

Community asset mapping as an action research strategy for developing an interpersonal violence prevention programme in South Africa

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Abstract

The aim of this article was to report and critically reflect on community asset mapping processes used to develop a contextually valid interpersonal violence prevention programme in South Africa to promote positive forms of masculinity, safety and peace. This study was informed by a critical public health framework, and was guided by the values and principles of community-based participatory action research. The research and action methods used included community asset mapping and action planning workshops, workshop evaluation questionnaires and reflexive researcher diary notes. Data were analysed using both qualitative and quantitative methods. The results of this study demonstrated that the community asset mapping process provides reflexive and embedded spaces for academic and community participants to interactively engage and critically discuss issues which resonate with community concerns, and collectively find possible solutions to challenges identified. A participatory and asset-based approach holds promise for developing interventions that are appropriate and relevant to local challenges.

Keywords

Community-based participatory research, action research, asset mapping, violence prevention, peace and safety promotion

Introduction

The aim of this paper is to describe and reflect on community asset mapping (CAM) as an action research (AR) modality for developing an interpersonal violence prevention programme that focused on the promotion of positive forms of masculinity to foster safety and peace. There is a growing awareness that the prevention of interpersonal violence among males constitutes a major public health priority globally, including in South Africa (Ratele, 2008; Taliep, Lazarus, & Naidoo, 2017). The Institute for Health Metrics and Evaluation (2013) has ranked interpersonal violence as the third highest among the top 25 causes of years of life lost due to premature deaths in South Africa in 2010. Interpersonal violence denotes violence that occurs between individuals and is categorised into (1) family and intimate partner violence, which includes child maltreatment, violence between intimate partners, and elder abuse and (2) violence among acquaintances and strangers that occurs within the community (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

In concert with global trends, interpersonal violence in South Africa is gendered, since the majority of victims and perpetrators of interpersonal violence are male (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009; Van Niekerk, 2011). The homicide rate for males in South Africa is 5.8 times higher than the homicide rate for females (Gould, 2014), and the majority of victims are young males aged 15 to 29 years (Seedat et al., 2009).

While many key risk factors associated with interpersonal violence (Brankovic, 2012; Davies & MacPherson, 2011) are grounded in structural risks relating to the legacy of apartheid and socio-economic marginalisation in South Africa, masculinities – i.e. a set of beliefs and expectations about what men should and should not do in relation to the construction of manhood – has also been identified as a major area of risk (Lazarus, Tonsing, Ratele, & van Niekerk, 2011). Male involvement in violence has been linked directly to hegemonic or negative notions of masculinity (Longwood, 2006) which is viewed as a configuration of masculinity practices, beliefs and values that are associated with the leading forms of social power (Kim & Pyke, 2015). Hegemonic notions of masculinity generally define ‘real men’ as tough and strong, in control, sexually promiscuous, disease-free, emotionally independent, fearless and as providers (Skovdal et al., 2011).

Identifying and building on existing male strengths or promoting positive forms of masculinity is a method of replacing counterproductive masculine beliefs and behaviours typical of negative forms of masculinity (Kiselica & Englar-Carlson, 2010). A ‘positive masculinity’ approach requires individuals to examine existing beliefs, values and ideas of gender roles or the way gender is enacted and go through a personal revision of their way of thinking, feeling and behaving (Krieger, 2004). This entails focusing on the promotion of more positive and peaceful ways of being and performing masculinity that is characterised by non-violence, gender equity, care, emotional responsiveness, resilience and positive fatherhood (Taliep, 2016).

Community-based violence prevention initiatives, such as mentorship or fatherhood programmes, which centralises masculinities, should be contextually congruent, and include the participation of all social actors to help transform violent behaviour, and encourage local ownership of interventions. Lazarus et al. (2011) identified an important link between masculinity and the absence of male figures from South African households as well as the levels of violence among young people, implying that there is a link between fatherlessness and violence. Jefthas and Artz (2007) investigated the concept of masculinity and its link to multiple forms of violence in South Africa. They argue that violence, together with crime, represents avenues for young men and boys to reclaim and affirm their manhood in an environment where masculinity is commonly compromised.

Direct participation and involvement of community members in every phase of the intervention development process would ensure that interventions are tailored to fit community priorities. Cochrane et al. (2015) propose the use of a participatory asset-based approach, which encourages innovative ways of acting differently and creatively without overlooking key drivers of violence. Foot and Hopkins (2010) define an ‘asset’ as any feature, component or resource that augments the capacity of individuals, communities and societies to preserve and maintain health and well-being.

One method of identifying and leveraging existing assets is CAM, which has been defined as ‘a process of documenting the tangible and intangible resources of a community by viewing the community as a place with strengths or assets that

need to be preserved and enhanced, not deficits to be remedied' (Kerka, 2003, p.3). This includes mapping skills and assets of individuals, networks or relationships and mediating edifices within the community like churches and other community-based organisations where communities converge (Israel, Schulz, Parker, & Becker, 1998). The CAM method is an action-oriented method that foregrounds and mobilises often unexplored and 'taken-for-granted' assets within a community, and develops strategies to address various issues including different types of violence (Frieden, Degutis, & Spivak, 2013; Israel et al., 1998; Lazarus, Taliép, Bulbulia, Philips, & Seedat, 2012b). Although it is important to focus on assets and to move away from a deficit mentality, the identification of needs alongside assets enables the prioritisation of actions to address interpersonal violence (Kramer, Amos, Lazarus, & Seedat, 2012; Kretzman & McKnight, 1993).

