

**OLDER PERSONS PERCEPTIONS AND EXPERIENCES LIVING IN VIOLENT-  
STRICKEN COMMUNITIES: SUGGESTIONS FOR SOCIAL WORK PRACTICE**

by

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## DECLARATION

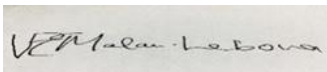
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### **Older persons' perceptions and experiences living in violent-stricken communities: Suggestions for Social Work Practice**

I declare that the above dissertation is my work and that all the sources I have used or quoted have been indicated and acknowledged using references.

I further declare that I submitted the dissertation to originality-checking software, which falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.



Ms VPE Malan-Lebona

Date: JANUARY 2024

## **DEDICATION**

This dissertation is dedicated to my late mother (Cabina Malan), who was and has always been my source of inspiration, and sacrificed a lot throughout life, especially in my academic journey. I am ever grateful to her, my husband, Prof GT Lebona, and my children, Benneth and Alrich Isaacs, for their support throughout this journey. Thank you for your prayers, love, and confidence.

## **ACKNOWLEDGEMENTS:**

*Do not be afraid. Do not be afraid to love. Remember that you are precious to Him even when suffering, humiliation, pain, success, and joy come. He loves you.”- St. Teresa of Calcutta.*

A special thanks to:

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- My supervisor, Dr EC Erlank, for her support, encouragement, love, and kindness. Thank you for believing in me when I was doubting myself. You walked the extra mile. You were not only my supervisor, but you also became my sister.
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## **ABSTRACT**

**Background of the study:** Various communities in South Africa are permeated by crime and violence. These social ills are part of the lives of many older persons living in crime-stricken neighbourhoods. Social workers often assist older persons regarding some forms of abuse, including community violence. Limited research is available regarding the perceptions and experiences of older persons about community violence and about them living in a violent-stricken community.

**Aim:** This research study aimed to understand the perceptions and experiences of older persons about community violence living in the violent-stricken community of Eersterust in the Tshwane region and to offer suggestions for social work practice.

**Methods:** A qualitative research approach was followed using phenomenological and explorative designs. Semi-structured interviews were used as the data collection method, operationalised through an interview guide from a sample of ten purposively selected older persons in Eersterust, Tshwane. Data was analysed using the eight steps of Tesch (Creswell 2014:196), and data verification was done according to the model of Guba and Lincoln (Lietz & Zayas 2010:443). Ethical principles were upheld throughout the study, including informed consent, confidentiality, privacy, beneficence, and information management.

**Results:** Five main themes were generated from the data analysis. The first theme derived from the data analysis is the participants' perceptions and experiences of community violence. Two subthemes were generated from the data analysis under this theme, indicating that the participant's comprehension of the concept of community violence was seen as intimidation and robbery directed at older persons. The second subtheme entails the types of community violence that the participants experienced, which were directed at older persons in the community, and three categories generated, namely, intimidation, robberies, and indirect exposure to community violence. The second theme that emerged from data analysis was the challenges the participants experienced because of community violence. Challenges encountered were significant health and psychological issues, as well.

In addition to feeling disrespected in their third community, the theme of the participants' perceptions and experiences about the involvement of stakeholders in the Eersterust community was regarded as very limited. The fourth theme discussed the participants' coping strategies with community violence, which involved avoidance and protective behaviours and collective activities of older persons to protect themselves. The last theme was suggestions on how community violence can be addressed, which entails the need for various collaborative efforts from governmental departments and social workers to support older persons in violent-stricken neighbourhoods. Recommendations for social work practice were mental and emotional support, improving access to social work assistance, and coordination between different stakeholders to assist older persons and follow-up services.

**Key Concepts:** Perceptions, experiences, older persons, community violence, social work, violent-stricken communities, Eersterust

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## **LIST OF ACRONYMS AND ABBREVIATIONS**

|          |  |
|----------|--|
| ACEs     | Adverse Childhood Experiences  |
| AIP      | Ageing in Place  |
| CBCSS    | Community-Based Care and Support Services                                      |
| CDC      | Centre for Disease Control Prevention  |
| CVE      | Exposure to Community Violence   |
| DESA     | Department of Economic and Social Affairs                                      |
| DSD      | Department of Social Development   |
| HAVoC    | Helping Aged Victims of Crime  |
| HIV/AIDS | Human immunodeficiency virus infection and acquired immune deficiency syndrome |
| LMICs    | Low – and middle-income countries  |
| WHO      | World Health Organisation  |
| OCCRP    | Organised Crime and Corruption Reporting Project                               |
| PTSD     | Post Traumatic Stress Disorder   |
| SASSA    | South African Social Security Agency   |
| SECV     | Survey of Exposure to Community Violence                                       |
| StatsSA  | Statistics South Africa  |
| SWREC    | Social Work’s Research and Ethics Committee                                    |
| UNCROP   | United Nations Convention on the Rights of Older Persons                       |
| USA      | United States of America   |

## **CHAPTER 1: GENERAL OVERVIEW OF THE STUDY**

### **1.1 Introduction**

This introductory section provides a concise overview of the inquiry's subject matter. It elucidates the study's purpose and rationale, explains the research problem, and outlines the theoretical framework. Following this, the research question, goal, and objectives are discussed. The chapter encompasses an overview of the research methods and procedures surrounding data collection, analysis, and verification techniques. It further elucidates the fundamental principles underpinning the study and the research report's structure and format.

