emotional impact of these incidents might be different and therefore it will be imperative to understand the circumstance in which the traumatic life event occurs.

The other form of trauma evident in this context was emotional abuse. The emotional abuse were most often caused by parental conflict, which in extreme situations led to the killing of a parent in front of children. In other instances, children were abandoned and neglected. The emotional abuse in this study are closely aligned with excessive drinking of alcohol by parents. Other children were abandoned by their mothers, who left home to look for a job and did not try to communicate with her children afterwards. All these experiences left the children and those who have to take responsibility for them distressed.

It is clear that children in the context where this study was conducted are exposed to serious traumatic life events when one takes the definition of trauma as a “state of severe fright or shock that a person experiences when confronted with a sudden, unexpected, potentially life-threatening event over which the person does not have control and to which the persons are unable to respond effectively” presented by Dye (2015 p.158) into consideration. The need for a need for a strategy to support the parents of these children were therefore evident.

Children in the context where the research was conducted responded to the traumatic experiences in different ways. Firstly, it was noted that they were struggling with schoolwork and their performance had dropped at school. This finding is in agreement with the work of Boylston (2021), who finds that learners who struggle in these areas frequently run the risk of academic failure and may only achieve modest academic improvement if they receive sufficient social-emotional or behavioural support.

However, most of these children experience changes in their behaviour as well as physical conditions like difficulty in sleeping. A study by Ncube and Mudau (2018), on indicate that social, psychological, and educational obstacles experience by children who experienced trauma can lead to low self-esteem, poor academic performance, and a negative attitude toward marriage. In the case of emotional, physical, and sexual abuse, Horath and Seedat (2019) found that it can be associated with the drug and alcohol problems experience by South African school-aged teenagers. Van der Merwe (2008), argues that if psychological trauma is left untreated, it may result in promiscuity, drug and alcohol abuse, depression, dissociation, interpersonal issues, and even suicide.

The problem noted in the research is that in most instances the teachers are primarily concerned with supporting their learners' academic progress and achievement. It is therefore critical that teachers' responsibilities are expanded to include skills to address social- emotional and behavioural needs of their children exposed to trauma (Boylston (2021).

With reference to the impact on the parents, the findings indicate that parents and caregivers are often deeply touched by what happened to their children. As a result, they may be filled with sadness. A study by Davhana-Maselesele (2016) reports on the

emotional pain following sexual abuse of their children. They experienced shock, anger and guilt for not noticing the abuse.

Parents in this study also indicated that they often feel powerless because they do not know how to respond. In some instances, parents reported that they feel confused and in denial about what happened to their children. The participants emphasised the contradiction between feeling powerless and trying to act strongly for the benefit of their children. Their struggle to assist their children was often associated with a sense of detachment based on their disbelief about what happened. Research by McElvaney and Nixon (2020), agrees that parents may respond with disbelief, denial, and even self-blame that can have serious consequences for their own mental health.

Parents and caregivers, in this study, emphasised the importance of support from their friends, families and community at large. They need people to talk to when they feel weak, to give them advice. They need role models and they need mothers and fathers figures to talk to their children who have experienced trauma. Creivier et.al. (2015) in their research on children with PTSD agree that social support is a key component of healing.

Some parents found strength in their faith and relied on their faith communities to carry them through difficult times. These parents/ caregivers reported that they trust God to counsel their spirits. Pastoral care was mentioned as a support system that was very helpful to them during the difficult time when their children experience trauma. Calder et.al. (2011) agree that pastoral care is an important and helpful intervention in supporting those who experience traumatic life events. Wyatt and Welton (2022) state that, in many cultures around the world, faith and spirituality have long served as traditional models for healing. According to Luhrmann (2013), prayer facilitates the healing process and offers some evidence from experimental and ethnographic research to support the idea that a relationship with a loving God fostered through prayer may aid in the recovery from trauma.

What is important to note is that parents reported that they had limited support from the school and professionals. However, in the focus groups it became clear that the school did intervene in some cases by taking care of the family's immediate needs in instances where they were aware of the incidents. School staff also reported that there

were instances where they referred the parents or caregivers to professionals. The social workers and the psychologist reported that they provide counselling for children who are referred to them. They also emphasised a focus on the family system as a whole. A strategy that is well aligned with the Afro-centric worldview and the ecological systems model.

The problem as stated at the onset of this study seems to be that teachers are not well equipped to support children who experienced traumatic life events and their family systems. Although I could not fully adhere to the collaborative action research process, I found the suggestions foregrounded by the participants with reference to the development of a support strategy very valuable. These include:

Pro-active interventions to prepare teacher and parents to be able to understand and deal with traumatic life events experienced by children. These interventions according to the participants should include:

- 1) Awareness-raising by presenting information sessions that involve teachers and parents.
- 2) Workshops for parents to develop strategies to support children when trauma occurs in the family context.