This study was guided by the values and principles of community-based participatory action research (CBPR). The CBPR approach adopts an AR approach that highlights an interactive relationship between theory and practice (praxis) and the production of knowledge that is beneficial to people in their day-to-day lives (Lazarus, Duran, Caldwell, & Bulbulia, 2012a; Reason & Bradbury, 2008). Other core CBPR principles include treating the community as the central focus; building on existing strengths, resources and relationships; facilitating a collaborative, equitable partnership between research institutions and community members; building capacity among all partners; promoting co-learning and co-creation of knowledge and a commitment to a long-term process and sustainability (Israel et al., 1998; Lazarus et al., 2012a).

For this study, we viewed a participatory asset-based approach as suitable for the purposes of mobilising assets to address the need for contextually relevant community-based violence prevention initiatives. We now present the methodology, followed by the study results, discussion and conclusion.

Research design and methods

Generally, there is an absence of criticality in public health models. This study, therefore, employed a critical public health framework, which combines a multi-level systemic approach with a critical exploration of power dynamics that transect the levels of the ecological systems to understand and address interpersonal violence. This approach espouses a human rights perspective, a commitment to transformation and a deliberate focus on issues like oppression, poverty and patriarchy, drawing on liberatory discourses, and include marginalised and oppressed peoples as partners in the research process (Kincheloe & McLaren, 2005; Ratele, Suffla, Lazarus, & Van Niekerk, 2010; Sethi, Hughes, Bellis, Mitis, & Racioppi, 2010; Walden & Wall, 2014). The critical public health framework is congruent with a CBPR and asset-based approach which focuses on engaging with mainstream and marginalised voices, and acknowledges that people have meaningful insight into their own lived realities, their assets and challenges, and promotes epistemic justice (Palaganas, Benguet, Sanchez, Molintas, & Caricativo, 2017).

Action research process and context

Positionality

The ‘us’ writing in collective constitutes academic activist researchers from three universities in South Africa and two community research team (CRT) members involved in the CAM process in the local community. We embarked on this research because community representatives approached us to initiate an intervention that addresses violence in their community and because there was evidently an absence of studies that consider community assets, such as spiritual capacity and religious assets, which addresses interpersonal violence in communities. As action researchers, we recognise the dynamic nature of researcher positionality. Our positionalities often shifted in the asset mapping process. For example, as academics we are considered as knowledge producers, however, in this process, we are positioned as co-learners and co-producers of knowledge. As activist researchers, we are connected by a shared practice of engaging in reciprocal collaboration and partnerships within local communities.

Community members were key partners in the research and intervention planning. To enable and facilitate community partnership, we (the research team) established two formal structures in the community: an Advisory Committee (AC) and a CRT. The AC, which comprised community leaders and service providers from diverse religious backgrounds, provided oversight for the project. The CRT, comprising 10 local community members, was recruited through public processes. The CRT was centrally involved in the preparation and implementation of the CAM workshops, including recruitment, data collection, analysis and knowledge sharing.

Research context and participants

This study was conducted in Erijaville, a low-income community in the Strand, Western Cape, South Africa, comprising about 250 households. The self-built houses evolved out of a ‘squatter camp’, with the majority of residents previously classified as ‘coloured’,¹ and speaking Afrikaans. According to the Unit for Religion and Development Research (2001), the average household income in the community ranges from no income to R2124.00 (about £130) per month.²

The three CAM workshops we conducted were attended by 74 community residents from diverse faith traditions (Christianity, Islam, Khoisan and Rastafarianism). The high percentage of involvement was due to the relevance of the study and the open invitation to the community to attend using posters, flyers and going door-to-door. Participants’ ages ranged 36–55 (45.95%) years and 15–35 (44.59%) years, nearly evenly divided between males ($n = 36$) and females ($n = 38$). The service provider mapping (SPM) workshop (see description below in CAM procedure and instruments) conducted after the three community workshops were attended by 18 service providers ($n = 10$ males; $n = 8$ females) from 15 different sectors that provided services to the local community. These included representatives of various government

departments (e.g. the Department of Social Development), local police, local religious institutions and local non-profit and non-governmental organisations. Some of the service providers were located within the community (e.g. churches), some on the boundaries (e.g. Hearts of Men organisation), while others were located in the broader locality, but provided services in the community. The two final action planning workshops were attended by 63 local participants (n = 34 male; n = 29 female) comprising both stakeholders and community members.

CAM procedure and instruments

We developed two manuals to guide this process: one for community members and one for service providers. Both were based on the Participatory Inquiry into Religious Health Assets, Networks and Agency (PIRHANA) CAM tool (see de Gruchy, Cochrane, Olivier, & Matimelo, 2011). The activities and details of the two mapping manuals are summarised in Table 1.

The mapping activities, outlined in Table 1, have a particular logic, which reflects the ‘flow’ of the exercises, each building on the previous exercise. The service provider workshop exercises complemented and expanded on the community workshops, and elicited a more comprehensive list of factors that contribute to and work against peace and safety. The asset mapping and service provider workshops were followed by two action planning workshops with community members and service providers, to collectively and organically plan, and develop priorities for the proposed violence prevention programme. The CRT members presented the initial findings of all the mapping workshops at the action planning workshops. This was followed by the facilitation of an open discussion and the prioritisation of actions.

Data collected during the three mapping workshops with community members and one with the service providers included workshop evaluation questionnaires [EvalQuest]³; maps and post-it notes of the community asset mapping [Cam] and service provider mapping [SPM] workshops; two action planning workshops [PlanEv:1/2]; community research team minutes [CRT minutes] and reflexive diary notes of the academic researchers [Ard] and 10 local CRT [Rtd] members.