### **1.2 Background to the research study**

Exposure to community violence is a widespread problem in South Africa (Donenberg, Naidoo, Kendall, Emerson, Ward, Kagee, Simbayi, Vermaak, North, Mthembu, Mackesy-Amiti, 2020:145) and poses a significant threat to the lives and overall well-being of older persons (Kennedy & Ceballo, 2014:69). While there exists some variability in the definition of community violence exposure (CVE), researchers commonly characterise it as incidents involving interpersonal harm or threats of harm within one's neighbourhood or community (Kennedy & Ceballo, 2014:69). Older people are world-wide the fastest-growing segment of the population. Because of their vulnerability, they may mainly be at high risk and targeted for violent actions (Van den Bruele & Crandall, 2022:14).

Older persons' exposure to community violence, either as victims and or witnesses of such violence, calls for preventative and protective actions from politicians, policymakers, legislators, social societies, community, and even the police (Belisário, Dias, Pegorari, de Paiva, Ferreira, Corradini & Tavares, 2014:10). The call for action is of paramount importance because community violence “damages the functional capacity of the elderly/aged and any type of abuse caused unnecessary suffering, injury, pain and loss while violating the human rights of older [persons] and reducing their quality of life” (Bolsoni, Berger, Coelho, Weber, Giehl and Orsi, 2016:671).

This section will systematically examine the foundational elements crucial for the conceptualisation of this study. Therefore, the following aspects are briefly discussed: community violence and the types of violence conceptualised, prevalence of older persons and community violence, ageing in place and social work services to older persons in communities in South Africa.

- ***Community violence and the types of community violence conceptualised***

There is a lack of agreement on a concise definition of community violence (DeCou & Lynch, 2017:52). Previous studies on children and adolescents' exposure to community violence emphasise the need to define the essential aspects of community violence clearly. This involves distinguishing it from other settings such as domestic, school, and media exposure (DeCou & Lynch, 2017:52). Additionally, there is a debate on whether the term "violence" encompasses direct and indirect exposures, including victimisation and or witnessing (DeCou & Lynch, 2017:52). Frequently employed instruments for assessing community violence exposure, such as the Survey of Exposure to Community Violence (SECV), commonly define CVE as encompassing both direct experiences (victimisation) and indirect experiences (witnessing) of public violence. This includes incidents like "being chased," "drug activity," "arrests," "slapping, hitting, punching," and "shootings" (Al-Nuaimi, Hamad, & Lafta, 2015:2).

Community violence is operationally defined as the pervasive exposure to public acts of violence in communities through the experience of threats, witnessing, or victimisation over time. It is crucial to distinguish community violence as a distinct construct, separate from violence occurring within intimate relationships or familial settings (DeCou & Lynch, 2017:52; Junior & Moraes, 2017:2). The focus here is on incidents that transpire in public spaces and involve individuals not connected by familial or romantic ties (Dubé, Gagné, Clément & Chamberland, 2018:411). This may include, but is not limited to, instances of assault, robbery, and homicide (DeCou & Lynch, 2017:52). The assessment of community violence encompasses both the direct experience of victimisation and the indirect impact of witnessing such events, contributing to an individual's public sense of safety (DeCou & Lynch,

2017:52).

It is of utmost importance to highlight the difference between elder abuse and community violence by defining the concept of elderly abuse. Elderly abuse is defined by the World Health Organization (WHO, 2015) as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.” A notable distinction between the definitions of community violence and elderly abuse lies in the presence or absence of the perpetrator's identity—whether known or unknown—about the older person.

In this study, exposure to community violence is conceptualised as experiences involving violent events that are either indirect (heard of or witnessed) or direct (such as victimisation experiences), mainly outside the home (community) by strangers or acquaintances other than family members or people in a trusting relationship with the older person.

- ***International and national prevalence of older persons and community violence***

In 2020, a significant demographic shift occurred as the global population aged 60 and above surpassed the number of children under five (WHO, 2023). This transition marks a noteworthy turning point (WHO, 2023). The pace of this transformation is evident in the projection that from 2015 to 2050, there will be an almost twofold increase in the proportion of the world's population aged 60 and above, rising from 12% to 22%. Notably, this ageing trend is more pronounced in low- and middle-income countries (LMICs), occurring three times more frequently than in developed nations (Solanki, Kelly, Cornelli, Daviaudi & Geffen, 2019:174). South Africa's eldercide rate is significantly higher than the global rate, with 25.2 deaths per 100,000 of the population, primarily due to gunshots or blunt force. This highlights the need for interventions to ensure the safety of older persons and prevent violent deaths (Buthelezi, Swart & Seedat, 2017:82-87). The significant demographic shift towards an ageing global population and the mention of eldercare rates in South Africa provides a connection to the issue of community violence affecting older



persons in their communities. As the worldwide population ages, there is an increased vulnerability of older persons to various forms of violence, including community violence (Buthelezi et al., 2017:82-87).

