

**FACTORS THAT PREDISPOSE CHILDREN TO BE IN CONFLICT
WITH THE LAW IN THE EKURHULENI METROPOLITAN MUNICIPALITY:
A HEALTH PERSPECTIVE**

by

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DECLARATION

I declare that **FACTORS THAT PREDISPOSE CHILDREN TO BE IN CONFLICT WITH THE LAW IN THE EKURHULENI METROPOLITAN MUNICIPALITY: A HEALTH PERSPECTIVE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

SIGNATURE

(Matseliso Lydia Cindi)

DATE

FACTORS THAT PREDISPOSE CHILDREN TO BE IN CONFLICT WITH THE LAW IN THE EKURHULENI METROPOLITAN MUNICIPALITY: A HEALTH PERSPECTIVE

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ABSTRACT

A qualitative research design that is explorative, descriptive and contextual in nature was employed in order to understand and describe the factors that predispose children to be in conflict with the law and to develop guidelines to support these children. The data-collection techniques were individual semi-structured interviews and field notes. The sample consisted of eight (8) children who volunteered to be interviewed.

The theme that emerged during data collection and analysis was the factors that predispose children to break the law. Five categories were identified in this theme, namely

- Personal factors
- Family factors
- Community factors
- Police service factors and
- Education factors

It is recommended that all the institutions involved in the provision and maintenance of the child's mental health be involved in the implementation of the guidelines.

KEY CONCEPTS

Ekurhuleni Metropolitan Municipality; diversion; guidelines to prevent children from being in conflict with the law and to support those who are in conflict with the law; reintegration; restorative justice.

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Dedication

*I dedicate this dissertation to my husband, Muziwandile Carol Cindi,
my children, Musa Carol Cindi and Sibusiso Cindi,
my late mother, Cawekazi Vinah Xaba.*

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List of abbreviations

AA	Alcoholic Anonymous
EEG	Electro Encephalogram
EMM	Ekurhuleni Metropolitan Municipality
FGC	Family Group Conferencing
GPAC	Gauteng Programme of Action for Children
LPAC	Local Programme of Action for Children
NICRO	National Institute for Crime Prevention and Re-integration of Offenders
NPAC	National Programme of Action for Children
SAPS	South African Police Service

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Appendix 1 Request for permission to conduct a research study

Appendix 2 Consent letter for participants

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Chapter 1

Orientation to the study

1.1 INTRODUCTION

It is common for governments to abuse the youth during arrests and interrogation and keep them in overcrowded, unsafe conditions in disregard of international standards. Juvenile detention facilities often fail to provide youth with adequate educational, medical, mental health, or rehabilitative services. In many cases, children are commingled with adults, in violation of international law. The United States' treatment of children in conflict with the law presented particular concerns. It continued to detain and incarcerate many youth and juveniles. With four juvenile offenders executed in the first half of the year, it continued to defy the international standard forbidding the imposition of the death penalty for crimes committed under the age of eighteen (Human Rights Watch World Report 2001:3).

As a result, children in conflict with the law are often subjected to human rights violations during arrest and detention. This includes arbitrary arrest, physical abuse during interrogation, and other denials of due process. In particular, children living and working on the streets (street kids) throughout the world are subjected to routine harassment and physical abuse by police and by private security guards who often act with the acquiescence of the government. According to the Russian Committee for Civil Rights, one third of all youth facing criminal proceedings in Russia are subject to violence during detention and interrogation. One in four youth are subjected to police violence on the street before the age of fifteen (Human Rights Watch World Report 2001:4).

This chapter discusses the phenomenon of children in conflict with the law, the background to the problem, the researcher's worldview, the research design and methodology used to answer the research questions and outlines of the study. The study was conducted in two phases. Phase 1 explored the factors that predispose children to being in conflict with the law, and phase two described guidelines or recommendations to support these children.

1.2 BACKGROUND AND MOTIVATION

In South Africa, Gauteng Province is ranked second behind the Western Cape in the number of arrests of children per year. It was estimated that a total of 38 600 children were arrested in the Province in 2002 (SAPS 2002 cited in Human Sciences Research Council 2003:38). Between 1999 and 2002, the number of children arrested increased by an average of 24,95% per year. The increase could be a function of the South African Police Service (SAPS) system or other factors, such as improved policing. In view of this, the Human Sciences Research Council (2003:38) states that such an increase in children arrests may be due to the fact that an increasing number of children need to steal in order to survive. The increase in the number of children is also attributed to poverty, which is aggravated by HIV/AIDS.

1.2.1 Incidence

The Department of Correctional Services Statistics (2003) (cited in the Human Sciences Research Council 2003:38) indicates that there were 444 children awaiting trial in Gauteng prisons by the end of February 2003 as a result of the increasing numbers of children in conflict with the law. These children were kept in overcrowded cells with limited access to any support service, such as health, education and recreation. The Research Council Report further states that this is in contravention of the United Nations Convention on the Rights of Children though South African law permits the practice. In view of the above, the average number of sentenced male children in Gauteng Province in 2001 was 298 and 4 were female children. Currently very few girls have been imprisoned. (Human Sciences Research Council 2003:38).

1.2.2 Age

The age of the child committing a criminal activity is a major determining factor on whether or not to prosecute. Office of the State President (2001:100) argues that children below the age of 7 years are irrefutably presumed to lack criminal capacity and cannot be prosecuted. Children from 7 to 13 years old are also presumed to lack criminal capacity, but this presumption could be rebutted if the court could establish that the child knows the difference between right and wrong and is capable of acting in accordance with that knowledge. At the same time, children from 14 to 17 years of age are presumed to have a criminal capacity, and once they have turned 18 years of age are treated as adults. (Office of the State President 2001:102).

1.2.3 Framework for implementation

The South African Government committed itself to the progressive improvement of the status of children in relation to the Children's rights through the Convention on the Rights of Children. This commitment led to the formation of the National Programme of Action for Children (NPAC) by the Cabinet in 1996. (Office of the State President 2001:21).

The NPAC aim is to address children's needs, using the following eight elements:

- Early Childhood development
- Education
- Maternal and Child Health
- Nutrition
- Special protection measures
- Leisure and recreation
- Peace and non-violence
- Infrastructure

According to the Office of the State President (2001:12), the child protection goals in NPAC include ensuring that the criminal and justice system protects the best interest of the child; that each child has a right to security, relevant social services and protection against abuse, neglect and exploitation. Furthermore, child protection is a cross-cutting task in need of a multidisciplinary team involving Health and Social Development, Safety and Security, Labour, Correctional Services and Education.

The implementation of the Programme of Action at Provincial level is implemented through the Gauteng Plan of Action for Children (GPAC). This is a vehicle through which the NPAC cascades its policies on children to the provinces. At local government level, the NPAC is implemented through the Local Plan of Action for Women and Children (LPAWC). This programme was launched on 29th June 2002 and is located within the Community Development Directorate of the Health and Social Development Department of the Ekurhuleni Metropolitan Municipality (EMM).

In spite of the implementation of the NPAC, there is evidence of increasing statistics of children in conflict with the law since October 1998. According to the *Report on the State of the Nation's Children* (2001:13), the current trend is not a new phenomenon. From October 1988 to September 1999 the report documented 66 children under the age of 14 years who were imprisoned. In the same period, the report documented 4 564 children between 14-17 years in prison. In the Gauteng Province, in the EMM, where the current study is being carried out, the number of children offenders was 8 271 in December 2003. The number has doubled since then, though other juvenile offenders are in diversion therapy. This means that there is an increase in juvenile offenders.

In view of the increasing statistics, the Department of Health and Social Development conducted a quantitative study in May 2004 to identify the needs and challenges facing children within the EMM. This study was carried out among children in and out of school. Interviews with children in and out of school revealed that of the sample of 1 934 children, 715 were exposed to violence, while others were exposed to drugs and alcohol abuse.

1.2.3.1 Factors that predispose children to crime

Apart from the exposure of children to violence, poverty is the blanket reason for children to find themselves in conflict with the law. To date, insufficient research has been conducted into how children experience being in conflict with the law. In South Africa NICRO (1998) examined the benefits of diversion therapy compared to children imprisonment. The study did not investigate the phenomenon under current study (Office of the State President 2001:103).

Community members and children themselves cite divorce, parental discipline, step parenting, drug abuse, and peer influence/pressure as among the factors that lead children to being in conflict with the law.

Harvey and Fine (2004:34) examined the narratives of children whose parents were divorced. Some of these children carried emotions of anger and rage within themselves, which led to them being out of control and at the opposite end of the law. This happened because they were crying for attention. Their mental health became compromised thus leaving them with poor judgment of situations.

According to Charlesworth (2000:495), parental disciplinary styles affect child behaviour. Authoritarian parents tend to have children who view hostile methods as successful means of solving peer conflict and use more antisocial behaviour in relationships. Inductive or authoritative parents tend to have children who believe positive strategies succeed in resolving conflict and exhibit more pro-social and positive behaviour in relationships. These children are also more popular with their peers.

Adolescent step children were generally found to exhibit more externalising behavioural problems than children living with both parents, behaviours such as drug and alcohol abuse, non-marital child bearing, engaging in aggressive behaviour and being arrested. Stepchildren had more personal behaviour problems than children living with both parents (Ganong & Coleman 2004:146).

Saunders (2004:115) states that older siblings frequently supply drugs to, and use drugs with, a younger sibling. Parental drug usage plays little role compared to peer and sibling influence.

Brooke et al (1990) (cited in Saunders 2004:114) found that older siblings and peers had a greater influence even if they (a) advocated but did not model its usage or (b) modelled but did not advocate its usage.

- **Diversion**

Diversion is a method of rehabilitation of juvenile offenders that gives them a chance to avoid a criminal record. Diversion programmes are aimed at teaching juveniles to be responsible for their actions and avoid getting into trouble again. Diversion therapy is provided by Probation services of the Provincial Social Development Department and selected nongovernmental organisations (NGOs). Probation officers are trained to deliver diversion and restorative justice (Office of the State President 2001:103).

- **Recidivism**

In 1998 NICRO (Office of the State President 2001:103) found that some children have a tendency to commit further crimes. This is called recidivism. NICRO (1998) wanted to determine whether or not juveniles who had attended diversion were susceptible to recidivism. The study found that of a

sample of 468, only 32 (6,6%) went on to re-offend after attending a diversion programme. The average time lapse from completing the programme to re-offence was 7,2 months. The study showed that when children were given an opportunity of being diverted away from the courts into properly designed programmes; the incidence of recidivism is low. Recidivism is likely to be considerably higher amongst children who have gone through the criminal justice system (Office of the State President 2001:103).

The National Institute for Crime Prevention and Reintegration of Offenders (NICRO) and other organisations that provide diversion for such children also indicate that diversion is less effective if families are not included in the programme. NICRO emphasises that parents and communities have to be involved in the rehabilitation of these children offenders and their re-integration into society; otherwise rehabilitation becomes a fruitless exercise. Two other solutions to the problem to protect children from imprisonment were piloted, namely Family Group Conferencing (FGC) and A One-Stop Youth Justice Centre. An FGC pilot project was run in Pretoria in 1996 and 1997. This is a restorative conflict-resolution model in which offenders and their family are brought together in a carefully managed meeting with the victims. The victims express the emotions and experiences caused by the offender. The offenders together with their family, is then required to come up with a plan "to put wrong right" for both the victim and the community. This project demonstrated the power of the FGC as a tool to promote the child's understanding of and remorse for his/her behaviour, while also providing for increased level of victim satisfaction (Office of the State President 2001:104).

The present study focused specifically on the factors predisposing children to being in conflict with the law. The children in conflict with the law were part of the Special Protection Measures that should be applied to vulnerable children. Apart from children in conflict with the law, the Special Protection Measures also include the following groups of children: children working and living in the street (street children), child labour, child trafficking, refugee children, abused and neglected children, children and violence, children with disabilities, and commercial sexual exploitation and the girl-child. The researcher wished to identify what predispose children to being in conflict with the law. Understanding the factors that predispose children to being in conflict with the law will assist service providers to formulate guidelines to support these children.

1.3 RESEARCH SETTING

The Ekurhuleni Metro Municipality (EMM) is situated in South Africa's manufacturing heartland. It is a vibrant, cosmopolitan and culturally diverse region with over 2.5 million residents. The area has around 8 000 industries and is responsible for about 23% of the gross geographical product of Gauteng province, which is sub-Saharan Africa's most economically powerful and active region (South African Cities Network 2004).