Data analysis

Quantitative data analysis comprised computing basic descriptive statistics as well as frequency distributions. The qualitative data were transcribed verbatim and analysed using thematic analyses with the participatory involvement of the CRT as indicated in the following diary reflections by the CRT members:

Today we did the analysis [the Asset Mapping Workshop data], me and [name]. We did the mapping of the community workshops. (Rtd)

Analysis continue[s] ... So, it means that it is work, gaining knowledge, get[ting] smarter and find[ing] the findings of the community needs [and assets]. (Rtd)

Table 1. Asset mapping workshop exercises.

Community members workshops	Service provider workshop
1. Community mapping: Participants draw maps of the assets in their community.	1. Mapping footprint of organisations: Participants identify and add organisations to the map (developed in community workshops), and describe how they contribute to general community development.
2. Peace/Safety promotion index: Participants identify the most important factors contributing to and working against peace and safety in the community, and then rank community organisations on how well they promote safety and peace in the community.	2. Areas of Engagement/Peace and Safety Index: Participants identify the ways in which local entities contribute to safety and peace.
3. Spirituality/Religion and Peace/Safety Index and Matrix: Participants share views on religion and spirituality, and identify ways spirituality/religion and religious organisations contribute to peace and safety.	3. Spiritual Capacity/Religious Assets and Masculinities Index and Matrix: Participants share views on spiritual capacity and religious assets, and then identify ways in which these assets contribute to community development, safety and peace, and positive forms of masculinity.
4. Masculinities and Peace/Safety Index and Matrix: Participants share views on how masculinities contribute to violence, peace and safety, and then list current assets that contribute to promoting positive forms of masculinity, describing the characteristics of good practice.	4. Social capital and networking spidergram: Participants develop a spidergram to capture how community entities link with one another around community development (and safety and peace more specifically) and identify good practice.
5. Local action: Preparation for final workshop/s, which will focus on planning action aimed at mobilising spiritual capacity and religious assets to promote positive forms of masculinity, and thereby promote safety and peace.	5. Collaboration contribution grid: Participants identify existing and potential collaboration partners and shared resources, particularly in relation to promoting safety and peace.
	6. Local action: Preparation for the final workshop/s.

To aid in data analysis and promote a participatory process, we trained community activist researchers in descriptive quantitative analysis, such as frequency counts, and also in qualitative analysis using thematic analysis. With guidance from the academic activist researchers, the CRT physically counted the responses, identified how many responses fit a particular category, originally identified in the CAM workshops by



Figure 1. Community research team member adding frequencies.

participants and grouped together by the team. They then transferred these data onto a table in Microsoft Word. The team was provided with copies of all the qualitative data (notes taken by team members during the mapping workshops, and team diary reflections on the process), and jointly proposed themes, which were deliberated and then agreed upon by all. The CAM analysis was therefore an optimally participatory process (Figure 1).

This was such a good example . . . of community researchers learning and doing both manual quantitative and qualitative analysis. It revealed to me, again, that community members are very capable of such activities, despite the ‘traditional’ view that only academic researchers should take care of this step of the research process. [An academic researcher] played a key role in managing this process and in pulling the data together on one of the computers. This triangulated data was then shared with everyone later – through powerpoint. (Ard)

Ethics

Ethical approval for the study was obtained from the University of South Africa (UNISA) Ethics committee.

Results and discussion

The results will be presented in the form of a narrative that synergises with the sequence and flow of the asset mapping process, the key focus in this paper. By providing a shared authentic narrative on the community, the CAM process resonates with the CBPR ethos which promotes epistemic justice, foregrounds community voice and engenders community connectedness and cohesion through co-learning and co-production of knowledge.

Mapping the context

The CAM exercises began with a focus on the real-life context of the community. Participants were divided into groups and drew maps representing assets and resources, including key social entities and facilities, and safe and unsafe spaces in their community. This was followed by a plenary discussion. In mapping the boundaries of their community, participants primarily defined their community as a geographic locality with natural borders 'Erijaville is situated between Rusthof and Gustrow. It stretches from 5th Street to 9th Street and Rusthof Street to Forbes Street' (Cam). Mapping provided an opportunity for us to see community connectedness and sense of belonging in action, evident in their level of engagement and interactive critical discussion, their collective decision-making on how best to represent and map their community visually (see Hall, 2014). Participants stated that 'identifying strengths helps build cohesion. It also builds community' (EvalQuest). Community members underscored this connectedness stating: 'People lived and stood together... Here in the community, you can feel it's a community... They support each other' (Cam) (Figure 2).

Participants regarded asset mapping as generating a sense of identity, of belonging, which was inextricably linked to a common history under apartheid, and a sense of cohesion that this shared experience generated (Netting, Kettner, & McMurtry, 2008). This strong historical connectedness is reflected in the following quotation by one of the CRT members:

... People spoke about the historical background of how 'Blikkiesdorp' became Erijaville ... people explained where Erijaville came from and what happened, and also what should be taken into consideration when making decisions about the intervention. I think [Name] (a member of the Advisory Committee) truly captured this because he used to live in 'Blikkiesdorp' ... This workshop made it possible for the service providers to relate to people who live in Erijaville and also to the past of the place. (Rtd)

The active engagement of service providers, in developing a visual depiction of the general state of the community over time, made assets visible. This is noted by one CRT member: 'You become more aware of assets; it facilitates the use of resources by creating awareness; you become aware that there is help out there- it is not far

Service providers, such as HOM and Cochoqua Cultural Council later became partners in compiling and implementing the intervention.