The specific reference to South Africa's eldercide rate, with causes such as gunshots or blunt force, underscores the importance of addressing community violence against older persons within the community context (Donenberg et al., 2020:145). Community violence statistics are compiled and underlined in countries' overall crime statistics (Donenberg et al., 2020:145). South Africa grapples with a pervasive issue of community violence, particularly affecting families residing in low-income areas. The government holds one of the highest global rates of violence, notably in impoverished regions, with a homicide rate five times the world average (Donenberg et al., 2020:145). Polyvictimisation, the experience of multiple forms of violence simultaneously, is a common phenomenon in South Africa. Unlike studies in North American populations, which often focus on discrete incidents of violence, or research in Western countries concentrating on domestic violence, South African studies highlight the normative nature of exposure to community violence and polyvictimisation (Donenberg et al., 2020:145).

The World Health Organisation (WHO) (2014:2) reported that approximately one in six people aged 60 and older experienced some form of abuse in community settings within a year. Negative societal attitudes, poverty, and socio-economic realities increase vulnerability and risks for older persons' human rights violations (Kotzé, 2018:6). Violence is the leading cause of non-natural deaths in South Africa, with eldercide victims underrepresented (Buthelezi et al., 2017:82). Community violence negatively impacts older persons' physical and mental health, leading to disengagement and exclusion from social activities and community activities (Junior & Moraes, 2017:2). Unlike more localised instances of violence, the constant threat posed by widespread violence in South African communities makes it a pervasive and ongoing challenge that impacts negatively on mental health, including those of older persons (Donenberg et al., 2020:145).

In Africa, a limited number of countries have conducted comprehensive examinations of community violence and its root causes (Jansen, Outwater, Lowery,

Iseselo & Bärnighausen, 2022:2). The growing incidence of vigilantism and community violence in various African nations, including South Africa and Tanzania, Liberia, Ghana, and Zimbabwe, has raised significant concerns about community well-being. Notably, in South Africa, vigilantism has emerged as a prevalent manifestation of community violence, frequently targeted at the South African justice system (Jansen et al., 2022:2). The combination of perceived corruption in law enforcement and widening income disparities, along with the climate of distrust, stands out as critical catalysts for the rise in community violence (Kobusingye, Bowman, Burrows, Matzopoulos & Butchart, 2010).

In the apartheid era, the Group Areas Act of 1957 (South Africa, 1957: section 20) Eersterust was declared "an area for ownership by members of the coloured group" (Hoods, 2018:128). The site was 15 kilometres northwest of the central business district of Pretoria. The latter Act (South Africa, 1957: section 20) determined that Eersterust, as a coloured group area, would remain within the jurisdiction of the Tshwane municipality. The original residents of Eersterust and Riverside were primarily African workers employed by the Cullinan and Premier mines east of Pretoria. When the area was proclaimed a group area for coloured occupation, properties were confiscated, and people relocated to the townships Vlakfontein (now Mamelodi), Atteridgeville and other designated African settlements (Hoods, 2018:128).

In general, this community are subjected to violence in different formats, such as gangsterism, crime and theft (Matshediso, 2015). Thus, the pandemic of substance abuse that is so prevalent in the community causes a lot of violence, which poses a danger and is a threat to the safety of the older persons in the community. However, action was pledged to address community concerns about the high incidence of drugs and crime in the region during a visit from former President Jacob Zuma that community members requested in August 2015 with limited implementation of any action plans (Matshediso, 2015).

- ***Ageing in place***

Ageing in place (AIP), the aspiration for older persons to remain in their homes or communities for as long as possible is a crucial focus of ageing-related policies and programmes (Lehning, Nicklett, Davitt & Wiseman, 2017:235). However, numerous barriers impede this goal, including declines in physical or cognitive functioning, inadequate support from many cities' physical and social infrastructure, challenges related to health and mobility and social issues like crime and community violence in the neighbourhoods (Lehning et al., 2017:235). Despite these obstacles, the benefits of AIP are rooted in the strong sense of place attachment that older persons develop over years of residing in their homes or communities (Lehning et al., 2017:235). This attachment becomes increasingly significant as individuals age, retire, and encounter health issues or mobility limitations. The emotional connection to home and neighbourhood is believed to enhance well-being by facilitating ease of navigation in familiar environments (physical insideness) and fostering a sense of belonging and confidence in seeking informal assistance (social insideness) (Lehning et al., 2017:235).

The increasing significance of addressing the challenges and opportunities the ageing population presents is apparent in the recent surge of policy initiatives spanning various sectors (Ralston, 2018:111). According to Ricciardi, Specchia, and Marino (2014:4), numerous non-profit and government organisations have initiated efforts to tackle these issues. For instance, the European Commission launched The European Innovation Partnership in Active and Healthy Ageing, aiming to promote innovation and digital transformation in the context of active and healthy ageing. Additionally, Ricciardi (2014:4) and the WHO (2023) have introduced a movement emphasising the establishment of age-friendly communities, focusing on the transformative impact of virtual reality on the experience of ageing.

As older people age and become more fragile, their reliance on neighbourhood characteristics that support ageing in place increases (Nieboer & Cramm, 2017:2406). The level of dependence on neighbourhoods varies with frailty status. In the context of older persons living in the community, a community is achieved

when they collectively fulfil multiple well-being goals (Nieboer & Cramm, 2017:2406). A community is essentially a network of versatile relationships influenced by the advantages of membership and the ease of achieving common goals. The well-being of older persons in a community is enhanced when they reside in an environment characterised by trust, mutual assistance, even when inconvenient, and a lack of exploitation for personal gain by community members (Nieboer & Cramm, 2017:2406).