The Municipality comprises nine towns of the former East Rand, namely Alberton, Benoni, Germiston, Springs, Kempton Park, Edenvale, Nigel, Brakpan and Boksburg. *Ekurhuleni* is a Tsonga word and can loosely be translated as "the place of peace". It denotes a place where working together to create a peaceful and prosperous environment is encouraged and undertaken by the residents who are bound together by their love for peace.

The Municipality has nine departments, one of which is the Department of Health and Social Development. The department has five directorates, which are inter-dependent, namely Family Health, Community Development, Environmental Health, Special Programmes and Support Services.

This study was conducted within the Community Development directorate where the Local Plan of Action for Children is located.

1.4 PROBLEM STATEMENT

The researcher identified the increase in the children found to be in conflict with the law. Statistics revealed that an increasing number of children between the ages of 12 and 18 years were in conflict with the law. The number of children in prison rose steadily from 1996 to 2000. Under the current South African law, there is no limit on the minimum age for imprisonment of children; children can be sentenced to imprisonment. The number of children imprisoned is highest amongst 16 to 17 year-olds. Among the 7 to 13 year-olds, Correctional Services recorded a headcount of 14 children in October 1999. In 2003, 169 children between the ages of 12 and 14 and 8 271 between the ages of 15 and 18 years were imprisoned (Department of Correctional Services Statistics 2003 cited in the Office of the State President 2001:105).

Cases of abuse and neglect of children in other countries substantiate these figures:

- **Case 1**

When Human Rights Watch interviewed a fourteen-year-old boy who had frequently been detained by Russian police, he reported that during one arrest, the police beat him and his friends, spraying tear gas in their eyes. His mother said that when she picked him up the following day, he had bruises on his head, back and legs. The bruising on his legs was "mostly on the hips, not round ones but stretched ones, as if they were beaten with sticks". She also stated that his eyes were red and that he vomited shortly after he was released (Human Rights Watch World Report 2001).

- **Case 2**

In Pakistan, a fifteen-year-old boy detained for the theft of a motorcycle in 1998 told Human Rights Watch, "I was whipped with a rubber strap or lash used to rotate a motor, like a fan belt" (Human Rights Watch World Report 2001).

- **Case 3**

In Jamaica, Human Rights Watch researchers heard numerous accounts of beatings with batons, sticks, and electrical cords during and shortly after arrest (Human Rights Watch World Report 2001).

- **Case 4**

In Bolivia, in one case documented by Amnesty International in April 2000, police detained a sixteen-year-old boy in Cochabamba, beat him with hoses and chains, and broke his nose (Human Rights Watch World Report 2001).

- **Case 5**

In Israel, a sixteen-year-old girl continued to be held pending trial in Israel's Ramle Prison after being arrested in December 1998. According to her parents, she was placed in solitary

confinement and denied family visits for seventeen days after her arrest that affected her mental health (Human Rights Watch World Report 2001).

- **Case 6**

In November 1999, the Inter-American Court of Human Rights found Guatemala responsible for the 1990 deaths of five street youths ranging in age from 15 to 20. Police officers shot four of the youths in the head and the fifth in the back; the officers then abandoned the bodies in Guatemala City's Bosque de San Nicolás. The court noted that the officers' actions in the case were consistent with a pattern of illegal acts against street children that included threats, arbitrary arrest, cruel, inhuman, and degrading treatment, and extra judicial execution. The decision was the first by a regional human rights tribunal to address violations of the rights of street children (Human Rights Watch World Report 2001).

- **Case 7**

Iran and Nigeria were the only other countries known to continue to permit the death penalty to be imposed on juvenile offenders. Iran executed a seventeen-year-old in October 1999; Nigeria executed a death sentence against a seventeen-year-old in July 1997 for a crime committed at the age of 15 (Human Rights Watch World Report 2001). These cases clearly portray the need for health care of children who are/were in conflict with the law in the EMM.

This problem led to the researcher concluding that the communities and service providers had little understanding of the experiences of children who are in conflict with the law.

1.5 RESEARCH QUESTIONS

This study attempted to answer the following research questions:

- What are the factors that predispose children to being in conflict with the law in the EMM?
- What can be done to support children in conflict with the law in the EMM?

1.6 PURPOSE OF THIS RESEARCH

The main purpose of this study was to

- **describe and explore** the factors that predispose children to being in conflict with the law (Phase 1)
- develop and describe guidelines for health professionals to support children who are/have been in conflict with the law in the EMM (Phase 2).

1.7 CENTRAL THEORETICAL STATEMENT

Once the researcher had stated her research objectives, it was necessary to formulate a central theoretical statement. The central theoretical statement is equivalent to a hypothesis in quantitative research. In qualitative research, researchers use it to guide the research process. The researcher formulated the following central theoretical statement:

- The exploration of the factors that predispose children to being in conflict with the law was used as the basis for the formulation and description of guidelines for health care professionals to support such children while in prison/correctional facilities and in the community.

1.8 PARADIGMATIC PERSPECTIVE

All research conducted should follow a certain paradigm. The paradigmatic perspective is explained as “the approach taken by qualitative researchers when they undertake an investigation” (Creswell 1998:74). Furthermore, the researchers have a certain worldview, a basic set of beliefs or assumptions that guide their enquiry. Botes (1994:110) states that researchers select certain assumptions from the paradigm perspective in response to their interaction with the research field. Botes (1994:110) states that there are three kinds of assumptions, namely meta-theoretical or ontological, theoretical or epistemological and methodological assumptions. In this study the

assumptions about children in conflict with the law were listed the following sub-headings proposed (Botes 1994:4; Creswell 1998:74).

1.8.1 Meta-theoretical/ontological assumptions

According to Botes (1994:110), meta-theoretical assumptions address the nature of the reality for the researcher. These assumptions have their origin in philosophy. They are also not testable and they deal with the human being and society. The researcher in this study had values and assumptions stemming from her professional work and from working with families and communities. Creswell (1998:76) states that in qualitative research, there are multiple realities, such as the reality of the researcher, those of individuals being investigated and those of the reader or audience interpreting the findings of the study. In this study the researcher adopted Neuman's systems model as the paradigmatic perspective of nursing and social work as a discipline, dealing with human beings and society (Botes 1994:110; Creswell 1998:78). Stanhope and Lancaster (2000:203) describe a model as "a way of viewing phenomena by describing the relationship between the parts". Neuman's systems model is based on general systems theory, which explains that every organism represents a system, which means a complex of elements in mutual interaction (Stanhope & Lancaster 2000:206). Neuman linked the four concepts of nursing meta-paradigm, that is, person, environment, health and nursing in the system model.

1.8.1.1 Person/client

Neuman defines the person/client as "a physiological, psychological, socio-cultural, spiritual and developmental being" (Stanhope & Lancaster 2000:208). The client system may be individuals, families, communities and the person is in constant interaction with the environment. In this study the persons/individuals were the children who were/had been in conflict with the law who stay within the EMM in the Gauteng Province.

1.8.1.2 Environment

Neuman defines the environment as "all the internal and external factors or influences that surround the person/client system, and affect life and development" (Stanhope & Lancaster

2000:208). She identifies three kinds of environment: internal, external and created environments. The internal environment is made up of all the forces and interactive influences that are solely within the boundaries of the client system. For this study, the internal environment was the coping mechanisms and life skills of the participants, namely children in conflict with law.

The external environment resides outside the client system and is made up of forces and interactive influences that are outside the boundaries of the client system. In this study, legislation, policies, etcetera, were viewed as the external environment and had an impact on children in conflict with the law.

1.8.1.3 Health

Neuman defines health as “dynamic, with changing levels occurring within a normal range for the person/client system over time” (Stanhope & Lancaster 2000:208). In this study, the mental, physical and social health of the individual was viewed in relation to the internal and external environments and the nursing care provided.

1.8.1.4 Nursing

Neuman maintains that the major goal of nursing is “to help the client system attain, maintain/retain system stability, through accurate assessment of the environment and the development and implementation of relevant strategies to restore the health state” (Stanhope & Lancaster 2000:208). This study was conducted within the nursing discipline therefore the findings and recommendations were formulated with this idea in mind.

1.8.2 Theoretical (epistemological) assumptions

After stating the meta-theoretical assumptions, the researcher stated the theoretical or epistemological assumptions. Theoretical assumptions are testable and offer epistemic pronouncements about the research field. These assumptions contain statements about the research field and form part of the existing and accepted theory of a discipline. The researcher

must make a thorough study of existing theoretical pronouncements (literature) on his/her subject of research in order to be able to state his/her theoretical assumptions (Botes 1994:111).

The researcher used Neuman's systems model to reflect findings obtained during fieldwork. Since this was a phenomenological study, the researcher entered the field without any theory of reference by utilising "bracketing" and "intuiting". Neuman's systems model was then used after data analysis to reflect findings revealed by this study after interviewing children in conflict with the law.

Neuman's systems model entails inputs, process and outputs or outcomes. In this study, the inputs were legislation and policies dealing with the management of children, community health nurses, social workers, police officers and participants. The process in this study would be available guidelines that address implementation of services to deal with children and family needs and problems, and finally the outputs would be the results of such procedures and policies and other benefits achieved by the study.

1.8.2.1 Definition of terms

For the purposes of the study, the researcher used the following terms as defined below:

- **Child**

According to the Child Care Act, 74 of 1983 a child is any person who is under the age of 18 years.

- **Recidivism**

Recidivism is a tendency to re-offend the law and also to commit other crimes (Office of the State President 2001:103).

- **Ekurhuleni Metropolitan Municipality (EMM)**

For this definition please see research setting.

1.8.3 Methodological assumptions

Apart from the statement of theoretical assumptions, the researcher also made her methodological assumptions known. Creswell (1998:77) states that from the distinctions about reality, the relationship between the researcher and that which is being researched, the role of values, emerges the methodological assumptions, how one conceptualises the entire research process. In qualitative methodology, the research starts inductively, that is, the initial inductive logic of generating open coding and generating a theory evolves into the deductive process of examining the theory against existing and new databases. Botes (1994:5) adds that research findings in qualitative studies should be functional and findings used to improve practice.

In this study the researcher inductively developed categories and themes only after the participants had given information. The participants were interviewed about the phenomenon under study without the researcher specifying categories. The methodological assumptions are discussed under the research design, data collection and analysis and presented in chapter 2.

1.9 OUTLINE OF THE STUDY

Chapter 1 introduced the study and outlined the problem, research design and methodology.

Chapter 2 discusses the research design and methodology.

Chapter 3 discusses the research findings.

Chapter 4 presents guidelines to support children in conflict with the law.

Chapter 5 concludes the study, discusses its limitations, and makes recommendations for practice and further research.

1.10 CONCLUSION

This chapter outlined the background to and rationale for the study, including the problem statement, assumptions, and theoretical framework used as a frame of reference for the study.

Chapter 2 discusses the research design and methodology.

Chapter 2

Research design and methodology

2.1 INTRODUCTION

Chapter 1 introduced the study. This chapter discusses the research design, methodology and measures used to ensure trustworthiness. The researcher explored and described the factors that children predispose to be in conflict with the law in the EMM. Later the researcher developed guidelines for the support of children who were/had been in conflict with the law.

2.2 PURPOSE OF THE STUDY

The purpose of the study was to explore and describe the factors that predispose children to be in conflict with the law in the EMM (phase 1) and to develop guidelines and programmes to support children who have been in conflict with the law (phase 2). Phase 1 is dealt with in chapter 3 and phase 2 in chapter 4.

2.3 RESEARCH DESIGN

The research design followed by the researcher in this study was qualitative, explorative, descriptive and contextual.

2.3.1 Qualitative

A qualitative research design, which is descriptive, exploratory and contextual, was adopted for the purpose of this study. This design was appropriate for this study because an in-depth understanding of the factors that predispose children to be in conflict with the law had to be obtained. According to Patton (2002:255), a qualitative design needs "to remain sufficiently open to permit exploration of whatever the phenomenon under study offers for enquiry".

In some ways the differences between the quantitative and qualitative study methods involve trade-offs between breadth and depth. Qualitative studies permit enquiry into selected issues in great

depth with careful attention to detail, context, and nuance; that data collection need not be constrained by pre-determined analytical categories contributes to the potential breadth of qualitative inquiry. Qualitative methods typically produce a wealth of detailed data using a much smaller number of people and cases (Patton 2002:227).

This design encouraged children to openly narrate the factors that had influenced them to be in conflict with the law to the researcher without limitations. Qualitative research enables researchers to study human action from the perspective of the participants themselves. .