Aligning research agenda with community needs

CAM primarily focuses on a strengths-based approach and yet does not dismiss the relevance of identifying needs and challenges. There may be many diverse competing needs in low-income communities, so it would be essential to ascertain which needs to prioritise for a focused and feasible project (Gcabo, 2007). Gcabo (2007) cautions that pre-planned interventions by outsiders who expect community members to carry out activities are bound to fail and emphasises the importance of contextualising, and obtaining community input and approval. Thus, it was necessary to develop a research agenda that aligned academic interests with community needs using a participatory methodology. The primary objective was to develop a community-based intervention with communities that addressed interpersonal violence by mobilising community assets.

The CAM process enabled us to identify and prioritise needs to guide the intervention focus. This was emphasised by one of the service providers: '[CAM] helps prioritise needs and creates a systematic process of working in communities' (Ameq). This process entailed identifying local needs, placing needs in order of priority and targeting resources to help resolve local problems. These goals were pursued through a 'brainstorming' exercise, followed by a ranking exercise, in which participants identified the two most important challenges they face with regards to peace and safety (see Beaulieu, 2002).

During the initial discussions, participants identified various factors that work against peace and safety in the community, including substance abuse, a lack of community infrastructure and safe recreational facilities for youth, poverty, violence, unemployment, garbage dumping and street racing. Through further discussion and the ranking process, participants eventually identified three focal areas that worked against safety and peace in the community: substance abuse, unemployment and violence. The participants agreed that these key factors were related to each other, noting that 'violence emerges out of drugs and unemployment' (Cam). The link between interpersonal violence and unemployment, and violence and alcohol and substance abuse have been identified by others (see Butchart, Phinney, Check, & Villaveces, 2004; Sethi et al., 2010; Valdez, Kaplan, & Curtis, 2007). Further analysis of all the maps highlighted various 'unsafe spaces' in the community such as drug and 'shebeens' (informal liquor outlets), 'hot spots' and inadequate community infrastructure. One participant mentioned that 'all that the community see is crime and drugs...and it is hard to change from negative to positive' (Cam).

The lack of access to information on available work and job opportunities for young, unskilled and poorly educated people, were key concerns around unemployment. Negative notions of masculinity, linked specifically to unemployment and issues of power, was another perceived risk factor contributing to violence in the

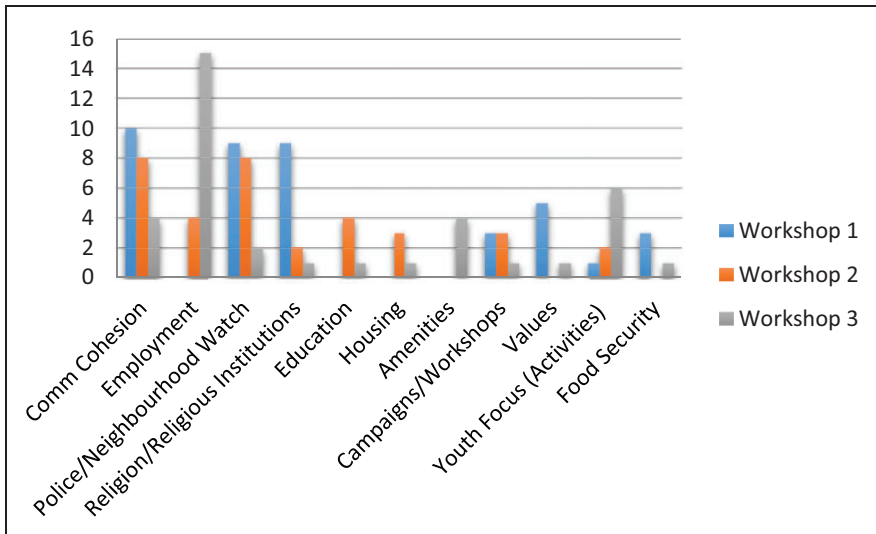


Figure 4. Factors that contribute to peace and safety.

community. One community member emphasised: ‘The man is supposed to be the main breadwinner – that is how society wants it to be. However, in reality, this is not the case’ (Cam). The inability of men to live up to male role expectations, and the loss of traditional masculine roles, have been identified as key risk factors for violence (Lazarus et al., 2011; Taliep et al., 2017). One participant stated, ‘Men abuse to express their masculinity’ (Cam). These findings were contextually significant for developing an intervention that focused on addressing interpersonal violence.

Identifying assets to promote peace and safety

The key contributors to peace and safety promotion identified through the free-listing and ranking exercises are depicted in Figure 4.

What emerged from this activity was the value placed on community cohesion, and the role of tangible and intangible religious assets, employment, local law enforcement agencies and youth-focused activities, as factors that contribute to peace and safety.

Tangible assets identified in the mapping included interfaith collaboration, religion, religious institutions and worship (see Figure 4). In the service provider workshop, places of worship were ranked first, followed by employment, and the police and neighbourhood watch, as assets for safety and peace. Participants mentioned that churches ‘make people feel safe, change people’s lives and help people’ (Spm), but emphasised that churches should work together, and focus on youth.

Intangible assets identified as important for promoting safety and peace were mostly personal or interpersonal phenomena such as trust, love, positivity, good morals and respect, all of which have been identified in the literature as important for promoting peace (Der-lanYeh, 2006; Mandour, 2010). One service provider suggested that ‘we need to go back to basics such as fostering respect and compassion, as compassion deepens understanding of love’ (Spm). Other participants emphasised respect should extend to all people with various religious beliefs, and a label should not be put on spirituality, indicating that ‘people with differing spiritualities’ should be accommodated’ (Cam). An interfaith framework was suggested for promoting peace and safety.