Mutch and Latai (2019), in support of this recommendation argue that schools are frequently involved in the aftermath of family catastrophes. According to the findings of this study, schools should present parents with the skills and knowledge they need to both avoid and respond to their childrens' trauma. Considering the fact that parents are statutorily included in SGBs under the South African Schools Act no.84 of 1996 (SASA), it makes sense to expect the members of the SGB to assist parents in supporting children who are facing major problems and trauma. Close collaboration with the SBST's will however also be imperative if once considers the impact of trauma on the academic performance of learner as indicated in the findings on drop-out from school due to trauma.

- 3) Workshops for teachers to develop insight into and strategies to support children when trauma occurs in the family context. Trauma-informed training are presented in some school districts in South Africa, but teachers in schools in my area, have not been trained to deal with trauma. This leads to difficulty in day to day activities at schools.

The value of trauma-informed training has been widely researched. Stagg (2021), finds that academic results for learners improved after school administrators consciously adopted trauma-aware practice as a comprehensive school strategy for all staff members. Teachers who are trained will be able to integrate trauma-informed care in their future classrooms in a way that not only decreases the negative consequences of trauma but also prevents re- traumatisation. Saumya (2020), states that educators who have received training in trauma- informed methods have broadened their scope of influence and are aware of the potential negative effects on learners' long-term health. Wells (2022) claims that the framework for culturally responsive trauma-informed educators outlines the knowledge and skills required to support trauma-informed practices, including the necessity of ongoing self-reflection and a discussion of the implications of school counsellors and school counselling programmes. Kim et.al. (2021), argue that a trauma-informed approach can be beneficial because it provides teachers with the techniques they need to help traumatised children attain their full potential in the classroom.

Equipping teachers with the knowledge and skills to support these children who experienced traumatic life events, could address the immediate concern about the lack of human resources in rural areas. However it is critically important the SBST and the DBST provide ongoing support to the teachers and do not expect them to carry the responsibility on their own.

- 4) The development of a collaborative network with professionals in the community

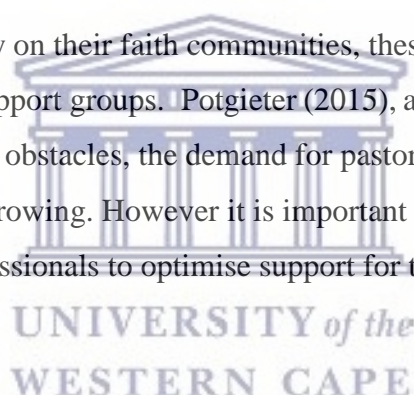
The study bears witness to the value of conversations between schools and professionals in the community when it comes to shared concerns. The participants clearly gained a better understanding of one another's' contexts during the focus groups. They also become more aware of how they can support one another. This strategic action is well-aligned with the in the various policy documents as well as the CSTL conceptual

framework in which the integration of services and collaborating between the various stakeholders are encouraged.

5) Establish support networks in which parents who had similar experiences can share their stories.

The parents expressed a need for support groups in which they can share their experiences and get support from others who had similar experiences. The value of such groups are confirmed by Ronaasen et.al., (2021), who find that parents' supportive interactions and shared learning amongst them fostered an environment of support and encouraged disclosure. Local mentor mothers facilitated the community parenting support groups. Following focus group talks with the group facilitators, mothers were grouped together. By pooling their expertise, they improved their health and social support, and via conversations, they increased their confidence in their parenting skills.

In instances where parents rely on their faith communities, these communities can play a role in the establishment of support groups. Potgieter (2015), argues that as communities struggle with trauma and life's obstacles, the demand for pastoral care and support with various personal concerns is growing. However it is important that they also collaborate closely with schools and professionals to optimise support for these children and their families.