According to Brink and Wood (1998:337), a qualitative design is directed towards discovering or uncovering new insights, meanings and understandings. Qualitative research is an in-depth analysis of the problem in order to understand the “what” and “why” of human behaviour. Creswell (1998:145) states that qualitative research is interested in means that explain how people make meaning (sense) of their experiences and their views of the world.

The researcher used a qualitative research design to explore the factors that predispose children to be in conflict with the law.

2.3.2 Descriptive

A descriptive design has as its purpose developing a better understanding of a phenomenon in detail. The aim of descriptive research is directed towards clarifying the nature of a phenomenon in a specified, static context while viewed from a specific, fixed perspective (Anastas 1999:23).

A descriptive design describes, records and reports phenomena. This design can provide important fundamental information for establishing and developing programs, but it is not primarily concerned with causes (Marlow & Boone 2005:32). The researcher used a descriptive design because the goal was to

- describe the factors that predispose children to be in conflict with the law
- formulate and describe guidelines for the support of children who are or have been in conflict with the law in the EMM

2.3.3. Exploratory

According to Marlow and Boone (2005:35), beyond the strategies of descriptive research there is an exploratory design. This design is undertaken when little is known about the topic under study. Such studies can adopt either an explanatory or a descriptive strategy. Exploratory design often determines a study's feasibility and raises questions to be investigated by more extensive studies, using either the descriptive or explanatory strategies.

Exploring the relatively unknown phenomenon is then the fundamental act of data collection in a qualitative study. This study seeks to explore the factors that led and lead children to commit crime, and to try to see the behaviour from the position of its originators, the participants. Such contextual understanding and empathic objectives are unlikely to be achieved without direct, first-hand, more or less intimate knowledge of a research setting.

2.3.4 Contextual

A contextual design describes a phenomenon in some context and that context is not exhaustive of all the circumstances within which the phenomenon exists (Anastas 1999:23). A contextual design was used to understand the experiences of children in conflict with the law within their natural context in which they occurred. The results should also be understood within the context of the society's values and norms that predispose children to criminal behaviour. Botes (1994:6) points out that values direct human activities and thinking, therefore researchers must take cognisance of the values within a certain temporal-spatial context. In this study, the findings were understood within the EMM's socio-political and economic context where these children and their families live.

2.4 RESEARCH METHODOLOGY

The study was conducted in two phases, phase 1 and phase 2. In phase 1 the researcher carried out empirical research; that is, explored the factors that predispose children to being in conflict with law in the EMM, using a qualitative research strategy. In phase 2, the researcher used a deductive reasoning strategy to formulate guidelines for the support of these children from research findings and literature.

2.4.1 Phase 1: Exploration of the factors that predisposed children to being in conflict with the law in the EMM

This phase started with gaining entry and access to the field by ensuring appropriate ethical standards.

2.4.1.1 Ethical considerations

In order for the researcher to gain insight into the factors that predispose children to be in conflict with the law, she used the following research methods to explore and describe these factors. Furthermore, the researcher commenced this phase by ensuring that appropriate ethical standards were met.

To make sure that there were no problems during fieldwork, the researcher began by obtaining permission to conduct the study and approval from the Research Ethics Committee. The following steps were taken to ensure appropriate ethical steps:

- **Institutional permission to conduct the study**

In order to get the relevant sample for this research project, permission had to be sought and was granted by NICRO to interview children in their care for this purpose. The letter of request and the purpose of the study were sent to the NICRO Manager (see Appendix 1). According to Anastas (1999:250), there are three basic principles for conducting research on human subjects: beneficence, justice and autonomy. The researcher observed these principles in this study.

Ethical issues and standards were considered in this study in order to do good to the participants and to avoid harm.

- **Beneficence**

This means that the researcher maximized the benefits and minimized the risk or harm. The researcher applied this principle by making sure that the participants were not exposed to mental or physical danger or harm. Anonymity and confidentiality helped the participants avoid harm. With anonymity, the researcher cannot identify a given response with a given participant thus preventing emotional and mental distress. Confidentiality means that “the researcher knows the identity of the participants and their associated responses but ensures nondisclosure of this information” (Marlow & Boone 2005:195). The researcher applied these principles by asking the respondents not to give their names and assuring them that she would not reveal their identity to anyone who requested the results of the study.

- **Respect**

Apart from beneficence, the researcher also ensured that the principle of respect was met. This means respecting the autonomy of individuals and protecting those who cannot protect themselves (Anastas 1999:250). The researcher applied this principle by explaining the purpose of the study to the participants and also the importance of their participation in this endeavour. Informed consent was obtained from the participants. Participants were informed that they could revoke their consent to participate in this study at any time during the process and that data describing them would be destroyed together with a sample of consent signed by all the participants. This stipulation protected the participants from continuing to engage in a process that could turn out to be problematic in ways that they did not anticipate when making the original agreement (Anastas 1999:261).

- **Justice**

Once the researcher was satisfied with the standard of respect, the principle of justice had to be met as well. According to Anastas (1999:250), justice means ensuring reasonable, non-exploitative and fair procedures, including fair distribution of costs and benefits among persons and groups. The respondents were treated fairly and also given a choice whether to participate or not without having to lose their free therapy sessions; that is, diversion. To observe this principle, the

researcher assured the participants that the results of the study were to be communicated to them and that their anonymity was to be secured. When people participating in the research are treated with respect and fairness and they can trust the outcome of the research, the result is the co-operative and productive relationship between researchers and participants. In this case it benefited both parties, especially when they developed the guidelines together to assist the children, families and the community.

2.4.1.2 Population and sampling

Once the researcher had met all the ethical requirements, the process of identifying the population and sample began. Sampling means choosing the participants from a larger group known as the population (Marlow & Boone 2005:136). The population would be every person who had been in conflict with the law, whereas the sample would be a smaller group of participants made up of all possible characteristics the researcher is ultimately interested in studying. Sampling is necessary because the researcher cannot include everyone in the study; just as in practice, one cannot interview or meet with all those involved in a situation or phenomenon (Marlow & Boone 2005:136). In this study, the sample consisted of a total of eight children, aged between 12 and 18 years, who had been in conflict with the law, and had undergone or were still undergoing diversion therapy.

- **Sampling technique**

When the appropriate population had been identified the researcher had to identify those who were to be interviewed using an appropriate sampling technique. In this study, **non-probability purposive sampling** was used. Purposive sampling allows the researcher to handpick a sample according to the nature of the research problem and the phenomenon under study. As a sampling method, purposive sampling is limited in terms of representativeness; in that the probability of each element of the population being included in the sample is unknown. It is, however, the sampling method of choice in qualitative studies, where generalizability of the results is less important (Marlow & Boone 2005:138).

The number of participants in this design was not important. The criterion used in this study is termed saturation of information or data. Saturation occurs when the researcher begins to hear the

same information from the participants repeatedly, and no new information emerges during the interviews (De Vos et al 2002:300). In line with this view, the researcher, stopped data collection immediately when the participants started to repeat the same information over and over again.

2.4.1.3 Data collection

◆ Interviews

Patton (2002:342) discusses three basic approaches to collecting qualitative data through open-ended interviews. They involve different types of preparation, conceptualisation and instrumentation. Each approach has strengths and weaknesses. The three alternatives interviewing methods are as follows:

- **Informal conversational interview**

The informal conversational interview relies on the spontaneous generation of questions in the natural flow of an interaction, often as part of ongoing participant observation.

- **Standardized open-ended interview**

The standardized open-ended interview consists of a set of questions carefully worded and arranged with the intention of taking each respondent through the same sequence and questioning each respondent with essentially the same words. Flexibility in probing is more or less limited, depending on the nature of the interview and skills of the interviewer.

- **General interview guide approach**

The general interview guide approach involves outlining a set of issues that are to be explored with each respondent or group before the interview begins. The guide serves as a basic checklist during the interview to make sure that all relevant aspects are covered (Patton 2002:343).

The general interview guide can also be used during focus groups, where a small group of people is interviewed. Focus groups are typically 6-10 people with similar backgrounds who participate in the interview for one to two hours. In a focus group, participants get to hear each other's responses and to make additional comments beyond their own original responses as they hear what other people have to say. The object is to get high quality data in a social context where other participants can consider their own views in the context of others (Patton 2002:385). The researcher applied this approach because it provided freedom for the researcher to explore, probe and ask questions that would elucidate and illuminate the factors that expose children to crime. This approach allowed the researcher to build a conversation within the subject of being in conflict with the law, to word questions spontaneously, and to establish a conversation style focused on the subject.

- **Language**

The success of the interview depends on the understanding of the language, values and norms of the population and the sample being interviewed. The data from interviews are words. Patton (2002:393) maintains that attention to language differences across nationality can make us more sensitive to barriers to understanding that can arise even among those who speak the same language. The researcher and the respondents understood the languages used during the interview. The participants were also permitted to ask clarity-seeking questions during the interview.

- **Norms and values**

As the subject was a sensitive one because of moral and legal connotations, the researcher explained and assured the respondents that the interview was not held to judge and change the participants' values, but to understand what led the participants to break the law, the reasons that led them to those circumstances and how they could be assisted and supported to prevent them from being on the wrong side of the law.

2.4.1.4 Data recording

Data interpretation and analysis involve making sense out of what people have said, looking for patterns, putting together what is said in one place with what is said in another place, and integrating what different people have said. During the interviewing process, the purpose of the interview is to record as fully and as fairly as possible the perspectives of the respondents (Patton 2002:380). The researcher fulfilled this by recording the group's perspectives on being in conflict with the law through a tape recorder and taking field notes. The group agreed to the researcher audio-recording the interviews after the researcher had explained why it was necessary.

Field notes: Patton (2002:383) emphasises that the use of the tape recorder does not eliminate the need for taking notes, but does allow the researcher to concentrate on taking strategic and focused notes, rather than attempting verbatim notes. Furthermore, notes can serve to formulate new questions as the interview moves along, and can also serve as back-up in the event the recorder has malfunctioned. The researcher had an assistant who also took notes during the interviews so that all the data could be captured.

2.4.1.5 Pilot study

A pilot study was conducted in preparation for the main study. A focus group interview was done prior to the current study. The aim was to refine the methodology through using similar participants and to improve the effectiveness of the data-collection instrument for the main study (De Vos 2002:215). Data was collected through audio-recorded interviews.

2.4.1.6 Data analysis

The purpose of data analysis is to preserve the uniqueness of each participant's experiences, while permitting an understanding of the factors that predisposed the participants to being in conflict with the law and how they can be supported to be responsible citizens. Data analysis in qualitative research starts during interviewing and not after all the data has been collected (De Vos 1998:334). The analysis of the data assisted the researcher to formulate programmes to support children who have been or are in conflict with the law.

The researcher used Tesch's method of descriptive analysis (De Vos 1998:343-344), which entails the following steps:

- Understand the whole by reading all transcriptions carefully.
- Go through the interview asking questions like "what is this about and what is important or of value in the information gathered?"
- The researcher should write down thoughts that come to mind on the margins.
- Compile a list of topics that emerge.
- Group these together into categories.
- Take the list of all the topics, abbreviate the topics as codes and write the codes next to each part. Try the preliminary organizing scheme to see whether new categories emerge.
- Find the most descriptive wording for the topics and convert them into categories, then reduce the number of categories by further grouping them into related groups.
- Draw lines between the categories to show their relationship to each other.

2.4.1.7 Literature review

A qualitative design is ideal to describe and explore the reasons why children have been in conflict with the law, and a literature review was done to achieve the following:

- Develop background information and to motivate why the study was necessary (Polit & Beck 2004:56).
- Understand what has been done in previous studies to investigate the phenomenon under study (Streubert & Carpenter 1999:20).
- Place the findings in the context of what is already known (Streubert & Carpenter 1999:61).

2.4.2 Phase 2: Formulation and description of guidelines for support of children in conflict with the law in the EMM

Once data analysis had been completed, the researcher used a deductive reasoning strategy to arrive at guidelines to be used by the multidisciplinary team to offer support to children in conflict with the law.

2.5 MEASURES TO ENSURE TRUSTWORTHINESS

Lincoln and Guba (1986) describe credibility as an analogue to internal validity, transferability as an analogue to external validity, dependability as an analogue to reliability, and confirmability as an analogue to objectivity. In combination they view these criteria as addressing trustworthiness. Lincoln and Guba (1986) add that naturalistic enquiry should be judged by dependability (a systematic process systematically followed) and authenticity (reflexive consciousness about one's own perspective, appreciation for the perspective of others and fairness in depicting constructions in the values that undergird them).