The growing significance of environmental gerontology has sparked increased discussions about creating secure and protected communities for older persons (Golovchanova, Andershed, Boersma & Hellfeldt, 2021:3). The presence of safe neighbourhoods is considered a crucial resource for the physical well-being of older persons, helping alleviate fears and contributing to their comfort. In addition to physical security, access to community support, local amenities, and health services plays a vital role in addressing older persons' basic needs (Golovchanova et al., 2021:3). The quality of neighbourhood conditions, particularly regarding social support, significantly influences the well-being of community-dwelling older persons who spend a substantial part of their lives in these environments. Poor neighbourhood conditions, characterised by a lack of affection and support and unsafety issues, can hinder attaining social well-being (Golovchanova et al., 2021:3). Low-income families in low socio-economic communities encounter various challenges such as poverty, health issues, and joblessness (Sano, Mammen & Houghten, 2021: S108).

The perception of an unsafe living environment may reflect a compromised context where community violence threats generate feelings of insecurity. The fear of community violence is closely linked to the perception of the social environment and the presence of antisocial behaviour in others (Golovchanova et al., 2021:3).

- ***Social work services to older persons***

South Africa's rapidly growing multicultural ageing population, predominantly in rural and low-income communities, is putting pressure on social welfare services for effective service delivery (Kotze, 2018:2-6). The Older Persons Act 13 of 2006

(South Africa 2006) aims to ensure the safety and well-being of older persons through community-based care rather than institutional care. As per the stipulations of the Older Persons Act 13 of 2006 (South Africa 2006b: section 1), the term 'older person' is specifically defined based on age distinctions. For males, an individual is considered an 'older person' once they reach the age of 65, while for females, the designation applies to those 60 or older. In the context of this research study, an "older person" is defined as an individual aged 60 years or older.

In South Africa, the population of older persons is on the rise across all provinces, with Gauteng (1.4 million) and KwaZulu-Natal (940 thousand) reporting the highest numbers in 2022 (StatsSA, 2023). Notably, the Eastern Cape consistently surpasses other provinces in the proportion of older persons within its population (StatsSA, 2023). Regions such as the Eastern Cape, Limpopo, and Free State show the highest ratios of households where older persons cohabit with no employed members (StatsSA, 2023). These households heavily rely on social grants, particularly old-age pensions, for their sustenance. Social grants, a crucial element in the government's poverty alleviation strategies, support these families. Notably, within South Africa, a significant proportion, precisely 73.0% of the elderly demographic, benefit as recipients of old age grants (StatsSA, 2023). For many, this grant represents the sole source of income within extended family households.

The third chapter of the Older Persons Act 13 of 2006 emphasises the necessity of transitioning from institutional care to community-based care and support services (CBCSS), aiming to enable older persons to reside in their homes and communities for an extended duration. This section of the Act delineates a range of services, including meal provisions, income-generating projects, active ageing programmes, information dissemination, counselling, and care/rehabilitation, all geared towards fostering self-sufficiency (Mtiya-Thimla, 2015:5). The practical implementation of this policy commitment is integral to realising the government's developmental welfare perspective, aspiring to create a community of active and productive older persons.

The government's vision aligns with the desire of older persons to stay in their homes or with family members for as long as possible. Social work assumes a

crucial role in collaborating with families, communities, and stakeholders to deliver these services in a coordinated and collaborative manner, facilitating the realisation of this vision. The vision to let older persons stay as long as possible in their communities is threatened by various aspects, including community violence. Therefore, initiatives are needed to secure older persons' community safety. Prioritising their statutory duties over other responsibilities and legal obligations poses a challenge in establishing and sustaining community-based support services for older persons (Mtiya-Thimla, 2015:5). Moreover, the scarcity of time and resources adds another layer of difficulty, hindering their capacity to cultivate essential community programmes (Mtiya-Thimla, 2015:5).

Social workers play a crucial role in evaluating the well-being of older persons in communities. Social workers assess the micro, meso, and macro factors affecting an older person's life (Ogrin, Meyer, Karantzoulis, Santana, & Hampson, 2022:2). A holistic understanding of the "person in the environment" emphasises a comprehensive assessment that considers biological, psychological, and social aspects (Ogrin, 2022:2). Social workers collaboratively engage with service users to identify optimal interventions tailored to specific situations. Social work services empower and assist older persons in their communities, helping them understand the factors influencing their development and advocating for vulnerable individuals like older persons (Mtiya-Thimla, 2015:5).

The significant impact, consequences, and costs of community violence and neglect on older persons and societies are not yet estimated due to a lack of quantifiable data and information (Martin, Rodríguez- Pinzón & Brown, 2015).

The consequences of community violence are extensively researched regarding the effects on children and adolescents, as well as the correlation between Post Traumatic Stress Disorder (PTSD) and other health-related issues (Kotze, 2018; Savahl, Isaacs, Adams, Carels, & September 2013; Dinan, McCal & Gibson, 2004). An absence of literature is available about the effects of community violence on elder persons in South Africa. The research topic was motivated by a gap in the literature and the researcher's interest in creating effective interventions for older persons in violent-stricken communities.