4.6 CONCLUSIVE SUMMARY OF THE FINDINGS

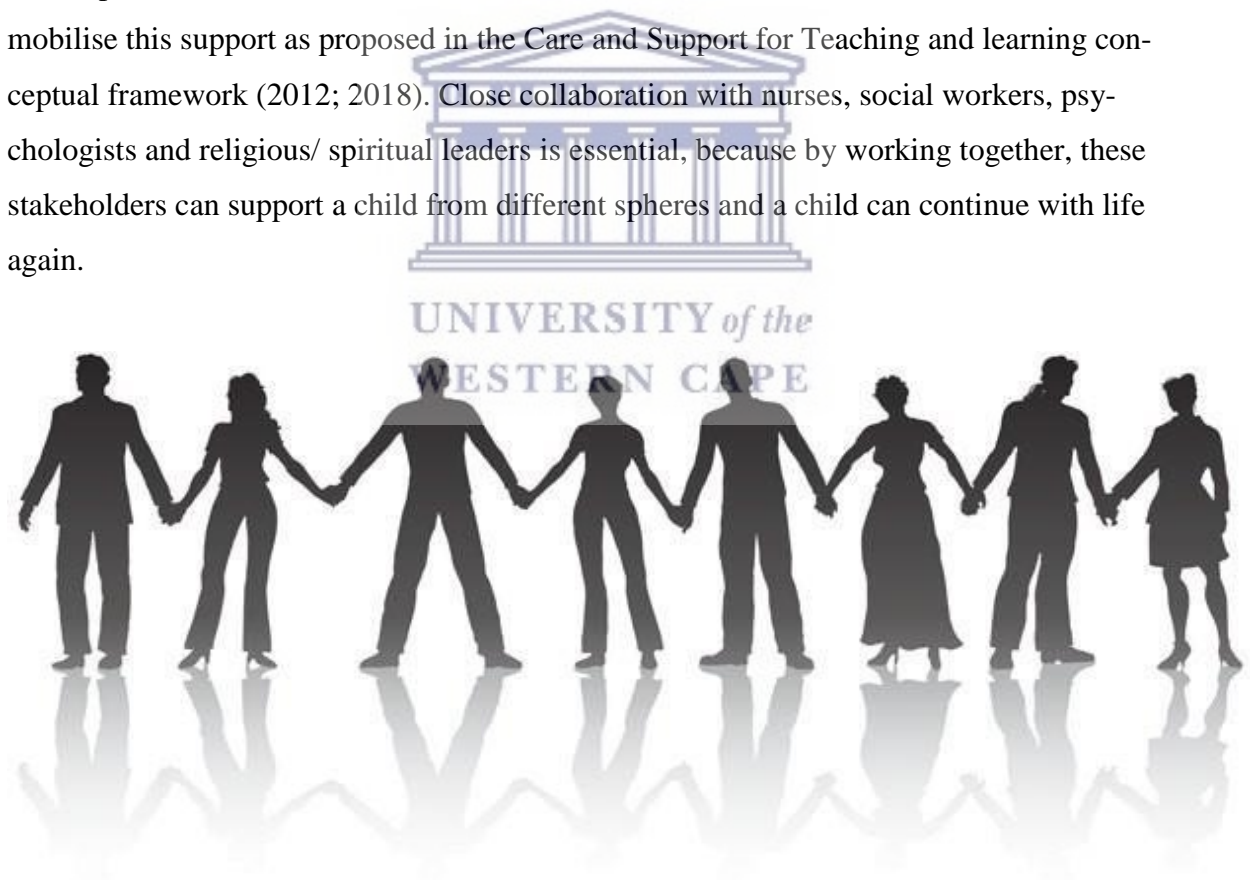
The findings in this study emphasise the importance of a whole systems approach as advocated by the bi-ecological systems theory developed by Bronfenbrenner. A theory that can be aligned to some extent with the African worldview that all people are interconnected and should take care of one another. Yet the support systems still seems to be tailored to address the needs of individual children and parents / caregivers in cases where children have been traumatised.

Based on the findings of this study, I suggest the development of a strategy that is informed by the Afrocentric worldview and focussed on applying a systems-wide ap-

proach that is not only aimed at the addressing trauma after it occurred, but prepare communities in rural contexts to be prepared to deal with traumatic life events even before their occurrence. Ideally we should work towards the reduction of these incidents, but currently that is not the case and we schools should therefore be prepared to take this responsibility that is aligned with the expectations set out in the policy documents across the various departments responsible for the health and wellbeing of children in South Africa.

Schools have to acknowledge that supporting a child does not end at home, or even with the other people who support the child, like family friends, church and the community at large. They need to take responsibility through the SGB and SBST's to ensure that teachers and parents are equipped to support their children when they experience trauma.

The implication is that schools should collaborate with their immediate communities to mobilise this support as proposed in the Care and Support for Teaching and learning conceptual framework (2012; 2018). Close collaboration with nurses, social workers, psychologists and religious/ spiritual leaders is essential, because by working together, these stakeholders can support a child from different spheres and a child can continue with life again.



The picture above emphasises the importance of collaboration among all the stakeholders, including the parents, teachers; SBST; SGB, health professionals, social workers and

religious leaders to achieve their goals – as shown above, if we can hold our hands together like this, work together to support children who experienced trauma, it might be easier for them to heal and get their lives go back to normal again.



CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents conclusions from the study. Following the conclusions, recommendations are made with reference to practice and future research. Finally, the limitations of the study as well as the contribution of the study are discussed.

The research question in this study was:

How can schools in resource-constrained contexts equip parents and caregivers to support their children who experienced trauma?

A basic qualitative design was applied in Phase 1. Due to the challenges associated with the COVID-19 pandemic, the initial plan to apply a collaborative action research design in Phase 2 had to be adapted to a basic qualitative research design. The data in Phase 1 was collected through individual interviews with parents and in Phase 2 through focus group interviews. Thematic analysis was conducted in order to identify themes that enabled me to answer the research question.

5.2 CONCLUSIONS

Based on the findings presented in Chapter 4, I came to the following conclusion regarding the role of schools in equipping parents and caregivers to support their children who experienced trauma?

5.2.1 Equipping parents to support their children who have experienced trauma is critical and important.

The parent/ caregiver is the one who is most involved with the child's situation. Parental support where children have experienced traumatic life events is very important,

as these parents mostly feel helpless and do not know what to do or how to help their children. This is more important in rural contexts where access to services are limited for various reasons. Evidence suggest that when counselled and supported, parents more easily understand the changes on their children's behaviour.