The CBPR principles of empowerment and a positive action-oriented asset-based approach provided hope and created awareness that they could be the change that they want to see, and have the power to transform their community. CRT members noted: ‘During the timeline reflective process you could also see change over time – moving from apartheid to the democratic South Africa. Services were very limited, but it increased over time, so which means, there is change, there is hope’ (Rtd). Participants envisaged, as an expression of ‘hope’, a positive vision of change and unity, and a peaceful community. A service provider in the child abuse sector said that ‘we should give them hope’ (Spm), while another said that ‘the negative mindset must be changed to a positive’ (Spm). The power of personal agency became visible through participation in the mapping workshops, as participants noted: ‘Now I know that I can also do something and make a difference. You learn a lot and realise you can be somebody’ (Cam), and ‘We must start change with ourselves. Women and men must support each other. ... The time for action is now’ (Spm).

Positive forms of masculinity were identified as a key focus for violence prevention, and peace and safety promotion in this study (see Lazarus et al., 2011), which emphasised the importance of male role models, and mentors for youth in the community. Some participants indicated, ‘a good man has respect’ and ‘should be a good role model for children and community’, and ‘needs to set an example’ (Cam) in order to promote positive forms of masculinity.

Prioritising the intervention focus

To prioritise suggestions for local action, we followed the steps in the process of Planning for Real[®] (Neighbourhood Initiatives Foundation [NIF], 2012). We narrowed down the intervention focus using the following criteria: The intervention had to (1) be realistic and achievable; (2) reflect the values and principles of CBPR; (3) be based on best practice; (4) be guided by appropriate change theories; (5) focus on promoting positive forms of masculinity and (6) mobilise tangible and intangible assets to promote safety and peace.

Participants prioritised the development of activities that centred on youth. Suggestions prioritised included sports, life skills, counselling, youth development

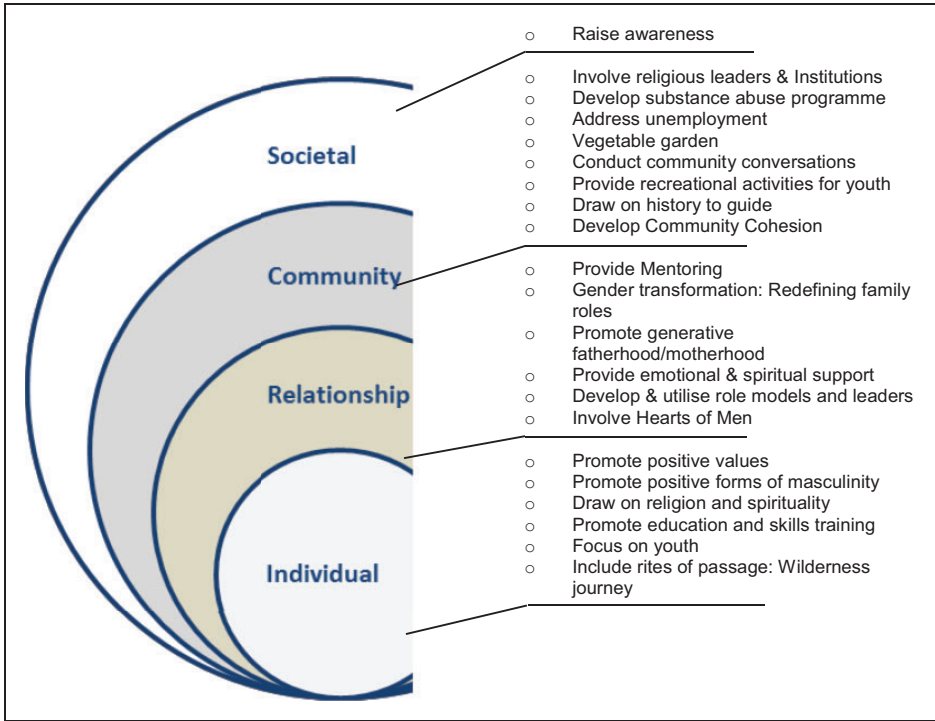


Figure 5. Proposed intervention components.

programmes, mentoring, youth structures and dealing with school dropout. Participants particularly underscored the need for role models.

The core inputs emerging from the aforementioned processes were used to identify the intervention components, and to apply strategies at different levels of the system. Figure 5 depicts the system-level foci that participants agreed to be included in the intervention.

Through critical reflection and discussions within the action planning workshops, we decided on one broad intervention: a mentoring programme that integrates the core ecological system components which address violence through promoting positive forms of masculinity to foster safety and peace. The mentoring programme envisioned recruiting adults (mentors) and youth (mentees), with the mentors providing role modelling and nurturance to the youth in the community. The programme included relevant education and training for both the mentors and mentees to mitigate violence. The participants in the action planning process agreed that, at an individual level, the intervention would focus on the promotion of universal ethical values (e.g. respect, compassion, trust and mindfulness), emphasising mobilising agency and capacity building. At a relational level, the intervention included a positive

masculinities approach through mentoring, and critical reflections on gender, gender role clarification, as well as generative fatherhood and motherhood.