2.5.1 Credibility

Credibility is concerned with the ability of the researcher to establish confidence in the truth of the findings for the respondents, the setting in which the investigation was conducted and the study design (Krefting 1991:215). According to Krefting (1991:216), credibility is the most important criterion for the evaluation of qualitative studies. To ensure credibility in this study, the researcher used the following strategies:

- Referential adequacy
- Authority of the researcher
- Structural coherence
- Triangulation

- **Referential adequacy**

The researcher used interviews to collect data. An audiotape recorder was used to capture the responses of the participants. The researcher and her assistant also took field notes that included the emotions portrayed by the respondents (Babbie & Mouton 2001:277)

- **Authority of the researcher**

The researcher underwent training in qualitative research methodology prior to commencing the research. According to Krefting (1991:219), the researcher should be trained before undertaking research. The researcher was extensively trained in conducting interviews and did interviews under supervision of an expert researcher during training.

- **Structural coherence**

Furthermore, the researcher ensured credibility by making sure that the interviews and observations were internally consistent; that is, there was consistency between the data collected and the interpretation. The researcher asked the same questions to the respondents (Krefting 1991:220).

- **Triangulation**

Triangulation may be chosen to ensure completeness of the findings or to confirm the findings (Streubert & Carpenter 1999:300). This provides depth to the research. The researcher used both the audiotape recorder and field notes to achieve a more accurate picture of the experiences of children. The researcher used a qualitative research design, which was descriptive, explorative and contextual. The researcher also collected data with other colleagues at work, who gave support at various stages data collection and analysis. An experienced independent qualitative researcher checked the emerging themes with the researcher.

2.5.2 Validity

Validity of a measuring instrument reflects “the extent to which you are measuring what you think you are measuring” (Marlow & Boone 2005:191). The purpose of this study was to describe and explore the reasons why children are in conflict with the law, and the data-collection instruments managed to capture that purpose.

According to Marlow and Boone (2005:193), feedback is an important way of testing the validity of qualitative data, particularly when the intent of the research may well be to define and to elaborate on those concepts. However, data must be understandable and relevant to the participants of the research. The researcher gave the participants opportunity to interact with the results so that these could be verified. The participants were also involved in the implementation of the guidelines.

2.5.3 Objectivity

Anastas (1999:313) infers that choosing the respondents for the study is one way of determining whether subjective or objective data will be used. The term "objective" can mean both having actual existence in reality and being uninfluenced by emotions or personal prejudice. The researcher encouraged the respondents to describe their experiences in full without fear.

2.5.4 Reliability and replicability

Reliability is the degree to which the finding is independent of accidental circumstances of the research. Reliability in content analysis refers to replicability; in other words, would another person using the same materials in pursuit of the same question or issue reach the same conclusions? This assumes that the phenomenon captured in the data is stable, and that the person doing analysis is seeking reliable and valid results.

The results of this research can be applied in a similar context (Anastas 1999:416). The purpose of this study was to explore and describe the factors that predispose children to be in conflict with the law, and also to develop guidelines to address these. The results would also be used to protect other children in other areas from being in conflict with the law.

2.6 CONCLUSION

This chapter discussed the research methodology, the design that the study took and the measures to maintain trustworthiness. Chapter 3 discusses the research findings.

Chapter 3

Research findings and literature review

3.1 INTRODUCTION

Chapter 2 discussed the research design and methodology of the study. The main purpose of the study was to gather information on the factors that influenced children to be in conflict with the law and to formulate guidelines for health professionals to support children who were/had been in conflict with the law. This chapter presents the findings of the study in relation to available literature.

Parry-Jones and Queloiz (1991:13) state that it is widely accepted that urban areas are associated with higher rates of psychosocial problems, including juvenile delinquency, families with problems, adult criminality and adult psychiatric disorder. Furthermore, the nature of the relationship between features of the environment and the mental health of individuals, however, is an extremely complex subject. Parry-Jones and Queloiz (1991:15) cite Quinton's (1988) statement that it cannot be assumed that there is a "typical" inner city family, but that there is a commonly held picture, supported to some extent by research evidence. Quinton further summarises the stereotype as follows: inner-city families are often large, poor and of low social status and many are headed by single mothers or unemployed fathers. They live in poor-quality or overcrowded conditions or on anonymous new housing estates. The combination of poverty, large family size and poor housing can result in patterns of parenting, which have a severe impact on child development (Parry-Jones & Queloiz 1991:15).

One theme emerged during data collection and analysis, namely factors that predispose children to break the law. This theme had several categories as listed below. The categories were classified as personal, family, community, South African Police Service (SAPS) and education factors. The personal factors were peer classified as pressure, substance abuse, poor coping skills and delinquency. In the category "family factors", the critical points were the presence or the absence of the father; divorce; parenting skills; different treatment between biological and stepchildren, and poverty. Under "community" factors children indicated lack of community support and labelling,

which led to children feeling rejected. The police service and the education factors were also not helpful in supporting children who are susceptible to criminal activities.

The Neuman systems model classifies these factors as stressors, which can either be internal or external (Stanhope & Lancaster 2000:208). In this study, the internal stressors were the personal and family factors, while the external stressors were the community, the police and the education system.

Table 3.1 represents the predisposing factors that influenced children to be in conflict with the law.

Table 3.1 Predisposing factors

Personal factors	<ul style="list-style-type: none"> • Peer group pressure • Substance abuse – dagga, alcohol, non-willingness to stop • Poor coping skills; for example, aggressive behaviour, low self-esteem • Delinquency
Family factors	<ul style="list-style-type: none"> • Divorce, parenting styles, single parenting, step-parenting • Absence of the father • Fathers modelling corruption to children • Lack of parental guidance, lack of parental discipline • Poverty
Community factors	<ul style="list-style-type: none"> • Communities with a high level of violence • Labelling of children • Stigmatisation • Rejection by friends and society
Police service factors	<ul style="list-style-type: none"> • Police taking bribes from fathers of children thus dropping their cases • Police working with drug lords, taking bribes
Education factors	<ul style="list-style-type: none"> • Absence of systems to identify problem children - drug abusers • Labelling of children • Children expelled from school and not given an alternative

3.2 SAMPLE

In this study the sample comprised eight children who were in conflict with the law, and in the diversion programme. All the participants had similar backgrounds. The researcher used a focus group method and the general interview guide with semi-structured questionnaire. As other participants spoke about their experiences, this encouraged those who were not confident to feel safe to relate their experiences to the researcher. This method enabled the participants to relate

their experiences and also made additional comments beyond their own original responses as they heard what other participants had to say.

3.3 FIELDWORK

A pilot study was conducted in the prison where the participants were interviewed. The interviews were carried out until no new information was forthcoming; that is, data saturation was reached. The pilot study enabled the researcher to practise and refine her interviewing skills. The researcher practised listening, reflecting and paraphrasing skills through the pilot study.

For the in-depth focus-group interview, the researcher requested permission to conduct the study from NICRO and it was granted. The letter also explained the purpose of the study.

The researcher collected data with the assistance of a work colleague who played the role of the assistant facilitator; and gave support at various stages of data collection and analysis. The focus group interview started with the facilitator giving the purpose of the interview to the participants. The researcher also explained the process that the study would take and that when the process was complete their participation would be sought in the implementation of the guidelines. At the same time, the facilitator created rapport by allowing the group to introduce themselves and discuss their ground rules. This assisted the participants to realise that they had similar backgrounds and that they were equals.

The researcher assured the participants that the principle of anonymity would be maintained at all costs. This was done to allay their fears because the tape recorder made some feel uneasy. Some participants were suspicious of the fact that the researcher might be working with the Correctional Services or the courts. They were re-assured of who the researcher was by the NICRO staff member who requested them to attend the session. The facilitator explained the importance of using the tape recorder and of taking notes. Field notes captured the responses of the participants, observations made by the researcher and her assistant, and methodological aspects of the interview.

Analysis was done in two ways: firstly, the researcher continually analysed the interaction of all the participants and ensured that all participants were given a chance and time to talk and reflect on their experiences. Secondly, analysis focused on the data that was coming forth and how the participants approached questions. The participants gave an enriching account of their experiences and this relieved the mental burden that some participants had. Some gave a sigh of relief that support would eventually be provided and that they would be part of the solution.

3.4 THE ROLE OF THEORY IN THE STUDY

The researcher used the Neuman's systems model to assess factors that influenced children to be in conflict with the law and the development of guidelines to support these children.

Neuman's systems model depicts an open system in which persons and their environments are in dynamic interaction. The client system is composed of five interacting variables: physiological, psychological, socio-cultural, developmental and spiritual (Stanhope & Lancaster 2000:208). In this study, the client system was the child. These variables are critical for the balance state of health of the child.

In the Neuman's systems model, environment is defined as "all internal and external influences surrounding and affecting the client system", which was the child. The environmental forces may influence the client positively or negatively at any given time. The process of input, output and feedback between the client and the environment is reciprocal. In this study, the **inputs** were families, police, educators and correctional officials; the **process** was policies, programmes and legislation that address children issues, and **outputs** were the impact of the programmes and guidelines on the lives of children, which was beyond the scope of this study.

Stanhope and Lancaster (2000:208) add that "stressors occurring within and outside the client system can create instability". As inputs, police, correctional services officers, families are resources that ideally have to support the client system. There are processes in place in all the social institutions, such as health, education, social welfare, that are intended to promote the best interest of the child. The implementation of the policies and programmes by the institutions is expected to bring positive outputs.

3.5 FACTORS THAT PREDISPOSE CHILDREN TO BE IN CONFLICT WITH THE LAW

The interviews and data analysis revealed internal and external stressors that caused instability in the individuals.

3.5.1 Personal factors

Stanhope and Lancaster (2000:208) classify personal factors as stressors, which can either be internal or external. In this study, personal factors were identified as peer pressure, substance abuse, poor coping skills and delinquency.

3.5.1.1 Peer group pressure

Peer group pressure is other people's influence, including friends, on an individual's life, even if the individual does not realise it. You learn from them, and they learn from you. It can be positive and negative. Friends provide children with a means of entertainment, a source of feedback, a feeling of belonging, and a foundation of identity (Adler & Adler 1998:3).

Peer culture consists of a system of knowledge, beliefs, behaviours, and customs shared by members of an interacting group to which members can refer and that serve as the basis of further interaction. Members recognise that they share experiences, and these experiences can be referred to with the expectation other members will understand them. Children's peer culture flows out of children's worlds, guiding and shaping children's understanding of what happens within them. Members need not all be friends, belonging to the same primary group, but as peers, they belong to a common secondary group (Adler & Adler 1998:4).

Peers can have a positive influence on each other. One student in class may teach another an easy way in science to remember the planets in the solar system, or someone on the soccer team can teach a cool trick with the ball. Someone may admire a friend who is always good at sport and try to be more like him or her. Maybe you got others excited about your new favourite book, and now everyone is reading it. These are examples of how peers positively influence each other every day. Peers can also influence each other negatively in the same way that they influence positively.

Kupersmidt and Dodge (2004:42) maintain that there are at least two extreme hypotheses in specifying the role of deviant friends in the development of aggressive and antisocial behaviour. One is that associating with deviant peers is a necessary pathway leading to delinquent behaviour. In this view the influence of deviant friends causes children to engage in antisocial behaviour. It is the stability of disruptive and antisocial behaviour over time that explains delinquent behaviour in adolescence. Moreover, the individual characteristics and behaviours that give rise to delinquency incidentally lead to the observed associations among deviant friends.

Kupersmidt and Dodge (2004:44) cite Gottman (1983) who states that in the case of children with deviant behaviour and antisocial tendencies, rule breaking is often the common ground activity that promotes friendship development. In this study, some participants indicated that they ended up in conflict with the law because of pressure from their friends:

I stole a bag from a woman because my friends and me needed money to go to the concert in Germiston.

My friend and I decided to go to Game after school to go eat rolls and ham, because we always did that without being caught. We then decided to take some bicycle stuff, but it was not our initial intention.

3.5.1.2 Substance abuse

Substance abuse refers to a man or woman who uncontrollably over-uses a substance such as alcohol, or drugs. Stanhope and Lancaster (2000:735) define substance abuse as “the use of any substance that threatens a person’s health or impairs his/her social or economic functioning”. Substance abuse has ruined the lives of many, and continues to ruin the lives of many more. However, organisations like the AA (Alcoholics Anonymous) have helped many people to overcome their substance abuse problem.