### **1.3 Problem formulation**

Defining and stating a research problem is the first step in doing research (Babbie & Mouton, 2016:73). Thus, the problem formulation is the researcher's initial, broad conceptualisation of the issue, which should be further developed over time (Fouché, 2021:57). Therefore, the researcher must articulate the specific problem they want to investigate (Fouché, 2021:57).

The researcher, however, considered the following guidelines when formulating the research problem (Brink, van der Walt & van Rensburg, 2018:55):

- To provide enough information to elucidate what is known and what is not.
- To identify the gap or discrepancy.
- To formulate the problem as a short statement after providing a general discussion of the problem.
- To state the problem statement either in a declarative or interrogative form.

Community violence is a prevalent research area among scholars about the youth, including children and adolescents, with studies primarily focusing on its effects and later life outcomes (Lee, Larkin & Esaki, 2017:69). The researcher discovered insufficient research nationally on community violence and older persons, with no national studies available on their experiences regarding living in violent-stricken communities.

Understanding older persons' perceptions and experiences of community violence related to living in a violent community can inform social work practices to promote their well-being and community involvement and align services to the emphasis on CBCSS, aiming to enable older persons to reside in their homes and communities for extended and long-term residence. Collaboration with families, communities, and stakeholders is crucial for effective service delivery (Mtiya-Thimla, 2015:5). The problem statement for this study was in response to the gaps identified in the absence of research available on the issue of community violence and older persons living in violent-stricken communities. Despite the prevalence of community violence in South Africa, there is a notable lack of research nationally on community violence

and older persons, particularly regarding their experiences of living in violent-stricken communities. The study aimed to explore older persons' perceptions and experiences of community violence related to living in a violent-stricken community.

#### **1.4 Rationale of the study**

The rationale for the research study can be defined as providing compelling arguments as to why the researcher will undertake the research and what inspired the researcher on a personal level (Dudovskiy, 2016:1). The rationale can be further described as the reason why the researcher developed an interest in this topic. Why is the research worthy of being conducted? (Maree, 2016:30). Furthermore, it advances the field's practices and policymaking about the subject of the study (Creswell & Creswell, 2018:200).

However, the rationale of the study must be explicit and should narrate the following points (Dudovskiy, 2016):

- The research needs to add to eradicating a gap in the literature.
- The research can be directed to solve an explicit problem.
- The study needs to contribute to the researcher's level of professional growth.

The researcher voluntarily did community work in the local community of Eersterust in the City of Tshwane region and was often confronted by older persons who had either experienced or witnessed violence in their neighbourhood or the community. The constant encounters of community violence older persons have experienced activated an interest for the researcher to investigate older persons' perceptions and experiences of community violence in these specific violent-stricken neighbourhoods.

Eersterust is a formal township, and this area was created by the government of the apartheid era, which allocated and relocated people originally of the coloured race group to this area. During a visit mandated by community members in August 2015 by former President Jacob Zuma, action against the community's concerns over the high prevalence of drugs and crime in the area was promised (Matshediso, 2015). The unsafe neighbourhood concerns in Eersterust were already a longstanding



concern. During June 2018, violent protests were held in Eersterust, mainly about inadequate service delivery and social ills in the community (Mahlase, 2018:1). The vulnerability of older persons being victims of violence in Eersterust is further highlighted in the case where two men convicted in November 2018 of murdering a single older person of 72 years in her house in Eersterust (Van Pentegem, 2018:2).

The ageing process leads to the decline of older people's competencies, and therefore, their neighbourhood and environment become more critical factors in older people's health and well-being (Michael & Yen, 2014:1252). Older persons who are losing age-related functioning physically and mentally are particularly vulnerable to the factors happening in their communities (Michael & Yen, 2014:1252). In the USA, up to 80% of older persons live in their homes and communities, and this tendency is also prominent in South Africa (Michael & Yen, 2014:1252). Regarding the Older Persons Act 13 of 2006 (South Africa, 2006), older persons are encouraged to remain in their families and community care (Tshesebe & Strydom, 2016:1).

Most older persons live in South Africa (6.1 million older persons) (StatsSA, 2022). Many older persons in South Africa live in extended households (Frisoli, 2016:3). The socio-economic status of older persons in South Africa is classified as poor. Most are living in extended households, with an upward trend in single-member households developing (StatsSA, 2022). Gauteng Province was found to have the most nuclear families of older persons (StatsSA, 2022). The conclusions of a study conducted in KwaZulu-Natal regarding the challenges older persons experienced in the context of structural problems experienced by South Africans were listed as poverty, Human Immunodeficiency Virus, and acquired immunodeficiency syndrome (HIV and AIDS), unemployment and crime (Kasiram & Holscher, 2015:385). The study further indicated that because of unsafe communities' older persons are mostly housebound and fear they will fall victim to crime (Kasiram & Holscher, 2015:385).

The report on global ageing and adult health in South Africa (2012) recommended an urgent need for research to promote and inform future policy development and the well-being of older persons. The perceptions and experiences of older persons

in South Africa regarding community violence and elder abuse are understudied, and the researcher could not find any South African studies addressing the specific subject of community violence and older persons (Kotze, 2018:358).