Combining systems and critical lens enabled us to understand and address issues of gender and violence at various levels of the human ecosystem. For example, at the individual level, the programme combined self-exploration and a rites of passage approach wilderness journey as part of a growth and therapeutic process, with the NGO, HOM, playing a central role. At a community level, the intervention involved community members and leaders in local campaigns focusing on substance abuse and unemployment, providing skills and information on how to develop and run campaigns and recording the information of unemployed on the local municipality employment database. On a social level, the intervention included using the local media, working with the local municipality and implementing awareness campaigns.⁴

CAM reflections and challenges

A key challenge in mapping assets relates to time-constraints to delve deeply into conceptual issues and engaging in discussions on violence, positive masculinities and spiritual and religious assets. A challenge that emerged in this study related to the need to address the power dynamics in the academic–community research team. On many occasions, there emerge audacious differences of opinions among the academic/community research team, academics, and also within the community team itself. We had to be constantly mindful that these situations had to be resolved with mutual respect and sensitivity. As academic researchers and the CRT who co-facilitated the mapping process, we had to be mindful and remain conscious of our positionality and issues of power. CBPR advocates co-learning and co-sharing and the appreciation of local knowledge and practice. However, community members often look up to academics as the ones that ‘know-it-all’, and academics often comply with this expectation. As an academic–community research team, we therefore had to reflect on these dynamics, and address the power differentials as they occurred. We learnt that the inclusivity of local evidence and indigenous knowledges and learnings jointly contribute to the production of knowledge and the promotion of epistemic justice. This reflexivity was supported and reinforced through the CAM process which intentionally focused on drawing out all participants’ opinions and views on issues and provided the foundation for collective action. The CBPR principles guiding this AR played a key role. Working within a community-based participatory framework reminds us to be mindful and reflexive of our assumed power and enables us to value all contributions to both understanding and action. The use of diary reflections and a reflexive check-in process in our meetings enabled us to address any issues concerning research, participation and power.

Conclusion

In this paper, we set out to describe and reflect on the mapping processes used to plan and design a community-based violence prevention intervention that mobilised both tangible and intangible community assets to promote positive forms of masculinity to foster safety and peace. We hope that this study has demonstrated the usefulness of a critically reflexive community-engaged participatory asset mapping process as a form of AR.

The CAM process provides embedded spaces for academic and community participants to interactively engage and critically discuss issues which resonate with community concerns, and to collectively find possible solutions to challenges identified. Communities are endowed with many unexplored assets, which, when mobilised effectively, can enhance individual and communal agency, and, relevant to this study, make a significant contribution to addressing violence. CAM, as an action-oriented strategy that encapsulates a participatory framework of engagement with communities, is, therefore, a valuable AR technique for identifying strategies for addressing various social challenges such as violence, particularly in low-income contexts where citizens face multiple competing challenges and scarce resources.

The CBPR principles that guided this study provide a critical or liberatory lens that inherently helps us to promote epistemic justice in research and praxis. Conducting a CAM methodology through a CBPR critical lens enables us to place emphasis on valuing and mobilising community strengths, while, at the same time, addressing power differentials and potential oppression whenever and wherever it emerges, within the research team and the community at large.

The Building Bridges Mentoring Programme that emerged from this study reflects an example of ‘best practices’ in AR since it has been piloted and is currently implemented and evaluated in several local communities. The lack of collaboration and connectedness between the multiple service providers led to the development of the Local Network of Care, which aims to systematically strengthen relations among service providers to engender safety, peace and health in the community.

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Notes

1. The Apartheid regime classified people in South Africa in terms of their race as coloured, white, black and Asian. These terms are used only for research and redress purposes.
2. This study was conducted in 2001. There are no other specific demographic statistics for Erijaville other than this.
3. This and the next six square bracketed letters are the analysis and reporting codes used for presenting the results.
4. A training manual entitled *Building Bridges Mentoring Programme: Building People, Building Community* was developed in collaboration with the CRT and other social actors and published in 2016. The intervention was piloted within Erijaville using a participatory evaluation framework. Numerous campaigns were developed and planned by the mentors, mentees and CRT, including a litter campaign, a peace walk, a substance abuse campaign, practicing compassion campaign, etc.

References

- Beaulieu, L. J. (2002). *Mapping the assets of your community: A key component for building local capacity*. Mississippi State, MS: Southern Rural Development Center.
- Brankovic, J. (2012). *Leaving the gangster things to boys growing up now: Young men, physical violence, and structural violence in post-transition South Africa*. Cape Town, South Africa: The Centre for the Study of Violence and Reconciliation (CSVR), University of the Western Cape.
- Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). Preventing violence: A guide to implementing the recommendations of the world report on violence and health. Department of Injuries and Violence Prevention, World Health Organization. <http://whqlibdoc.who.int/publications/2004/9241592079.pdf>
- Cochrane, J. R., Seedat, M., Lazarus, S., Suffla, S., Taliep, N., & Shochet, I. (2015). Conceptualising religious assets, spiritual capacity, masculinity and violence in the pursuit of peace and safety: Position paper. SCRATCHMAPS Conceptual Working Group, Violence Injury and Peace Research Unit (MRC/UNISA) and International Religious Health Assets Programme (IRHAP) UCT, Cape Town.
- Davies, P., & MacPherson, K. (2011). *Why is crime in South Africa so violent?* Oxford, UK: Oxford Evidentia Limited.
- de Gruchy, S., Cochrane, J. R., Olivier, J., & Matimelo, S. (2011). Participatory inquiry on the interface between religion and public health: What does it achieve and what not?