Children in the cities are the targets for the sale of harmful substances, such as alcohol, drugs and tobacco. Drug dealers, for example, seek out the young and impressionable specifically (Boyden 1991:45). According to the participants,

I was arrested for assault under the influence of alcohol.

I have no will to stop smoking dagga "ntsangu ayina cancer".

Dagga doesn't control you, but it controls your mind. You think of five things in one time, you get tired quickly.

Families and communities are important determinants of whether or not children will abuse intoxicating substances. Zigler, Kagan and Hall (1996:296) classify risk factors for drug use by children into three variables, namely family, individual and community variables. Family variables include family alcohol, other drug behaviour and attitudes within the family. Community variables are economic and social deprivation, norms favourable to drug use, easy availability of drugs and alcohol, and a low sense of cohesiveness within the community. Individual variables are early antisocial behaviour, lack of social skills, low self-esteem, low sense of self-efficacy, and aggressiveness.

In this study, one participant stated:

Some parents encourage kids to drink alcohol in December.

3.5.1.3 Delinquency

Delinquency is generally represented as a youthful rejection of normal civilised behaviours and values, which were constructed as universally desirable (Griffin 1993:101). Furthermore, Griffin (1993:102) adds that delinquents were "an affront to the sentimental Victorian picture of childhood innocence which was presented as a universal phenomenon, although it was largely applicable to the affluent homes and school rooms of the well-serviced upper and middle classes".

According to Boyden et al (1991:35), juveniles do appear in criminal statistics in cities at a rate disproportionate to their numbers. Moreover, juvenile delinquency is regarded almost as an urban phenomenon and young people are seen as the main perpetrators of urban crime of all sorts. Studies of juvenile delinquency in India, the United Arab Republic and Zambia, sponsored by the United Nations (UN), found a high correlation between urbanisation and official rates of juvenile delinquency. Young males in their mid-teens to mid-twenties seem to commit most crimes globally

Boyden et al (1991:35). They further indicate that theft is usually the main crime for which children are arrested. In this study, five out of eight participants were arrested for theft:

I was caught at Woolworths, shoplifting a dressing ring for my sister, for a Valentine's gift. I know my mother could have given me money.

I was arrested because of shoplifting and police found stolen goods in my possession.

My friend and I were caught for common assault, shoplifting and stealing bicycle spares at Game stores. We initially went there to eat, but we were greedy and stole because Security did not see us.

3.5.1.4 Poor life skills

Individuals who have poor life skills cannot deal with the internal and external pressure appropriately. In this study, poor life skills were attributed to a poor sense of significance and low self-esteem.

- **Poor sense of significance**

Collins English Dictionary (1991:1438) defines significance as "consequence or importance; something signified, expressed, or intended; the state or quality of being significant"; in other words, full of meaning or noteworthy. Self-significance therefore means that people feel that others notice them, their presence or existence, or that others consider their life meaningful.

Zigler and Queloz (1996:297) state that the most crucial aspect of the child's social development involves the child's family. While the child is becoming increasingly independent of his or her parents, the family undeniably maintains a primary position in the primary socialisation and education of the child. The quality of the child's socialisation will determine to a major degree the extent to which the child will explore his or her world, meet and interact with others, enjoy successful social relationships outside the family, and grow up to be a socially competent individual. In addition, children are far less likely to accomplish these vital tasks either when parents are overprotective, domineering, and punitive, or when they are lax and overly permissive, failing to establish their identity as authorities and caregivers.

Karen (1995:16) refers to May, who states that “violence, or acts close to it, gives one a sense of counting, of mattering and of power. This, in turn, gives the individual a sense of significance. It is the lack of this sense of significance, and the struggle for it that underlies much violence.” May also talks about parents and their love for their children, pointing out that if parents do not love their children and demonstrate that love, the children will grow up with an underlying desire to seek revenge, to destroy others the same way their world was destroyed. When people feel insignificant and unimportant, they will look for ways in which they can gain a feeling of being significant and important through any means available to them. Often, aggressive and destructive behaviour is the means by which significance is achieved:

Abantu bebenginyatsa “people looked down on me”, so I wanted to be seen that I can also do bad things, that I am also bold like the others who do bad things.

- **Low self-esteem**

Benedek and Brown (1995:156) define self-esteem as “the sum of the person’s feelings and thoughts about himself or herself in terms of competence, value to self and others, and the ability to be self-reliant, confront challenges and respect others”. In addition, individuals who develop healthy self-esteem as children become adults who are able to manage and take charge of their lives. They will not rely on other people and want to do anything just to be accepted by peers:

I drank alcohol on Fridays because I wanted to belong and be accepted by that group.

3.5.2 Family factors

According to Stanhope and Lancaster (2000:479), family refers to “two or more individuals who depend on one another for emotional, physical, and or financial support. The members of the family are self-defined.”

3.5.2.1 Parenting problems

Parenting is an important part of “loving and caring for your child. Good parenting is about providing a warm, secure home life, helping your child to learn the rules of life (for example, how to share, respecting others, etc.) and to develop good self-esteem. You may have to stop them from doing things they shouldn't be doing, but it is just as important to encourage them to do the things you do want them to do” (Carr 2000:22).

This study revealed the importance of families in child rearing and development, thus it is important to consider what is involved in parenting in order to determine what might be affected when parenting fails. Parenting is understood not only to involve what parents do with their children and how they do it, but also to be affected **by the quality of the parents' relationship more generally**, their psychological functioning, their previous parenting experiences with other children and with a particular child, and by the social context in which they are trying to parent (Quinton & Rutter 1998:8). The focus of parenting has changed from toilet training, other types of discipline to reciprocity, doing things with children rather than to them, to communication and problem-solving and continuity and parent-child relationships.

3.5.2.2 Divorce and the absence of the father

Quinton and Rutter (1998:10) state that parenting must be seen as just one relationship in a broader social network. This means that parenting is affected by the quality of the parents' other social relationships, and also that behaviour varies according to who is present; for example, the pattern of mother-child interaction has been shown to alter depending on whether the father is there. Quinton and Rotter (1998:10) state further that parenting tends to be affected by the presence or absence of effective social supports.

According to Karen (1995:43), boys who have the opportunity to identify with their fathers at an early age, and thus grow up with a positive model, are less likely to need to prove themselves to others or to themselves. Benedek and Brown (1995:13) add that boys in homes in which the father is absent, may be less competitive, less interested in sports, more dependent on others and more aggressive. Moreover, these boys may perform less at school and be more difficult to discipline.

On the other hand, girls with absent fathers, tend to have difficulty learning how to relate to the opposite sex. One participant stated:

*My family, mom and grandmother never had time for me because I smoke dagga.
I guess that is why my father left them, because of me.*

3.5.2.3 Single parenting

Evolutionary psychology predicts that children from two-biological-parent families will have an advantage over children from other forms of family. MacLanahan and Sandefur in Flouri (2005:9) are of the opinion that, in general, empirical studies show lower attainments, early union formation, earlier entry into parenthood, more extra-marital fertility, more partnership dissolution and less psychological well being in children of lone-parent families in comparison to children in two-parent families. Benedek and Brown (1995:14) state that children's development of a healthy self-image and the ability to form stable, loving relationships with others as they grow up depend on having continued access to the most important attachment figures in their lives - their mother and father.

*After we snatched, a lady's bag, I was arrested. My mother felt like dying.
I come from a single-parent family. She feels bad about breaking the law.*

3.5.2.4 Step-parenting

A stepfamily is made, not born. According to Grunsell (1990:6), the words "stepmother" and "stepfather" came about because the new partner "steps in" to help bring up the children and keep the home going with one of the children's parents. A stepfamily is made when two adults get together and one or both already have children. Stepfamilies are often created by divorce or separation. Sometimes they come about after the death of one parent. There may be problems between stepchildren and parents where children feel they miss their other biological parent and when they compare the stepparent with the gone biological parent. In some cases, conflict may be the result of stepchildren not being treated the same as the biological children of the stepparents. This may result in the child being angry and aggressive. If the affected children cannot take it out on the stepparents, they can go out and engage in deviant antisocial behaviour in the community:

I committed crime because I wanted to frustrate and hurt my stepfather.

3.5.2.5 Child neglect

The US Senate (1973) in Berger et al (1994:180) stated that any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties, and/or interfere with their optimal development, constitute abusive or neglectful acts or conditions.

Karen (1995:17) states that if proper bonding between mother and child does not happen during birth and infancy, the child will develop mistrust and a deep-seated rage. The child will then become a child without a conscience and can suffer anti-social behaviour growing up. According to one participant:

I stay with my father. My father works long hours to make a living for us, his four children. I felt bored and went to my friends. We started drinking and decided to break into a house to steal a computer. The neighbours called the police and we were caught.

3.5.2.6 Poverty

The Human Sciences Research Council (2003:16) states that the measurement of child poverty needs to go beyond a focus on income available to support a reasonable standard of living and promote positive child development. Boyden et al (1991:23) maintain that children are at particular risk of neglect in low-income communities without proper services, with poor nutrition, working parents, weakened ties between members of the extended families, and inadequate childcare facilities. Quinton (1998:17) points out that children who experience major childhood adversity are likely to come from families who are worst placed as far as access to income, work or housing are concerned. Karen (1995:42) adds that low socio-economic status is a far more potent risk factor for violence than is generally recognised.

I stole and sold perfumes to make ends meet. We are seven at home and dad is the only one working. I committed crime because I needed to buy nice stuff and dad could not afford it. At home they like it when I support them. I felt responsible and became my dad's favourite.

3.5.3 Community factors

A community is "a social group determined by geographic boundaries and/or common values and interests. Its members know and interact with each other. It functions within a particular social structure and exhibits and create norms, values and social institutions" (Stanhope & Lancaster 2000:315).

3.5.3.1 Communities with a high level of violence

Children living in communities where the level of crime is high learn to defend themselves either through aggression or being afraid to engage in community life. Zigler et al (1996:310) observed that children who are chronically exposed to high levels of environmental violence might experience symptoms ranging from increased levels of fear, anxiety, stress to post-traumatic disorders. In addition, early experiences with violence diminish children's sense of trust in themselves and in the world around them. Children who have witnessed repeated violence might later develop assaultive or delinquent behaviour.

Karen (1995:50) states that modern society has fewer roots than years ago; this rootless ness may leave a child unattached and less caring about the rights and property of others. In addition, today's society values popularity and success, whether gained positively or negatively. Society's emphasis on success leaves many children out; those who are failures in school for one reason or another, believe their home is a failure and so is their society. These children may turn to aggressive or violent behaviour to gain attention and prove their worth. Society also makes it easy for these children "failures" to make quick money without working hard. According to some participants,

The community knows the drug lords, and nothing happens to them. They make

a lot of money without working. Police do not arrest them because they work with them; that is, they take bribes.

Community members should stop drug trafficking collectively.

3.5.3.2 Labelling and rejection

Communities are ignorant of the fact that if offenders are not reintegrated into society, they re-offend and this results in a vicious circle in which the community members themselves suffer the consequences. Both the victims and offenders need to find a way of reintegrating the offenders back to society in a way that will encourage the offenders to take responsibility. This can also prove to be beneficial to society because offenders can be used to motivate other children against crime. According to the participants,

The community should please give us another chance and not label us, so that we can prove that we can be responsible citizens.

The community felt they should not befriend the children and this makes him feel rejected and tempted to commit crime again.

3.5.4 Police service factors

Stanhope and Lancaster (2000:178) state that state power concerning health care is mostly police power. This means that states may act to protect the health, safety and welfare of their citizens. Such police power should be used fairly and justly, and the state must show that it has a compelling interest in taking action against any individual who interferes with the safety rights of others.

The police service is one of the institutions responsible for providing safety for the citizens of the country and protecting them from criminal activities. Some officials, however, are said to be corrupt and work against the law, being involved in criminal activities and corruption. According to some participants,

*Some police officials' work with the drug lords, they take bribes from these drug lords.
I knew that dad would bribe the police and my case would not be pursued.*

3.5.5 Educational factors

Globally, policy-makers view schooling as an essential prerequisite for sustained economic growth and democratic participation. Most countries aim to provide schooling for at least the majority of children between the ages of 6 and 16 and many have achieved universal education for this age group. Education can be a difficult and distressing experience for the child. Schooling sets standards that many children cannot reach. Failures at school, for whatever reason, are a major stress in childhood. This can set life-long feelings of inferiority (Boyden et al 1991:100).