Many studies established the relationship between violence and poverty as well as the association of higher crime rates in poor communities (Özkoçak, Çetli, & Koç, 2019:31). South Africa is significantly affected by the poor socio-economic status of older persons in communities (Rabie, Klopper & Watson, 2015:155). The WHO and the Centre for Disease Control and Prevention (CDC) presently suggest that community violence must also be included in the adverse childhood experiences (ACEs) categories, which are associated with health risks and severe health problems for all populations (Lee et al., 2017:69). The inclusion of community violence as a category within adverse childhood experiences underscores the significant impact that such violence can have on various populations.

Social workers in South Africa focus on rendering services to vulnerable individuals and groups as part of the Department of Social Development's (DSD) service delivery framework (DSD, 2013), including older persons who have been abused and whose rights have been violated. Insufficient research is available regarding the perceptions and experiences of older persons living in a violent-stricken community. These findings will contribute to the knowledge base of social work and could be used to suggest guidelines for improved service delivery initiatives for social work practice.

## **1.5 Theoretical framework**

The theoretical framework can be described as the “blueprint” or a guide for the research study and a framework based on an existing theory in the field of inquiry linked to the survey (Adom, Hussein & Agyem, 2018:438). The theoretical framework consists of defined theories that narrate the study under investigation and are well-developed, designed, and accepted (Bezuidenhout, 2014:55). The theoretical framework applies the theory to the research strategy. It assists in focusing the research (Maree, 2016:32). The proposed study had two theoretical frameworks, namely the ecological systems perspective and the social justice

theory, which were further discussed.

### 1.5.1 Ecological systems perspective

The ecological systems perspective is frequently employed and productive in social work practice. It centres on comprehending the interconnectedness of human development with the surrounding environment (Teater 2014:1; Eiksson, Ghazinour & Hammarstro, 2018:416).

The ecological systems perspective of human development developed by Bronfenbrenner (1979) has made a valuable contribution by explaining social systems in concentric circles around persons, explaining how the environment and person are interrelated, which consist of the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Ahmed, Amerand Amal Killawi, 2017:49). Figure 1 demonstrates the interrelatedness of older persons and their environment about this research study.

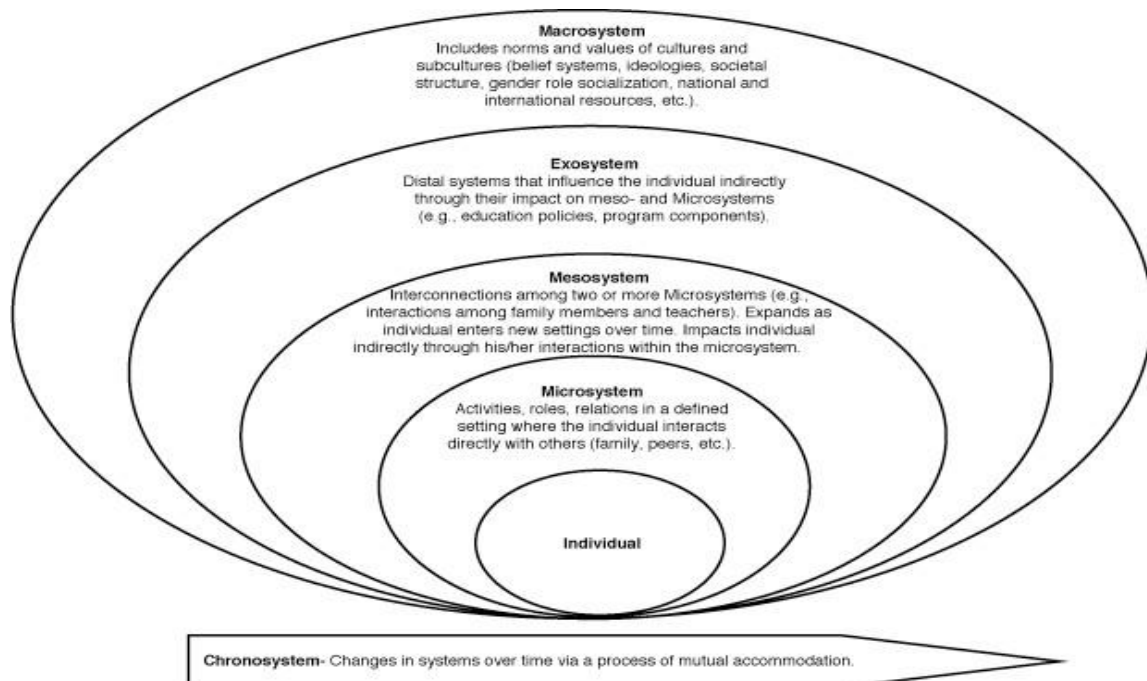


Figure 1: Illustration of the ecological systems framework

The ecological systems perspective was relevant to the research study because it assisted the researcher in understanding older persons' perceptions and experiences in violent communities and how the different social systems influenced them in their environment. The micro-system setting is the direct environment of older persons and their interaction with family, peers, and neighbours (Ettekal & Mahoney, 2017:3-7). This perspective allowed for a nuanced examination of how community violence affects older persons, considering the immediate social contexts and relationships within which they navigate and respond to the challenges posed by violent communities.