As indicated in Chapter 4 this should not only happen after traumatic events occurred, but schools should consider pro-active interventions that will allow parents to be prepared in case their children or children in their family systems encounter such events.

5.2.2 Supporting the parents/caregivers support is also essential

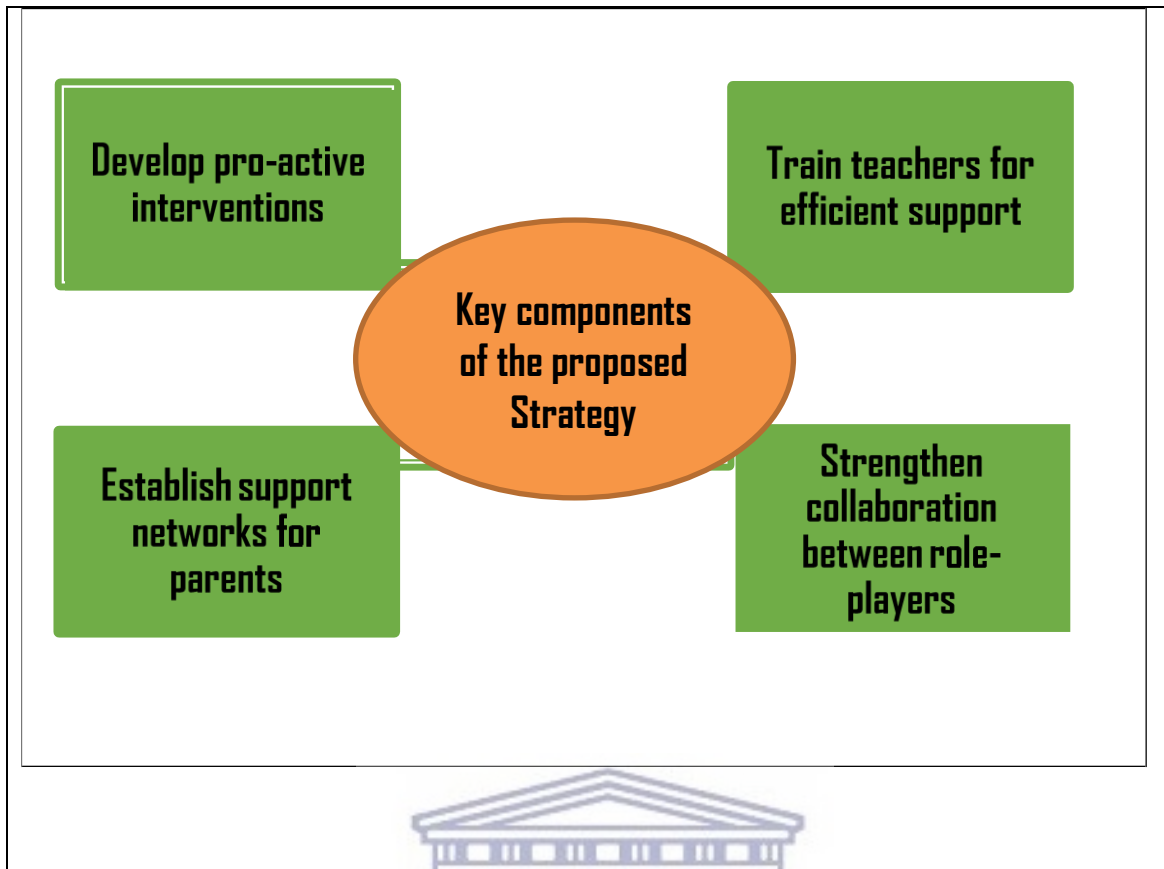
In most instances when children experience trauma, the focus is on the child. In this study, it became clear that parents also need to be supported to ensure that they are able to cope with the challenges that the child and the family as a whole may be experiencing. The suggestions for the development of support networks for parents might be of value here.

5.2.3 Schools should take responsibility to support parents and caregivers whose children have experienced trauma.

Teachers in resource- constrained contexts are not well-equipped to support parents whose children have experienced trauma. Teachers sometimes end up avoiding the child because they feel pity for the child and the parent because unfortunately the teacher does not know how to support both the parent and the child who has experienced trauma. The recommendations made by participants that teachers as well as SGBs and SBSTs should be trained in order to understand and support parents whose children have experienced trauma. The SBST should specifically be trained to support the parents. It is also important that these bodies work in close collaboration with one another and the community in which the schools are based to ensure the development of a sustainable collaborative network.

The diagram 5.1 below presents an overview of the key components of the strategy proposed, based on the findings of this study as discussed in Chapter 4.

Diagram 5.1 Key components of the proposed strategy



5.3 RECOMMENDATIONS

The recommendations are presented with reference to 1) support for parents whose children have experienced trauma in resource –constrained contexts and 2) future research on the topic.