The competitive nature and characteristics of modern society also contribute to aggressive and violent behaviour in children. The community instils competition values very early by teaching children that there is a winner and a loser in all games, and by extension, in all situations in life. Parents often teach their children to be competitive in order to survive in society and that it is an inevitable part of life (Karen 1995:48).

Karen (1995:48) cites Kohn's (1986) statement that our educational system is individualistic, with an evaluation method that is very competitive. Children who cannot perform well under pressure in order to be better than everyone else will not make it at school. Furthermore, schools foster competitive rather than cooperative learning. In cooperative learning, students are taught that it is to their advantage if other students learn well and to their disadvantage if others do poorly.

The researcher is of the opinion that the same principle applies to students who abuse substances, like drugs, at school. If they are not assisted by their peers and encouraged to talk to their educators early, they tend to plague other students and the educators. The educators need to be trained in handling problem children and if these children do not reform, they should be advised of alternate measures; for example, to attend to specialised schools to cater for their needs. According to a respondent,

I stole from my friends and educators so that I could buy dagga. I was finally chased out of school for this behaviour. After that I was arrested for theft and housebreaking.

Stanhope and Lancaster (2000:911) state that smoking among teens has risen steadily since the 1990s and that tobacco is considered a gateway drug to other substances and high-risk behaviours.

3.6 CONCLUSION

This chapter discussed the research findings with reference to the literature reviewed. While the investigation could have centred on different aspects, the researcher chose to approach the environment as much as possible through the children's own perspectives. It was within their social lives that they found the freedom to create and express their views.

The researcher tried to portray factors that predispose children to be in conflict with the law in detail as stated by the respondents. It became clear that factors within the individual and societal factors played a major role in influencing children to commit crime. Legal institutions such as the police and education services were not seen to be assisting in protecting children or even in identifying children vulnerable to antisocial and delinquent behaviour. The results also indicated that dysfunctional families present challenges for the children in their care.

Chapter 4 presents the guidelines for health professionals to support children in conflict with the law in the EMM.

Chapter 4

Formulation and description of guidelines to support children in conflict with the law

4.1 INTRODUCTION

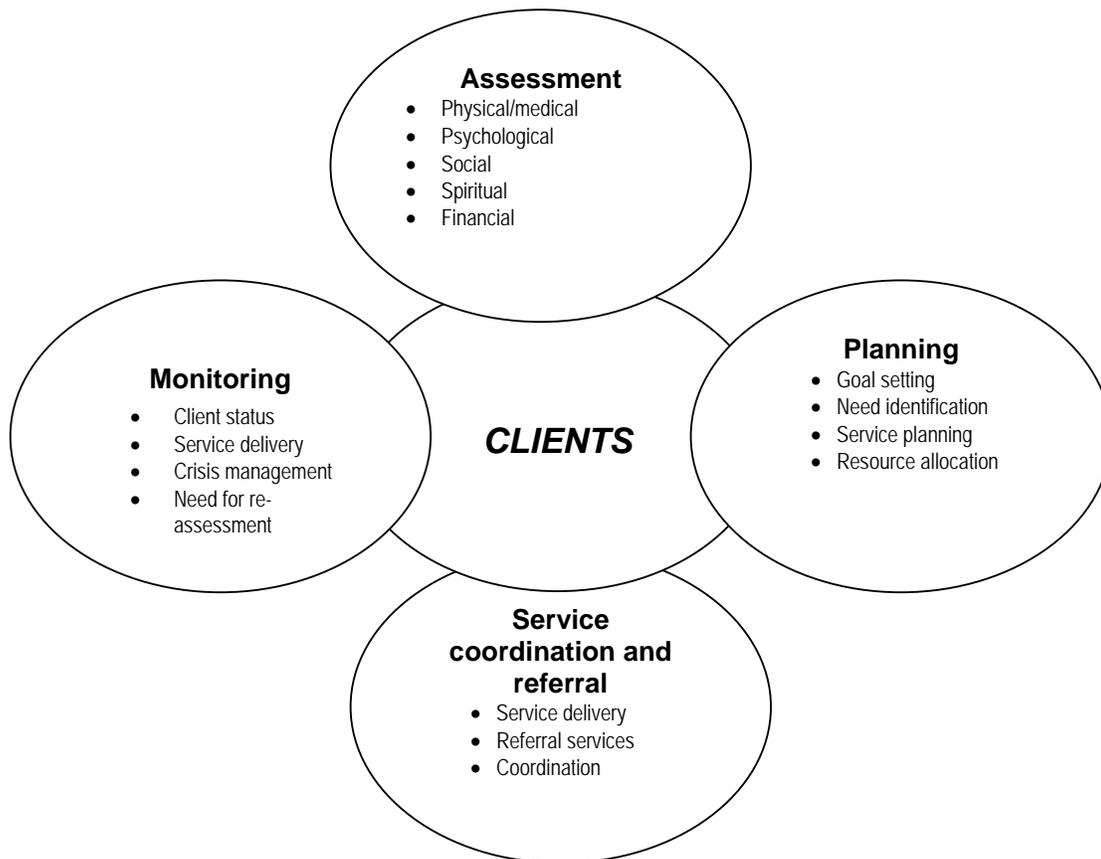
Chapter 3 discussed the findings of the study with reference to the literature review. This chapter discusses the guidelines for health professionals to support children in conflict with the law. The problems identified during the interviews were related to five areas, which the guidelines deal with, namely, individual, family, community, police service and the education system.

The researcher used Neuman's systems model, which indicates that the individual is an open system composed of five interactive variables, namely, physiological, psychological, socio-cultural, developmental and spiritual. The researcher further used the nursing process to develop the guidelines to support children in conflict with the law. The nursing process has four phases: assessment, planning, implementation and evaluation,

In the assessment phase, the health professionals should collect data through interviews and conduct physical and psychological examinations and ascertain the socio-cultural/environmental factors that influenced the client. The planning phase involves prioritising needs, goal setting and service planning by the health professional and affected clients. Implementation entails provision of service, including referral to appropriate resources, and finally evaluation examines the impact of the services employed and any need for re-assessment.

4.2 GUIDELINES FOR THE SUPPORT OF CHILDREN IN CONFLICT WITH THE LAW

The researcher developed the following guidelines from the research findings (see chapter 3). The guidelines use the four phases of the nursing process, namely, assessment, planning, implementation and evaluation.



*Figure 4.1
Nursing process*

Source: Stanhope and Lancaster (2000:490)

4.2.1 Assessment

In the assessment phase, the health professionals should collect data through interviews and conduct physical and psychological examinations and ascertain the socio-cultural/environmental factors that influenced the client.

4.2.1.1 *Personal factors*

This is the first step in the traditional nursing process and is a comprehensive data-collection process. The assessment process is one of the most critical steps because it directs the whole problem-solving process (Stanhope & Lancaster 2000:490). The health professionals have a responsibility to collect data in order to make an assessment of the client, who is the individual in this case. For this purpose, the health professionals use interview methods to obtain information from the children.

Sigmund Freud, the founder of psychoanalysis, believed in "the role of sexual drive in motivating individuals to behave in a variety of ways; he was convinced that evil was an essential part of human nature. He also wrote about his belief in the existence of a 'death instinct': that men are not gentle friendly creatures wishing for love... a powerful measure of desire for aggression has to be reckoned as a part of their instinctual endowment. This aggressive cruelty usually lies in wait for some provocation, or else it steps into service of some other purpose, the aim of which might well have been achieved by milder measures" (Karen 1995:10).

As part of the assessment, physical examinations must be carried out to exclude physical problems, such as a history of head injury that can negatively influence the child's behaviour. Karen (1995:11) cites Roth (1994) who states that violent behaviour maybe associated with certain relatively permanent conditions and temporary states of the nervous system. This can also be true in children who abuse illicit substances, like drugs and alcohol. These possibilities relate to the following processes: the functioning in the brain of certain hormones and other chemicals called neurotransmitters; certain physical abnormalities in the brain, which could be present at birth or develop as a result of brain injuries, or maturation; brain dysfunctions that, by interfering with communication and thought processes, lead to school failure and other childhood problems that

are well-known precursors of violent behaviour, and temporary effects of substance abuse, perhaps heightened by hypo-glycaemia or other health problems.

Karen (1995:11) cites Lewis et al's (1980) study of 17 male juveniles awaiting execution in four states for violent crimes; they were estimated to be 40% of all juveniles on death row (35) in the United States. They found that 8 boys had suffered head injuries severe enough to require hospitalisation, and 9 boys had abnormal Electro-Encephalograms (EEG), which indicated neurological dysfunction.

Karen (1995:17) also cites Miller (1983), a Swiss psychoanalyst, who suggests that fulfilling children's emotional needs when they are young is critical to avoiding violent behaviour in later life. Such children suffer from low self-esteem and are therefore easily influenced by their peers to break the law. Psychological assessment is also important for these children to identify their problems and needs. The same process as explained above should be followed.

The health professional will also have to visit the institutions where the child was kept, namely police station, social development, correctional services and any other institution or organisation involved in the child's rehabilitation to gather further data to enable proper planning.

4.2.1.2 Family factors

Stanhope and Lancaster (2000:496) refer to the Friedman Family Assessment Model (1998), which draws heavily on the structural-functional framework and developmental systems theory. The model takes a broad approach to family assessment, which views families as a subsystem of society. The family is viewed as an open social system. The family's structure (organisation) and functions (activities and purposes) and the family's relationship to other social systems are the focus of this approach. This approach is important because it enables health professionals to assess the family system as a whole, as part of the whole society and as an interaction system. This approach was developed to provide guidelines for family nurses interviewing a family to gain an overall view of what is going on the family.

The guidelines for the Friedman Assessment Model consist of six broad categories of interview questions (Stanhope & Lancaster 2000:496):

- Identifying data
- Developmental stage and history
- Environmental data
- Family structure, including communication, power structures, role structures and family values
- Family functions, including affective, socialisation and health care
- Family coping.

NB: All the categories may not be pertinent for every family.

Health professionals should collect data from the family using this model to identify socio-cultural and economic factors. During the interviews, different problems may be identified like single-parent families cause of divorce, step parenting, absence of the father and poverty. Questions in data collection should be stated differently for each problem. All family members should be interviewed, including stepchildren, children who are offenders, and parents in order to identify problems.

4.2.1.3 Community factors

Stanhope and Lancaster (2000:315) state that community assessment helps identify community needs, clarify problems, and identify strengths and resources. Community assessment requires three steps, namely

- Gathering relevant existing data and generating missing data
- Developing a composite database
- Interpreting the composite database to identify community problems and strengths.

Data-collection methods in communities are informant interviews, which consist of directed talks with selected members of the community about community members or groups or events; participant observation, which is the deliberate sharing of community life; surveys; secondary

analysis of existing data and windshield surveys, which are the mortised equivalent of simple survey. These methods can be grouped into two distinct but complementary categories: (1) methods that rely on what is directly observed, and (2) those that rely on what is reported to the data collector. Health professionals should use these methods to gather comprehensive data directly from the community in order to compile the community health problems. In secondary analysis and surveys, health professionals use previously gathered data, such as minutes from community meetings, statistical data and other health and social records. This saves time and effort because data is readily available.

*4.2.1.4 South African Police **Service** factors*

Health professionals should also conduct an assessment of the police services to identify problems, challenges and needs. The methods for data collection in this instance are similar to those used to assess the community. In particular, the informant interviews and participant observation methods can be utilised. Secondary data is also valuable in order to identify where problems are; for instance, officials, structures, functional systems and resource availability. Some of the data can also be gathered from the community members who have had experiences with the police service.

4.2.1.5 Education system

The assessment of children in the school setting is different from the ones applied in the previous settings. Stanhope and Lancaster (2000:926) state that in the school setting, assessment is done through case finding. Case finding is a form of selective screening that involves a search for certain students whose behaviour, family circumstances, or health status places them at particular risk for ill health, absenteeism, and poor school performance. Instead of mass screening, in which all students in various grades are involved, case finding efforts begin by identifying risk factors and then locating students whose behaviour suggests they are at risk for certain problems and in need of further assessment and possible referral.

Stanhope and Lancaster (2000:927) emphasise that the most likely place to begin case finding efforts is with assessment of children who have physical or mental disabilities, recent psychological

trauma, such as parents separating or divorcing, or a move to a rural, mountain, urban, or suburban setting into a totally different social environment. Educators have to be involved in the screening of learners because they spend the whole time with them.

4.2.2 Planning

Once the assessment phase has been completed and the factors that predisposed children to be in conflict with the law were identified the planning phase commenced.