The mesosystem involves the relationship between the micro-system components in an individual's life (Ettekal & Mahoney, 2017:4-7). Older persons' daily interactions extend beyond immediate family, peers, and neighbours to include engagement with broader systems in the neighbourhood, such as their neighbourhood relations, religious institutions, social organisations, shopping locations, the community at large, and the overall environment. These interconnected systems possess intricate dynamics, shaping the older persons' perceptions and experiences of community violence. Fostering positive connections between schools, law enforcement, and community resources can play a crucial role in preventing and addressing community violence. Interventions at the mesosystem level aim to strengthen the support networks and relationships that impact older individuals and community dynamics.

In the realm of older persons experiencing community violence in neighbourhoods, the exosystem assumes significance. It is defined as the context where older persons may not actively participate but exert influence (Ahmed et al., 2017:49). An example of such legislation on the exosystem is the Older Persons Act 13 of 2006, which significantly influences older persons living in communities. This legislative framework aims to empower older persons to reside in their homes and communities for an extended duration, emphasising the importance of community-based support. This legislative influence operates within the exo-system, impacting the environment in which older persons live and shaping the available support structures. Thus, the Older Persons Act 13 of 2006 serves as a crucial element within the exo-system, influencing the experiences and well-being of older persons, particularly in the

context of community violence. Law enforcement agencies' presence and effectiveness can affect the safety level and response to community violence. The exosystem includes healthcare systems and policies, access to quality healthcare services, insurance coverage, and the availability of senior care, which can significantly impact the health and well-being of older persons (Mbedzi, 2019:9).

The macro-system involves the cultural influences of the socioeconomic and religious aspects affecting persons (Toney, Martin, Sanchez, Kelley, Palmer-Wackerly & Chaidez, 2022:510). The macro-system level influences older persons' perceptions and experiences of community violence in terms of the cultural norms and values, the socio-economic status and religious interactions of the community and society. The macrosystem shapes cultural attitudes and beliefs about ageing. Societal perceptions of older persons, including stereotypes and ageism, can influence how older people are treated and the resources available to them (Kirst-Ashman, 2017:325). Cultural norms and values within the macro-system contribute significantly to how community violence is perceived and tolerated. The socioeconomic status of the community influences the resources available to address and mitigate violence, impacting older persons' safety and well-being. Additionally, religious interactions within the macro-system may provide coping mechanisms or exacerbate tensions depending on the cultural and spiritual context. The macrosystem includes legal and justice systems that shape responses to community violence (Ettekal & Mahoney, 2017: 4-7). The effectiveness of law enforcement, judicial processes, and the legal framework can impact the prevalence and consequences of violence in a community (Ettekal & Mahoney, 2017: 4-7).

Therefore, exploring the macro-system becomes crucial in understanding the broader cultural, socioeconomic, and religious influences that older persons in violent community neighbourhoods navigate. It provides insights into how these overarching factors shape their experiences and responses to the challenges posed by community violence. The macrosystem influences economic structures and policies, contributing to levels of poverty and inequality within a society. Economic disparities can be associated with higher rates of crime and violence in specific communities.

The chrono-system embraces the transitions and shifts in the individual's lifespan and may link the socio-historical situation that influences a person; a perfect example of the chronosystem is the influences older persons experience through life transitions such as retirement, loss of a spouse, or health-related changes (Gonzales, 2020:123). These transitions can impact their social networks, mental health, and well-being. Over the past two decades, the chrono-system has significantly changed the political environment in South Africa, influencing service delivery to older persons in communities (Reddy, 2016:1). The chronosystem plays a role in community violence by considering historical events that may have contributed to a community's current state. For instance, areas with a history of economic decline, racial tension, or political instability may be more prone to violence (Crawford, 2020: 3-6).

### **1.5.2 Social justice theory**

Through social, environmental, and political policies, the social justice theory has built a framework with the political goal of recognising the human dignity of all people, particularly those who are vulnerable (Taylor, Vreugdenhil & Schneiders, 2017:47). The social work profession accepts a democratic focus concerning the fair distribution of material and non-material resources and equal access for everyone (Birkenmaier & Berg-Weger, 2017:25).

The social justice theory has vital suggestions for social workers and their practice as it necessitates a response to the injustice that is the status quo in society (Birkenmaier & Berg-Weger, 2017:25). However, to create an equal and just society, social workers should strive to eliminate inequalities and unjust social conditions (Kam, 2014:728). The social worker should identify the needs of older people who have been wrongfully denied access to services, groups, and communities. Areas of injustice and inequalities should be addressed (Birkenmaier & Berg-Weger, 2017:25). To comprehend older persons' perceptions and experiences related to living in violent-stricken communities, the researcher used the social justice theory to understand the inequalities and injustice actions of the perceptions and experiences of older persons regarding community violence.

Social justice theory addresses ageism, discrimination or prejudice based on age (Kirst-Ashman, 2017:325). Older persons may face systemic biases limiting their healthcare access, employment opportunities, and social services. Social justice advocates for challenging ageist attitudes and ensuring equitable treatment for people of all ages (Birkenmaier & Berg-Weger, 2017:25)

Social justice theory explores structural violence, which refers to systemic inequalities embedded in social structures. In the context of community violence, this includes examining the root causes, such as poverty, systemic racism, and unequal access to education. Addressing structural violence involves dismantling these systemic barriers to create more just and equitable communities (Forde, Kappler & Björkdahl, 2021:338).