5.3.1 Recommendations for supporting parents whose children have experienced trauma.

1. Workshops should be presented to prepare schools to be able to support parents who children experienced traumatic life events.

Teachers, especially those in rural areas where access to services are limited are not equipped with knowledge and skills to identifying the traumatised child, so there is a need for teachers to be trained. It is recommended that the SBST as the body responsible for learner support in schools in collaboration with professionals from the DBST and the community plan and present these workshops.

Schools could also work collaboratively to lighten the load on the professionals. The training should evidently enhance teacher's skills to engage with these parents and their children on a social –emotional level.

2. Formulation of new policies by the Department of Education.

The available policies do not consider support for the parents whose children have experienced trauma. SIAS (2020) for example focus on support for vulnerable children who experience barriers to learning, and recognise the role of parents or caregivers but do not include specific guidelines for support to parents. An integrative understanding of policies may address this problem. It was evident in this study that policies that are not directly linked to education context, for example, the Children's Act are not used effectively by schools. I recommend that schools take policies that relates to the support of children who experience trauma more seriously and develop guidelines that can be applied by the SGB's, SBST's as well as teachers. Training in understanding and applying the relevant policies can form part of the training workshops

3. Addressing the need for more human resources to establish sustainable support for rural schools.

It is recommended that the Department of Education appoint more staff that specifically focus on the support of children and families in rural areas. There is a specific need for the employment of social workers. The social workers from the Department of Education are capable of providing much needed support because they understand the school context and are not tied to specific wards but can assist children irrespective of the Ward the child belongs, whereas if we go to Department of Social Development cannot do so.

There is also a dire shortage of learner support teacher, psychologists and counsellors in schools. The role of currently employed staff should also be revised so that they could be involved in the training of teachers.

4. Schools work hand in hand with communities and professionals in their area

Schools should engage more pro-actively with their own communities and the professional in these communities through community dialogues. These collaborations can lead to integrated efforts to raise awareness of the nature and impact of trauma on children and families and motivate more people to seek support rather than avoid situations. The participants in this study also proposed dialogue between parents and their children as a way to ensure that they develop supportive relationships.

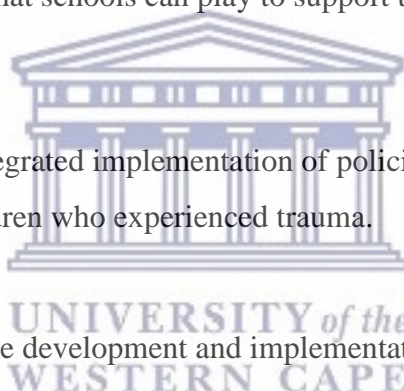
5.3.2 Recommendations for future research.

This study was conducted in the resource -restrained contexts to explore the support available to parents whose children have experienced trauma. The following recommendations for further research are made based on the findings of the study:

1. A more in-depth exploration of the support needs of families who are impacted by traumatic life events and the role that schools can play to support them in resource –restrained contexts.

2. Research to enhance the integrated implementation of policies into practice with a specific focus on support for children who experienced trauma.

3. Research that can inform the development and implementation of workshops for parents and teachers in resource-constrained context in South Africa.



5.4 LIMITATIONS OF THE STUDY

The data collection took place during the COVID -19 pandemic, which meant that identified participants were cautious to participate in the research. Access to the parents were limited due to the many challenges that prevent them from being readily available to be interviewed.

Some parents lived remotely, which meant that they could not attend individual interviews at the school. When trying to address this by using WhatsApp, it was evident

that they did not have access to Internet WiFi. This limitation was to some extent overcome by asking teachers who live close by the participants to allow them to use their phones.

Another limitation was in preparation for the focus groups. Firstly, finding a representative group of professionals was not easy, especially the social worker. Secondly, it was difficult to find a suitable time that suited all the professionals and the parents. Eventually, suitable dates were identified for two focus group interviews that most of the participants could attend.

However, despite the restrictions, I managed to get a representative group of parents, teachers and professionals from the community to participate. The initial plan to involve participants in a process to develop a strategy did not materialise due to the limited availability of participants but I managed to develop a strong network of professional people who are willing to assist, based on the insight they gained through their participation.



5.5 CONTRIBUTION OF THE STUDY

The study contributes to the existing research knowledge base on support for traumatised children and their parents / caregivers by proposing that parents should be seen as an important part of the school community and that a resolute effort should be made to support parents whose children have experienced trauma. In practice, the research facilitated the development of collaborative relationships between the professionals and the parents and caregivers who were part of the focus groups. They also undertook to advocate for the importance of collaboration between all stakeholders in cases where support is needed.

5.6 A FINAL WORD

The purpose of this study was to enhance the role of schools in providing support to parents whose children experienced traumatic life events in the resource-restrained areas in the Eastern Cape, South Africa. Although limited in extent this study opens up opportunities for the engagement of parents, schools

and professionals into a collaborative and supportive network that could enhance a transformative approach to support in these resource-constrained areas. As a researcher, teacher and counsellor this experience motivated me to continue to explore alternative ways of mobilising the whole system to take better care of our children. By changing schools into enabling environments in which all parents can expect support for their children, irrespective of the nature of the challenges they face.