4.2.2.1 Individual/personal and family factors

The planning phase includes analysing the personal and family problems identified during the diagnosis and establishing priorities, establishing goals and objectives, and identifying intervention activities that will accomplish the objectives. It is a form of contracting with families and individuals affected.

- **Problem analysis**

Stanhope and Lancaster (2000:318) state that problem analysis seeks to clarify the nature of the problem. In this stage, the family members, with the assistance of the nurse, identify the origins and effects of the problem, the points at which intervention might be undertaken, and the parties that have an interest in the problem and its solution. Furthermore, analysis often requires the development of a problem matrix, in which the direct and indirect factors that contribute to the problem and outcomes of the problem are identified; relationships in the problem are noted; and factors that contribute to the problem are mapped.

The health professional should emphasise his/her role as a counsellor, adviser, providing information and assistance in the planning process. Her other role is to remove barriers to needed services, which helps the family to function. The individual and the family should agree on what the problem is, the origin of the problem and the factors that influenced the offender to commit crime.

- **Prioritisation of problems**

During the assessment stage, several problems might have been identified. In this stage, each problem is ranked according to the level of importance. The individual, together with the family, will then determine what is important and what can be addressed with ease, depending on the resources required for the problem. The strengths and weaknesses of the individual and family in addressing the problems will determine whether or not it is important, and also if the clients will be referred to a relevant specialist, for example, a psychologist if the problem is psychological or a physician if it is a physiological problem. The health professional will provide assistance and guidance when there is a need. In cases where there are several problems, each problem has to be analysed separately so that thorough attention is given to all.

- **Establishing goals and objectives**

Once the priorities and resources are identified, relevant goals and objectives are developed. According to Stanhope and Lancaster (2000:321), goals are generally "broad statements of desired outcomes while objectives are the specific statements which are measurable, have time frames and also define who will do what". The goal in this instance could be to completely rehabilitate the child to stop doing drugs, or in case of the family, the goal could be to improve parenting skills in the family. The objective for the latter could be to teach parents and children better communication skills, to determine when these will be taught and who will teach them.

The health professional must still make sure that all the affected members take part in the development of the goals and objectives. As in the prioritisation phase, the achievement of the objectives will depend on the willingness, the strength of all family members and the availability of the resources needed.

The external factors that contribute to the problem, for example, peer pressure or violence in the community, should also be looked at and plans made on how they can be addressed.

- **Identifying intervention strategies**

Stanhope and Lancaster (2000:321) define intervention strategies as “activities by which objectives are met, the ways change will be effected, and the ways the problem cycle will be broken”. Alternative interventions should be identified and evaluated. For example, one intervention strategy to address poverty in the family would be to be trained in an income-generating project, such as selling food at schools with the permission of the relevant authorities. Another example could be that communities establish a youth offender forum away from the formality of the courts where the young offender, his/her family and, where appropriate, the victim can consider the circumstances surrounding the young offender. The work of the youth offender forum is governed by the principles underlying the concept of restorative justice: restoration, reintegration into society and taking responsibility for your actions (Crawford & Newburn 2003:59).

4.2.2.2 Community factors

Planning to address community factors involves the same process described for individuals and families. In addition, this often requires organising a special group of professionals, including others outside the health profession. For example, in a crime-stricken community, police officials, and community policing forum members and other relevant organisations should be brought on board. Important to the list of people that should be involved are representatives from the affected communities. Both content and process specialists must participate. The other group that should be involved would be the many children who have been plaguing the community with crime, so that they can be part of the solution.

Similar to the family and individual plans, the relationships between factors that influence communities to have a problem, should be identified so that key leverage areas are identified; for example, if the low socio-economic status of the community leads to drug dealing, then measures must be put in place to improve the economic status of the community.

4.2.2.3 Police service factors

Planning to address problems identified in the police service should be done together with the police officials and their authorities. Children can also be involved in the plan so that they can make suggestions on how to address the identified problems. According to an old adage, "it takes a thief to catch a thief". Communities should also be part of the stakeholders involved in the planning process for the same reason that some may be part of the factors that lead children to breaking the law.

4.2.2.4 Education factors

Berger and Jurkovic (1994:111) state that schools are self-contained cultures. They have a particular language, organisational structure, and set of functions that must be understood if the school context is to be effectively and appropriately used in the treatment of children. The health professional should have an understanding of the school as a system to evaluate how this system interacts with the family system, and with the child and family therapy, in planning to solve the identified problems. In addition to the above processes, the relevant structures, including school governing bodies, labour movement, parents, community representatives, other government departments such as the police and social workers, should be involved. Children should also be part of the planning team.

4.2.3 Implementation phase

Implementation involves the work and activities aimed at achieving the goals and objectives. The person or group who established the goals and objectives may make implementation efforts, or they may be shared with or even delegated to others. The issue of having a central authority to oversee the efforts to start up and carry out the plan is important, and the health professional's position on this issue can be affected by a variety of factors (Stanhope & Lancaster 2000:322).

Implementation can be affected by a variety of factors, such as

- The health professional's role

- The identified problem and the health professional's role
- Social change process

The health professional taking part in family-community-oriented intervention has knowledge and skills that the other interveners do not have; the question is how the health professional uses these. The health professional can act both as a content and process expert. She/he will provide information about the problem and to assist the family and community to by increasing their ability to document the problem and the plan (Stanhope & Lancaster 2000:323).

The role of the health professional depends on the nature of the problem, the individual, family and community's decision-making ability and on personal choices. The nurse should refer problems that need experts; for example, social workers to deal with issues of divorce and in-depth counselling.

Where community is a factor in influencing the behaviour of children, the nurse may experience a problem when the community is not open to innovation. The ability of the community to change is often related to traditional norms. The health professional must be flexible and adaptable to the norms and values of the community so that she/he can effect change successfully.

- **Implementation mechanisms**

In some instances, like in rural settings, the health professional may need to utilise the recognised members of the family/community to initiate changes. The health professional may have to train them in skills to address identified problems, while she/he maintains a mentoring role.

The media can also be used as a useful mechanism in instituting change. Mass media, like newspapers, television and radio, are impersonal and useful to provide information quickly to a large number of people.

Health policy is also useful in the adoption of healthy policies for individuals and families (Stanhope & Lancaster 2000:325). The health professional may also assist in enforcing policies that address

the particular identified problem; for example, reminding families that children under 18 years may not be forced to buy alcoholic beverages.

4.2.4 Evaluation of the interventions

Stanhope and Lancaster (2000:325) define evaluation as “the appraisal of the effects of some organised activity or programme”. Evaluation begins in the planning phase and continues through to the implementation phase. This can also be done through a follow-up study in a year or two, investigating whether or not the interventions that were implemented have reduced the number of children in conflict with the law. Evaluation may also involve the more elementary process of assessing progress by contrasting objectives and the results.

During this phase the health professional must decide whether the costs in money and time were worth the resulting benefits. The individuals, families and social institutions, including civil society, can also be used to provide feedback on the effectiveness or non-effectiveness of the implemented programmes.

4.3 CONCLUSION

This chapter discussed the guidelines to support children in conflict with the law in the EMM. The nursing process was used in the formulation of guidelines. Involvement of all affected parties is the cornerstone of the implementation of these guidelines, from assessment through to evaluation of the programme.

Chapter 5 concludes the study by discussing its limitations and making recommendations for nursing practice and education as well as future research.

Chapter 5

Conclusions, limitations and recommendations

5.1 INTRODUCTION

Chapter 4 discussed the guidelines for provision of support, from assessment of the problem to the evaluation of the impact, by strategies implemented for children in conflict with the law. This chapter concludes the study, discusses its limitations and makes recommendations for nursing and health practice and education as well as further study.

5.2 CONCLUSIONS FROM THE FINDINGS

The study had two purposes: to describe and explore the factors that predisposes children to be in conflict with the law and to develop guidelines for the support of children in conflict with the law in the EMM. According to Brink and Wood (1998:287), qualitative research is explorative as well as descriptive. The researcher adopted a qualitative approach that was explorative, descriptive and contextual in order to acquire insight into the factors that influence children to be in conflict with the law.

The research collected data through in-depth semi-structured interviews and observation in the form of field notes. The tape-recorded interviews were transcribed verbatim and analysed using Tesch's method (Cresswell 1994:155). During data collection and analysis in this study, one theme emerged, namely, factors that predispose children to break the law. This theme had several categories, classified as personal, family, community, South African Police Service (SAPS) and education factors.

Using the nursing process, the researcher developed guidelines for support of children in conflict with the law. The guidelines were developed according to the four phases of the nursing process: assessment, planning, implementation and evaluation.

The theme and categories that emerged were supportive of the Neuman's systems model, which indicates that the individual is an open system composed of five interactive variables, namely, physiological, psychological, socio-cultural, developmental and spiritual (Stanhope & Lancaster 2000:205).

5.3 LIMITATIONS OF THE STUDY

The study involved only the children who were in conflict with the law in one service delivery region of the Ekurhuleni Metropolitan Municipality. This means that the findings of the study are contextualised to children who have broken the law who live in the southern service delivery region of the EMM. The other children within the specified community or siblings of the participants who had not broken the law were not part of this study.

5.4 RECOMMENDATIONS

In response to the findings, the researcher makes the following recommendations for nursing practice, nursing education and further research.

5.4.1 Nursing practice

In this study, the children saw internal factors (i.e., individual factors) and external factors (including family, community, the Police and educational factors) as challenges. To improve the mental health state of the child to build resistance to the stressors in the form of problems, it is recommended that all persons and stakeholders, including the family, community representatives, and the school, be involved in supporting the affected children and also in the primary prevention of the problem (Stanhope & Lancaster 2000:493). The status of children is likely to improve if the above model is implemented.

5.4.2 Nursing education

To improve the body of knowledge available on children in conflict with the law, the department of nursing education, clinical nursing practice and community health nurses should continually engage with children and their families, including communities and social institutions, to gather more insights into how

to prevent and protect children from the stressors inside and outside their life. Nursing education should include and encourage nurse educators to listen to the views and opinions of children because they can provide direction in problems experienced by them.

5.4.3 Nursing research

It is recommended that further research be conducted into

- The experiences of children in conflict with the law
- The impact of the guidelines implemented in support of children in conflict with the law
- Quantitative testing of the hypotheses about the guidelines developed and described in this study

5.5 CONCLUSION

The study achieved its objectives and the guidelines developed, if implemented, should help to alleviate and eventually solve the problem of children in conflict with the law.

BIBLIOGRAPHY

- Adler, PA & Adler, PA. 1998. *Peer power: pre-adolescent culture and identity*. Rutgers: University Press.
- Anastas, JW. 1999. *Research design for social work and the human services*. New York, Columbia: University Press.
- Atkinson, P, Coffey, A & Delamont, S. 2003. *Key themes in qualitative research: continuities and change*. New York: Altamira Press.
- Babbie, E & Mouton, J. 2001. *The practice of social research*. Cape Town: Oxford University Press.
- Benedek, EP & Brown, CF. 1995. *How to help your child overcome your divorce*. Washington, DC: American Psychiatric Press.
- Berger, M & Jurkovic, GJ. 1994. *Practicing family therapy in diverse settings*. Englewood Cliffs, NJ: Aronson.
- Botes, A. 1994. A model for research in nursing. Unpublished doctoral thesis. Johannesburg: Rand Afrikaans University.
- Boyden, J & Holden, P. 1991. *Children of the cities*. San Francisco: Guilford & King's Lyn.
- Brink, PJ & Wood, MJ. 1998. *Advanced designs in nursing research*. 2nd edition. Thousand Oaks: Sage.
- Burns, N & Grove, SK. 1997. *The practice of nursing research: conduct, critique and utilization*. Third edition. Philadelphia: Saunders.
- Carr, H. 2000. *Family therapy: concepts, process and practice*. New York: Wiley.
- Charlesworth, R. 2000. *Disciplinary styles affecting behavior: understanding child development*. New York: Delmar.
- Collins English Dictionary*. 1991. Third edition. Glasgow: HarperCollins.
- Crawford, A & Newburn, T. 2003. *Youth offending and restorative justice: implementing reform in youth justice*. New York: Culmcott House.
- Cresswell, JW. 1998. *Research design: qualitative and quantitative approaches*. London: Sage.
- De Vos, AS. 1998. *Research at grass roots: a primer for the caring professions*. Pretoria: Van Schaik.
- De Vos, AS, Strydom H, Fouche, CB & Delport, CSL. 2002. *Research at grass roots: for the social sciences and human service professions*. Paarl: Van Schaik.