- In J. R. Cochrane, B. Schmid, & T. Cutts (Eds.), *When religion and health align: Mobilizing religious health assets for transformation* (pp. 43–61). Pietermaritzburg, South Africa: Cluster Publications.
- Der-lanYeh, T. (2006). The way to peace: A Buddhist perspective. *International Journal of Peace Studies*, 11(1), 91–112.
- Foot, J., & Hopkins, T. (2010). A glass half-full: How an asset approach can improve community health and well-being. <http://www.assetbasedconsulting.net/uploads/publications/A%20glass%20half%20full.pdf>
- Frieden, T. R., Degutis, L. C., & Spivak, H. (2013). *Taking action to prevent intimate partner violence and sexual violence: Creating statewide prevention plans*. Atlanta, GA: Centers for Disease Control and Prevention.
- Gcabo, R. (2007). Managing community mental health projects. In M. Visser (Ed.), *Contextualising community psychology in South Africa* (pp. 149–164). Pretoria, South Africa: Van Schaik Publishers.
- Gould, C. (2014). Comment: Why is crime in South Africa so violent? <https://africacheck.org/2014/09/17/comment-why-is-crime-and-violence-so-high-in-south-africa-2/>
- Hall, K. (2014, March 24). Create a sense of belonging: Finding ways to belong can help ease the pain of loneliness. <https://www.psychologytoday.com/us/blog/pieces-mind/201403/create-sense-belonging>
- Institute for Health Metrics and Evaluation (2013). Global burden of disease profile: South Africa. <http://www.healthdata.org/south-africa>
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173–202.
- Jefthas, D., & Artz, L. (2007). Youth violence. A gendered perspective. In P. Burton (Ed.), *Someone stole my smile: An exploration into the causes of youth violence in South Africa* (pp. 37–56). Cape Town, South Africa: Centre for Justice and Crime Prevention.
- Kerka, S. (2003). Community asset mapping. *Trends and Issues Alert*, 47, 1.
- Kim, A., & Pyke, K. (2015). Taming tiger dads: Hegemonic American masculinity and South Korea's father school. *Gender & Society*, 29(4), 509–533.
- Kincheloe, J. L., & McLaren, P. (2005). Rethinking critical theory and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research*. (vol. 3, pp. 303–342). Thousand Oaks, CA: Sage.
- Kiselica, M. S., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy Theory, Research, Practice, Training*, 47(3), 276–287.
- Kramer, S., Amos, T., Lazarus, S., & Seedat, M. (2012). The philosophical assumptions, utility and challenges of asset mapping approaches to community engagement. *Journal of Psychology in Africa*, 22(4), 537–546.
- Kretzman, J. P., & McKnight, J. L. (1993). *Building communities from inside out: A path toward finding and mobilising community assets*. Chicago, IL: ACTA Publications.
- Krieger, N. (2004). Positive masculine profiles.
- Krug, E., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World Report on violence and health*. Geneva, Switzerland: World Health Organisation. http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf

- Lazarus, S., Duran, B., Caldwell, L., & Bulbulia, S. (2012a). Public health research and action: Reflections on challenges and possibilities of community-based participatory research. In J. Maddock (Ed.), *Public health – Social and behavioral health* (pp. 309–324). Rijeka, Croatia: InTech.
- Lazarus, S., Taliep, N., Bulbulia, S., Phillips, S., & Seedat, M. (2012b). Community-based participatory research: An illustrative case of community engagement in one low income community. *Journal of Psychology in Africa*, 22(4), 511–519.
- Lazarus, S., Tonsing, S., Ratele, K., & van Niekerk, A. (2011). Masculinity as a key risk and protective factor to male interpersonal violence: An exploratory and critical review. *African Safety Promotion Journal*, 9(1), 23–50.
- Longwood, W. M. (2006). Theological and ethical reflections on men and violence: Toward a new understanding of masculinity. *Theology & Sexuality*, 13(1), 47–62.
- Mandour, T. M. (2010). Islam and religious freedom: Role of interfaith dialogue in promoting global peace. *Brigham Young University Law Review*, 885–893. www.aensiweb.com/old/jasr/jasr/2012/2920-2924.pdf
- Neighbourhood Initiatives Foundation. (2012). What is “Planning for Real®”? <http://www.planningforreal.org.uk/our-projects/>
- Netting, F., Kettner, P., & McMurtry, S. (2008). *Social work macro practice*. Boston, MA: Allyn & Bacon.
- Palaganas, E. C., Benguet, B., Sanchez, M. C., Molintas, Ma, V. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: A journey of learning. *The Qualitative Report*, 22(2), 426–438.
- Ratele, K. (2008). Masculinity and male mortality in South Africa. *African Safety Promotion: A Journal of Injury and Violence Prevention*, 6, 22–35.
- Ratele, K., Suffla, S., Lazarus, S., & Van Niekerk, A. (2010). Towards the development of a responsive, social science-informed, critical public health framework on male interpersonal violence. *Social Change*, 40(4), 415–438.
- Reason, P., & Bradbury, H. (2008). *The SAGE handbook of action research: Participative inquiry and practice*. (2nd ed.). London, UK: SAGE.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., & Ratele, K. (2009). Violence and injuries in South Africa: Prioritising an agenda for prevention. *The Lancet*, 374(9694), 1011–1022.
- Sethi, D., Hughes, K., Bellis, M., Mitis, F., & Racioppi, F. (Eds.). (2010). *European report on preventing violence and knife crime among young people*. Geneva, Switzerland: World Health Organisation.
- Skovdal, M., Campbell, C., Madanhire, C., Mupambireyi, Z., Nyamukapa, C., & Gregson, S. (2011). Masculinity as a barrier to men’s use of HIV services in Zimbabwe. *Globalization and Health*, 7(13). <http://www.globalizationandhealth.com/content/7/1/13>
- Taliep, N. (2016). *Process evaluation of the development of a community-based participatory intervention promoting positive masculinity and peace and safety: Addressing interpersonal violence in a Western Cape community* (Unpublished doctoral dissertation). University of South Africa, Pretoria.
- Taliep, N., Lazarus, S., & Naidoo, A. V. (2017). A qualitative meta-synthesis of interpersonal violence prevention programs focused on males. *Journal of Interpersonal Violence*, <https://www.ncbi.nlm.nih.gov/pubmed/29295037>
- The Unit for Religion and Development Research (2001). *Helderberg basin transformation project*. Stellenbosch, South Africa: University of Stellenbosch in partnership with Transformation Africa and Western Cape Department of Community Safety.