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ADDENDA



ADDENDUM 1

PARTICIPANT INFORMATION LETTER FOR PARENTS.

TITLE OF THE RESEARCH PROJECT:

Developing a strategy to support parents of children who experience trauma in primary school contexts in the Eastern Cape.

INVESTIGATOR: Mlonyeni Nomhle **CONTACT NUMBER:** 0732018217

ADDRESS: 29 Siyongwana Street, Mbuqe Park, Mthatha, 5099

Dear Participant

I wish to ask if you will be willing to talk to me about your experience when your child had a trauma. The reason why I ask you is to be able to understand what schools can do to support other parents whose children had traumatic experiences. Please read this letter in which I explain to you what you I will ask you to do if you agree to talk be involved. If you need more information, before you can decide, please ask because it is very important that you are fully satisfied with what this research entails and how you could be involved.

It is very important that you only take part of you feel comfortable, you should not allow anyone to tell you that you have to participate. If you do not want to participate it will not affect you negatively in any way whatsoever. If you agree to take part, you may withdraw from the study at any point.

The Humanities and Social Sciences Research Ethics Committee of the University of the Western Cape (Ethical clearance no: HS20/8/25) as well as the Department of Basic Education in the Eastern Cape gave permission for the research which means that they will make sure that I work within the rules and regulations to protect you while you participate in the research.

What is this research all about?

The purpose of the study is to get a better understanding of how you as a parent of a child who experienced trauma, can be supported by the school. We will have discussions with parents, members of School Governing Bodies and School Based Support Teams as well as nurses, social workers and other professionals who provided services to children who experiences traumatic events.

Why have you been invited to participate?

You have been invited to participate in this research project because you have experience of helping your child through a traumatic experience and you have been contacted by the chairperson of the School Based Support Team to ask I can contact you to explain what the research is about.

What will I ask you to do?

If you agree to participate in the research, I will ask you to talk to me about your experience when you had to support your child during a traumatic event. You can share what you choose to share during our discussion. The interview with you will be audio-recorded with your permission. You may indicate if you want a part of the recording to be omitted from the records.

How will you benefit from taking part in this research?

The direct benefits for you as a participant is that you will be able to gain some more skills to support your child/ children in general but specifically in the event of a trauma.

The indirect benefit will be that you will assist the school to develop ways to support parents in a more efficient way.

What may be difficult for you?

It may be difficult to recall what happened to our child, it is therefore important that you make sure that you feel ready to talk about this again. Counselling services will be arranged in case you need support after your participation in the research.

Who will have access to what I have said?

People will know who you are and that you are involved in the research because they will see that you are attending the work session. However, we will make sure that people will not know what you said in these sessions by asking the other people in the group not to discuss what was said in these sessions with people outside. Responses will solely be used for purposes of the research.

When we write reports we will use a code to refer to you so that people cannot make a link between your identity and what you said. The person who transcribes the recordings that we make of the work session will also sign an agreement not to discuss what has been said in the session.

All the data that we capture electronically will be protected by a password known only to the researcher and the researcher's supervisor. Hard copies of data will be locked in a safe in the office of the researcher while the research is in progress. On completion of the research the electronic data will be transferred to DVD and stored with all hard copies in a safe in the office of the researcher's supervisor at the University of the Western Cape for five years after the completion of the research.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but refreshments will be served before the onset of the work session. If you have any costs to travel to the venue where the research took place, you will be compensated.

How will you know about the findings?

On completion of the research report, the researcher will inform you of the research findings in the form of a brief report. In addition, you will be invited to attend a seminar where feedback will be presented to the six schools.

What if I need more information or do not like the way I am treated while I participate?

When you need more information or do not like the way you are treated, please feel free to contact

➤ Prof T Moodley, the Head of the Department of Educational Psychology at [tmoodley @uwc.ac.za](mailto:tmoodley@uwc.ac.za) or (tel:

021 9599554): if you have any further queries or encounter any problems.

➤ Human and Social Science Research Ethics Committee
Email: researchethics@uwc.ac.za or (tel: 959 2948/49/88)

IF YOU ARE WILLING TO PARTICIPATE, PLEASE COMPLETE THE CONSENT FORM - YOU WILL RECEIVE A COPY OF THIS INFORMATION AND CONSENT FORM TO KEEP WITH YOU.

ADDENDA



ADDENDUM 2

PARTICIPANT INFORMATION LETTER FOR MEMBERS OF THE SCHOOL-BASED SUPPORT TEAMS, SCHOOL GOVERNING BOD- IES AND PROFESSIONALS

TITLE OF THE RESEARCH PROJECT:

Developing a strategy to support parents of children who experienced trauma in primary school contexts in the Eastern Cape.