- Flouri, E. 2005. *Fathering and child outcomes*. London: Wiley.
- Ganong, HL & Coleman, M. 2004. *Stepfamily relationships: development, dynamics and interventions*. New York: Kluwer Academic.
- Griffin, BS. 1993a. *Juvenile delinquency in perspective*. New York: Harper and Row.
- Griffin, C. 1993b. *Representations of youth: the study of youth and adolescence in Britain and America*. Cambridge, England: Polity.
- Grunsel, A. 1990. *Let's talk about stepfamilies*. London: Aladdin Books.
- Harvey, JH & Fine, MA. 2004. *Children of divorce: stories of loss and growth*. Englewood Cliffs, NJ: Lawrence Erlbaum.
- Human Rights Watch World Report. 2001. *Children in conflict with the law*. New York: UN.
- Human Sciences Research Council. 2003. *The state of children in Gauteng: a report for the Office of the Premier*. Pretoria: HSRC.
- Karen, LK. 1995. *Violent children: contemporary world issues*. Philadelphia: Library of Congress Cataloging-in-Publication.
- Krefting, L. 1991. Rigor in qualitative research: the assessment of trustworthiness. *Journal of Occupational Therapy* 45(3):214-222.
- Kupersmidt, JB & Dodge, KA. 2004. *Children's peer relations: from development to intervention*. Washington, DC: American Psychological Association.
- Lincoln, YS & Guba, EG. 1986. *Naturalistic inquiry*. Newbury Park: Sage.
- Marlow, C & Boone, S. 2005. *Research methods for generalist social work*. Belmont, CA: Wadsworth.
- Office of the State President. 2001. *Children in 2001: Report on the State of the Nation's Children*. National Programme of Action. Pretoria: Government Printer.
- Oxford Dictionary*. 2002. New York. University Press.
- Polit, DF & Beck, CT. 2004. *Nursing research: principles and methods*. 7th edition. Philadelphia: Lippincott.
- Parry-Jones, WLL & Queloz, N. 1991. *Mental health and deviance in inner cities*. Geneva: University of Naples.
- Patton, MQ. 2002. *How to use qualitative methods in evaluation*. Newbury Park: Sage.

Quinton, D & Rutter, M. 1988. *Parenting breakdown: the making and breaking of intergenerational links*. Belmont, CA: Gower.

Saunders, R. 2004. *Sibling relationships: theory and issues for practice*. New York: Macmillan.

South African Cities Network. 2004. Partners in city development strategy: Ekurhuleni Metro Municipality. http://www.sacities.net/left/profiles_metro.stm.

Stanhope, M & Lancaster, J. 2000. *Community and public health nursing*. St Louis: Mosby.

Streubert, HJ & Carpenter, DR. 1999. *Qualitative research in nursing*. Philadelphia: Lippincott.

Zigler, EF, Kagan, SL & Hall, NW. 1996. *Children, families and government: preparing for the twenty-first century*. New York: University of Cambridge.

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June 2005

The Executive Director: Department of Health and Social Development
Ekurhuleni Metropolitan Municipality
Private Bag 4
ALBERTON
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Dear Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am currently an M Cur (Health Management Sciences) student at the University of South Africa, presently engaged in a research project entitled "The Factors that predispose children to be in conflict with the law in the Ekurhuleni Metropolitan Municipality", under the supervision of Professor TR Mavundla and Dr Ganga Limando both of the Department of Health studies at the above-mentioned university.

The main purpose of this study is to explore and describe the factors that influence children to be in conflict with the law and to develop and describe guidelines for health professionals to support children who are/have been in conflict with the law.

To complete this study I need to conduct interviews of approximately 2-3 hours duration with the children who are/have been in conflict with the law. These interviews will be audio-taped for verification of findings by an independent expert in qualitative research.

The direct benefit of this study to the Department is that the results of the study will be presented and also made available to the Department and these will be used to influence programme implementation. The long-term benefits are that the research findings will be used to formulate guidelines to support children who are/have been in conflict with the law. The guidelines will also assist to prevent those who have not committed crime from doing so.

I trust this request will receive your favourable consideration.

Thanking you in advance.

Yours sincerely

ML Cindi
RESEARCHER – BA (Cur), RN

Prof TR Mavundla
SUPERVISOR – D Cur, RN

Prof Ganga Limando
JOINT SUPERVISOR

CONSENT LETTER FOR PARTICIPANTS

University of South Africa
Faculty of Humanities and Social Sciences
Department of Health Studies

The Director/Manager NICRO

I am an M Cur (Nursing Education) student at the University of South Africa, I am currently conducting research with the title "Factors that predispose children to be in conflict with the law in the Ekurhuleni Metropolitan Municipality" under the supervision of Professor TR Mavundla and Professor Ganga-Limando, both of the Department of Health Studies.

The purpose of this study twofold: (1) to explore and describe the factors that predispose children to be in conflict with law and (2) to develop guidelines to support children who are/were in conflict with the law.

To complete this study, I need to conduct a focus interview with 6 to 8 children between the ages of 12 and 18. It is envisaged that the session will take one and a half to two hours, in which time the interviews will be audio-taped for verification of findings by an independent qualitative research expert.

Omitting the use of the children's names and their area of residence will ensure the principle of anonymity. Confidentiality will be assured by the erasure of taped material on completion of transcription of the tapes.

Your organisation is giving consent for the children under your organisation's care, and it also reserves the right to cancel this consent at any stage of the proceedings. It is understood that the children are under no obligation to participate in this study.

The direct benefit to the children who will participate in this study is that children will have an opportunity to verbalise the factors that predispose them to crime and will also benefit from the guidelines that will be developed. Your organisation will also benefit from the guidelines that will be developed.

A summary of the research findings will be made available to your organisation. Should you wish to contact the researcher, you can do so at the following address:

Lydia M Cindi
42 Veld Street
Casa Via 5
Glen Marais
Kempton Park

Landline: 011 391 7917

Cell: 082 895 2520

Thank you.

.....
SIGNATURE OF THE MANAGER

.....
DATE

Lydia M Cindi
RESEARCHER – BA (Cur), RN

Professor TR Mavundla
SUPERVISOR – D (Cur), RN

Professor Ganga-Limando
JOINT SUPERVISOR

INTERVIEW

INTERVIEWER: What are the things that led you to commit crime?

PARTICIPANT: I was arrested because of common assault, and shoplifting and was found with stolen goods. (Tension as the member shared his story) I lost my girlfriend because of imprisonment. Mom cried when I got arrested, my friends were not supportive and they disappeared after that until today. People in my community also labelled me because my girlfriend became suicidal. I hide myself at home, so that people don't see me. I learnt to control my temper. The community should give us a chance so that we can prove ourselves.

INTERVIEWER: Thank you for sharing with us. I have some questions to ask for my full understanding. What made you assault whomever you assaulted?

PARTICIPANT: I assaulted a boy in my neighbourhood because when he was with his friends they provoked me. I play Karate sports. This boy provoked me and told me he could beat me, and that I shouldn't think that because I do karate I am the boss. He started pushing me, I warned him not to do that. He started swearing at me, I tried to ignore him, but then he told me he was going to sleep with my girlfriend. I lost it, I became very angry and I beat him up. That evening, the police came to my home to lock me up because he had opened a case against me. They also searched my bedroom and found stolen goods in my bedroom because this boy had told the police about the things that I had stolen from the mall.

INTERVIEWER: Did you know this boy?

PARTICIPANT: Yes, he stays in my neighbourhood. We play soccer together, he also knows my girlfriend.

INTERVIEWER: Can you call him a friend?

PARTICIPANT: No, not at all. I think he competes with me, because even at the club, when we play soccer, he says the coach favours me. He also joined the same karate club that I attend; even there he is not happy with me.

INTERVIEWER: Have you asked him why he felt that way towards you?

PARTICIPANT: Yes I asked him once, and he said that I always seem to get all the best things in life, including girlfriends. So he wonders why is that, because he doesn't see any difference between himself and myself.

INTERVIEWER: Thank you. Tell us how you felt after he told police that you were involved in shoplifting.

PARTICIPANT: At first I was very angry with him; I am still angry, but I can't do anything about it because I have a criminal case against me.

INTERVIEWER: Do you still do karate as a sport, because I think it will help you burn your energies, and address anger that is also negative energy?

PARTICIPANT: Yes I still attend. At NICRO they told us it is one of the ways to handle our anger and to avoid being idle. So far this is the only sport I play, because I cannot walk in the street without people pointing at me.

INTERVIEWER: Do you still attend the same club with that boy in your neighbourhood?

PARTICIPANT: No, I looked for another club, because I was taught that one of the ways to handle my temper is to avoid the stimulus or the cause. I know I have to handle my emotions when it comes to him, but I am not ready to see him.

INTERVIEWER: Thank you for your honesty. Tell us why you think people are labelling you.

PARTICIPANT: They say I am a thug and a heartbreaker every time because they say I broke my girlfriend's heart. They also say that I destroyed her future.

INTERVIEWER: How is your girlfriend now that you have been released?

PARTICIPANT: I don't know how she is coping, but she does not want to see me anymore. I think it is because of the pressure from her parents and the community.

INTERVIEWER: Do you not think that she hates what you have done and that you disappointed her?

PARTICIPANT: Yes, I agree, I disappointed her. The community should please give us another chance so that we can prove that we can be responsible.

INTERVIEWER: You said that you hide yourself at home. How do you think that will help you, because I think that the only time you will know that you can control your temper, is when you mix with people and they provoke you?

PARTICIPANT: I just think that at the moment I need to regain myself. I also think that maybe the community will see that I am sorry because I don't trouble them. I think the time will come for me when I feel okay, to start mixing with people. I think I will also be free if I know that my girlfriend has forgiven me. At the moment, I think she will be hurt more if I just carry on as if nothing happened to her and me.

INTERVIEWER: So, you really loved her, and it is important to you that she forgives you. Have you indicated that to her?

PARTICIPANT: Like I said, I have not been able to see her. I wish I had a way of telling her how sorry I am.

INTERVIEWER: It is okay. After this we will refer you to a social worker who can try to assist in a professional way. Thank you. Earlier on you said your mom cried when you got arrested. How did your father feel about your actions?

PARTICIPANT: I do not have a father. We stay with my mom and granny. My mother told me she never got married to my father.

INTERVIEWER: How do you feel about not having a father?

PARTICIPANT: Sometimes I feel life is not fair because my mother works very hard. I feel if I had a father maybe I would not have broken into some shops and maybe I would not be where I am today, and maybe life would be better for us, like in the families where there is a father.

INTERVIEWER: Okay. You also indicated that your friends were not supportive, what did you mean by that?

PARTICIPANT: I meant that not a single one of my friends came to visit me after I sent my sister to tell them I am home.

INTERVIEWER: How does that make you feel?

PARTICIPANT: I feel bad, but I do not blame them. I think I would feel better if one came to see me, because we used to break into the shops together.

INTERVIEWER: How do you think that families can support their children and protect them from committing crime?

PARTICIPANT: I think parents should love their children, but must also discipline them

INTERVIEWER: Thank you. Earlier on you said that the community labelled you because your girlfriend became suicidal. Please elaborate on that.

PARTICIPANT: Yes, the community calls me a thug and heart breaker because I hit that boy and my girlfriend became suicidal after that. I think this is unfair because they know that the boy I hit is also a thug, but they are not on his case. I think they discriminate against me because I was arrested. The fact that he has not been arrested does not mean that he is not a thug.

INTERVIEWER: Okay. Talk to us about the heart breaker story.

PARTICIPANT: I do not know what to say about that because I also think they are right. May be they are justified about that. I still love her though. I wish she would give me one chance to talk to her.

INTERVIEWER: Okay, like we indicated earlier, we will discuss that after the interview. Please tell us how you expect the community to treat you after you have been in conflict with the law?

PARTICIPANT: My plea is that the community should at least give us one chance to prove that we can be responsible citizens. I know that I have aggrieved them, I take responsibility and I have also attended diversion. At the moment I can even train young people in karate free of charge. I can also teach them about what I have learnt during diversion. I am willing to go to schools to tell children what the effects of crime are. This is all that we ask the community to allow us to do. I feel like I owe it to them to encourage children not to do crime.

INTERVIEWER: Those are good ideas. Do you think that the youth will listen to you?

PARTICIPANT: Yes, I know so because I also listen to my friends more than adults.

INTERVIEWER: Thank you. When we have finished with the study, we will present the report with the recommendations to the communities and take some of you who are willing to work in our programmes as peer counsellors. Thank you very much for your participation.