- Valdez, A., Kaplan, C. D., & Curtis, R. L. (2007). Aggressive crime, alcohol and drug abuse, and concentrated poverty in 24 U.S. urban areas. *The American Journal of Drug and Alcohol Abuse*, 33, 595–603.
- Van Niekerk, A. (2011). An analysis of research into violence and injury prevention in South Africa. Paper presented at *the National Health Research Summit*, Johannesburg, South Africa, July 26–27.
- Walden, I., & Wall, L. (2014). *Reflecting on primary prevention of violence against women: The public health approach*. Melbourne, Australia: Australian Centre for the Study of Sexual Assault.

Author biographies

Naiema Taliep is a research psychologist with expertise and extensive experience in community-based participatory action research, community engagement, violence prevention and programme evaluation. Her doctoral dissertation emerged from one of the SAMRC-UNISA Violence, Injury and Peace Research Unit's flagship projects, SCRATCHMAPS, and focused on the development and evaluation of an interpersonal violence prevention intervention that focused on the promotion of positive forms of masculinity and safety and peace. She has conducted research in the development and psychometric testing of questionnaires in the field of violence, family functioning, safety and peace and health-related quality of life. She produced several peer-reviewed publications in collaboration with community members and academics and serves as supervisor and mentor to students and community members. She has been actively involved in collaborative grant proposals and the NPO development of Building Bridges, which emerged as an outcome of the SCRATCHMAPS project.

Sandy Lazarus is currently an independent contractor (senior specialist scientist) at the South African Medical Research Council/University of South Africa's Violence, Injury and Peace Research Unit in Cape Town, as well as a professor at the University of the Western Cape, and an extraordinary professor at the University of South Africa. Her professional experience and expertise lies in the area of community psychology, expressed primarily in the education and health sectors. She has worked primarily as an academic activist, researcher and teacher (with her professional registration as a research psychologist providing her primary scope), contributing to local, provincial, national and international contexts over approximately four decades of professional practice. These contributions have included national policy development and practice in education, with a particular focus on the development of an inclusive education system and education support services in South Africa; national policy development and practice in health promotion, and more specifically in the development of health promoting schools; research methodology, with a particular focus on the development of community engaged research through participatory action research approaches; and, more recently (over the last ten years), her work has focused on violence, violence prevention, and safety and peace promotion in South Africa.

Jim Cochrane is emeritus professor at the Department of Religious Studies, and senior research associate in the School of Public Health and Family Medicine, at the University of Cape Town. Previously director of the Research Institute on Christianity and Society in Africa, he is co-director of the International/African Religious Health Assets Programme Hub at the University of Cape Town, and manages the Leading Causes of Life Initiative in partnership with Prof Gary Gunderson, Wake Forest University, NC, USA. His more recent research has been mainly in religion and public health, and religion in public life generally, including studies in social ethics, ‘community wisdom,’ and globalization.

Jill Olivier is a South African and UCT alumni, graduating with a PhD from the Humanities Faculty – after which she worked in varied sectors, including as a consultant at the World Bank in Washington DC, before returning to SA and UCT. She splits her time between teaching and research. On the teaching front she runs courses on Health Systems and Health Systems Research; convenes two tracks of the Masters in Public Health programme (the Health Systems and General Tracks); and has a passion for mentoring students through their degree journey, supervising masters and PhD students. On the research front she is committed to Southern and engaged scholarship – and has experience as a researcher and research manager in countries across Africa, the Asia-Pacific region and the Americas – holding a South African National Research Foundation B-rating. She is currently the principal investigator of several large multi-country grants, including a grant from the WHO (on non-state providers in Ghana), and another from the UK MRC (on health system responsiveness in SA and Kenya).

Samed Bulbulia is a community intervention coordinator and public health researcher with expertise in community engagement, asset based approaches to research, and child health and injury prevention. His research is focused on the promotion and research of indigenous strategies for safe and healthy communities. He is also involved in child traffic safety research.

Mohamed Seedat present research is focused on the social anatomy of public protests, grassroots cultures of peace and safety, and the psychologies underlying South Africa’s ongoing and renewed struggles for a decolonised caring society. He has supported community-engaged research, the capacitation of next generation socially-engaged researchers and academic leaders, and the transformation of writing cultures in the academy. His body of work, inclusive of regional and international collaborations, contributes to cross-disciplinary compassionate emancipatory scholarship for the 21st century. Mohamed also writes about the meanings and enactments of emancipatory community practices and the messiness inherent to resisting exclusionary knowledge practices. Mohamed Seedat is the current head of the University of South Africa’s Institute for Social and Health Sciences.

Hazel Swanepoel is the core community activist in Erijaville that established the Building Bridges non-profit organisation. She currently serve on the board of the BB NPO and are part of the working committee. In addition, she volunteer her research skills and services in nearby communities in the strand area.

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