INVESTIGATOR: Mlonyeni Nomhle CONTACT NUMBER: 0732018217

ADDRESS: 29 Siyongwana Street, Mbuqe Park, Mthatha, 5099

Dear Participant

You are invited to take part in a research project intends to support parents whose children experience trauma. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved.

Please note that your participation should be **entirely voluntary** and that you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Humanities and Social Sciences

Research Ethics Committee of the University of the Western Cape (Ethical clearance no: HS20/8/25). The study will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. The research ethics committee members or relevant authorities might therefore ask to inspect the research records.

What is this research all about?

The purpose of the study is to get a better understanding of how parents', whose children experienced traumatic events can be supported by the school. As researcher, I will have discussions with parents, members of School Governing Bodies and School Based Support Teams as well as nurses, social workers and other professionals who provided services to children who experiences traumatic events.

The findings will inform the School Based Support teams of ways to enhance their support for these parents.

Why have you been invited to participate?

You have been invited to participate because 1) you are a member of the School Based Support Team or the School Governing Body or a professional person who engaged with parents whose children experienced trauma and 2) indicated that you are available to participate.

What will your responsibilities be?

You will be requested to participate in a focus group interview of between 30 and 40 minutes in which the role that the school currently play and currently play and can play in future to support parents whose children experienced trauma, will

be discussed. Fellow SBST members and SGB members will be involved in the discussion. The focus group interview will be recorded with our consent.

How will you benefit from taking part in this research?

The direct benefits for you as a participant is that you will be able to provide more efficient support parents whose children experienced trauma. The indirect benefit is that these parents may be more involved with their child and have better insight into the child's behaviour in the classroom and school.

Are there risks involved in your taking part in this research?

The risks of participating in this study will be minimal. You will be informed in advance of the date and time of the focus group interviews. The interviews will take place after formal school hours to and will be conducted in a safe environment where your privacy is protected.

Who will have access to what I have said?

The data will be kept confidential. All participant involved in the focus group will be asked to respect confidentiality of the data. I will use a code to refer to you so that people cannot make a link between your identity and what you said. The person who transcribes the recordings that we make of the work session will also sign an agreement not to discuss what has been said in the session.

All the data that we capture electronically will be protected by a password known only to the researcher and the researcher's supervisor. Hard copies of data will be locked in a safe in the office of the researcher while the research is in progress. On completion of the research the electronic data will be transferred to DVD and stored with all hard copies in a safe at the University of the Western Cape for five years after the completion of the research.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but refreshments will be served before the onset of the focus group interview.

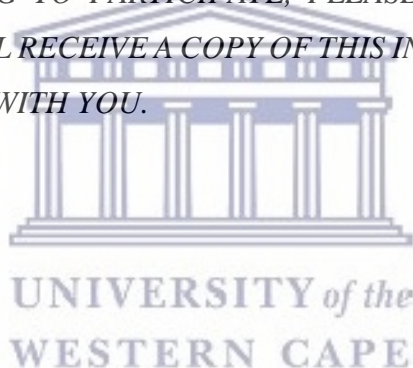
How will you know about the findings?

On completion of the research report, the researcher will inform you of the research findings in the form of a brief report. In addition, you will be invited to attend a seminar where feedback will be presented to the six schools.

What if I need more information or do not like the way I am treated while I participate?

When you need more information or do not like the way you are treated, please feel free to contact Prof T Moodley, the Head of the Department of Educational Psychology at tmoodley@uwc.ac.za or (tel: 021 – 9599554) if you have any further queries or encounter any problems. Humanities and Social Sciences Research Ethics Committee.
Email: researchethics@uwc.ac.za or (tel: 959 2948/49/88)

IF YOU ARE WILLING TO PARTICIPATE, PLEASE COMPLETE THE CONSENT FORM - YOU WILL RECEIVE A COPY OF THIS INFORMATION AND CONSENT FORM TO KEEP WITH YOU.





ADDENDUM 3 A

INFORMED CONSENT FOR INDIVIDUAL INTERVIEWS

Declaration by participant

By signing below, I..... agree to take part in a research study titled: *A school-based strategy to equip parents and care-givers in resource –constrained contexts to support their children who experience trauma.*

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.
- I agree that the individual interview may be recorded and that I will be allowed to request the omission of information that I do not want to be on the recording if necessary.
- I may choose to leave the study at any time and will not be penalized or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) On (date) 20....

.....

Signature of participant

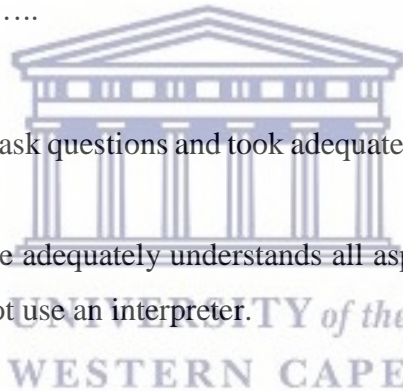
Declaration by person obtaining consent

I (name).....declare that:

I explained the information in this document to
.....

I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research,
as discussed above I did/did not use an interpreter.



Signed at (place)

On (date) 20....



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WESTERN CAPE

ADDENDUM 3 B

INFORMED CONSENT FORM FOR FOCUS GROUP INTERVIEWS

Declaration by participant

By signing below, Iagree to take part in a research study entitled: *A school-based strategy to equip parents and caregivers in resource – constrained contexts to support their children who experience trauma.*

I declare that:

I have read this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.

I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.

I agree that the focus group interview may be recorded and that I will be allowed to request the omission of information that I do not want to be on record if necessary.

I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) On (date)
..... 20....

.....
.....

Signature of participant

Signature of witness



ADDENDUM 4



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Questions for participants in Cycle 1 and 2

Questions for parents / caregivers in Semi-structured interviews

Tell me about your experience when your child experienced trauma?

What are the challenges that you experience when trying to support your child? What do you think you need in order to enable you to support your child when experiencing trauma?

Who do you think should support you, for you to be able to support the child who is experiencing this challenge?

Is there anything that you think the school could do to equip you to be able to support the child who is experiencing this challenge, what is it?

Core questions for focus group interviews with SBST's and

SGB members

What is the nature of the trauma that children experience?

How do you support the parents when their children experience trauma?

How can support provided by the school to parents whose children

experienced trauma, be enhanced?

Core questions for professionals from the community

What is the nature of the trauma that children experience?

How do you, in your capacity as a professional practitioner support the parents when their children experience trauma?

How can support provided by the school to parents whose children experienced trauma, be enhanced?



Addendum 5 APPROVAL LETTER ECED



Province of the EASTERN CAPE EDUCATION

CORPORATE PLANNING MONITORING POLICY AND RESEARCH COORDINATION

Steve Vuk11 e Tshwete Complex • Zone 6 • Zwelitsha • Eastern Cape
Pnvate Bag X0032 • Bhi&ho • 5605 • REPUB LIC OF SOUTH AFRICA

Tel: +27 (0)40 608 4537/ 4773 • Fax: +27 (0)86 742 4942 • Website: [v,ww
ccdoo .gov.za](http://v,ww
ccdoo .gov.za)

Enquiries: B Pamla Email: [babalwa.pamla@ec-
doe.gov.za](mailto:babalwa.pamla@ec-
doe.gov.za) Date : 07 December 2020

Mrs. Nomhle Mlonyeni 29 Siyongwana Street Mbuqe Park
Mthatha
5099



Dear Mrs. N Mlonyeni

PERMISSION TO UNDERTAKE MASTERS STUDY: A SCHOOL- BASED STRATEGY TO EQUIP PARENTS IN RESOURCE-RE- STRAINED CONTEXTS TO SUPPORT THEIR CHILDREN WHO EX- PERIENCE TRAUMA.

Your application to conduct the above mentioned research involving 8 educa-
tors , 2 principals, 2 schools, 10 support staff and 10 parents under the jurisdiction
of Nelson Mandela Metro of the Eastern Cape Department of Education (ECDoE)
is hereby approved based on the following conditions:

a

there will be no financial implications for the Department;

institutions and respondents must not be identifiable in any way from the results of the investigation;

b

no minors will participate ;

c

it is not going to interrupt educators' time and task;

d

the research may not be conducted during official contact time;

no physical contact with educators and learners, only virtual means of communication should be used and that should be arranged and agreed upon in writing with the Principal and the affected teacher/s ;

you present a copy of the written approval letter of the Eastern Cape Department of Education (ECDoE) to the Cluster and District Directors before any research is undertaken at any institutions within that particular district;



120

02 November 2020



**UNIVERSITY of the
WESTERN CAPE**



Mrs N Mlonyeni Educational Psychology **Faculty of Education**

Ethics Reference Number: HS20/8/25

Project Title:

A school-based strategy to equip parents in resource-constrained contexts to support their children who experience trauma.

Approval Period: 30 October 2020 – 30 October 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias

*Research Ethics Committee
Officer University of the
Western Cape*

Director: Research Development University of the Western Cape

Private Bag X 17

<https://etd.uwc.ac.za/>

Addendum 7

21 Amos Qunta Street Mbuqe Park

Mthatha

06 November 2022

TO WHOM IT MAY CONCERN

Sir/ Madam

I write to confirm that upon being approached by Nomhle Mlonyeni, a Master's Degree student with the University of Western Cape in the Department of Psychology and Practice; student number 3972109, I accepted to proof read and edit her dissertation.

I hold an Honour's Degree in English Studies, and I am currently completing my Master's Dissertation in English Contemporary Studies with Walter Sisulu University. I intend to pursue a PHD qualification in English Studies.

Currently, I work as a teacher of English at high school, a deputy principal as well. I also work as a part-time lecturer (English Studies) with the Faculty of Educational Sciences in Walter Sisulu University.

Yours sincerely



I.A Dlulani (072778666)

Addendum 8

Turnitin Originality Report

Processed on: 29-Oct-2022 17:16 SAST ID: 1938651139

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Revised masters by Nomhle Mlonyeni

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