The following three components of the social justice theory may shape people's attitudes and influence people's views, emotions, and behaviour (Sabbagh & Schmitt, 2016:2).

- **Distributive Justice**

Distributive justice allocates goods or resources fairly and shares rewards and costs (Guillermina, Törnblom, & Sabbagh, 2016:201). Social workers are responsible for supporting and assisting older persons. They must respect older persons' rights and have access to resources, such as the social security system and social services in South Africa.

- **Procedural Justice**

Procedural justice focuses on the fairness of the procedures, rules, institutions, and authorities used in decision-making processes to determine outcomes (Vermunt & Steensma, 2016:232). Procedural justice is also concerned with creating policies that consider all perspectives. Older persons must be regarded in developing and creating policies and procedures that do justice to them.

- **Retributive Justice**

Retributive justice is associated with crime and punishment. Retributivists believe that wrongdoings or punishment should be measured by the offender's ill reward (Alexander, 2018:2). However, punishment is a way to restore a sense of material and identity balance between the perpetrator and the victims (Wenzel & Okimoto, 2016:237). Therefore, social workers need to recognise the unfair treatment of older persons and are obligated to report any form of abuse to the necessary authorities in their communities to take the required action.

## **1.6 Research question, research goal and objectives**

The research question, goals, and objectives of the study are covered in this section.

### **1.6.1 Research question and sub-question**

The research question narrows down the research aim and objectives and lays down the foundation from where the research will be conducted (Doody & Bailey, 2015:19). Above all, the research question serves as the overarching inquiry that directs the entirety of the research project (Flick, 2018:84).

The overarching research question for this research study is:

- *What are older persons' perceptions and experiences about community violence, living in a violent-stricken community?*

To answer the overarching research question, the following sub-question also needed to be answered:

- *Based on the perceptions and experiences of older persons about community violence living in a violent-stricken community, what suggestions could be made for social workers to assist older persons in violent-stricken communities?*

### **1.6.2 Research goal**

A research goal implies what the researcher aims to achieve (Creswell & Creswell, 2018:206). A goal must be specifically formulated and needs to indicate how the



research will be done, what the focus will be, who will be involved and where the research will be conducted (Maree, 2016:31). Against this background, the proposed goal of the study is as follows:

- To develop an in-depth understanding of older persons' perceptions and experiences about community violence while living in a violent-stricken community, to ultimately offer suggestions for social workers to assist older persons living in the violent-stricken community.

### **1.6.3 Research objectives**

Research objectives are the steps taken, one by one, within a specific period to achieve the research goal (Fouché, 2021:64). Furthermore, research objectives must be clear but not too narrowly formulated and should be researchable through a data collection method (Lewis & Nicolls, 2014:49).

With the above criteria in mind, the following research objectives were formulated to be achieved for this study:

- To explore older persons' perceptions and experiences about community violence related to living in a violent-stricken community.
- To describe older persons' perceptions and experiences about community violence related to living in a violent-stricken community.
- To draw conclusions and offer suggestions for social work practice regarding older persons' perceptions and experiences about community violence living in a violent-stricken community.

## **1.7 Overview of the research methods**

This research study employed a qualitative approach guided by the research goal, objectives, and the nature of the phenomenon under investigation (Babbie & Mouton, 2016:49). Qualitative research, as articulated by Creswell & Poth (2018:45), is an approach to empower older persons in violent-stricken communities to "share their stories and hear their voices". The qualitative approach is dedicated to unravelling participants' perceptions and experiences. It acknowledges that a comprehensive understanding can only be attained by exploring how older persons

interpret their perceptions and experiences of community violence within their direct interactions with their natural or local environment.

Implementing the phenomenological and explorative designs allowed the researcher to understand people's experiences living in communities with community violence and to explore a topic with a shortage of national research studies available. According to Creswell & Creswell (2023:231), the phenomenological design describes the essence of an experience. Applying this study, the phenomenological design assists in defining the perceptions and experiences of older persons living in violent-stricken communities. The explorative design assisted the researcher in investigating a topic with scant coverage in the existing literature. The explorative design in qualitative research explores a topic with limited coverage within the literature and allows the participants to actively contribute to generating new knowledge within that specific domain (Hunter, McCullum & Howes, 2018:1).

The study's population comprised older persons living in a violent-stricken community, namely Eersterust. Given the qualitative nature of the survey, purposeful sampling was employed, specifically selecting participants from Eersterust, known for the community violence area, to ensure that the most relevant and rich data was obtained (Leavy, 2017:79).

Data collection involved open-ended questions and semi-structured face-to-face interviews guided by an interview guide (Makofane & Shirindi, 2018:40). Various interview techniques were employed to ensure that participants freely shared their experiences during the interviews, which were audio-recorded with participants' consent. Verbatim transcription of each interview preceded the data analysis process (Makofane & Shirindi, 2018:38).

For data analysis, the researcher utilised Tesch's eight steps (cited in Creswell, 2014:196). Additionally, a third-party coder was engaged, and collaboration between the coder, researcher, and supervisor occurred to compare and validate themes, subthemes, and categories resulting from the data analysis.

The credibility or trustworthiness of a study relies on the alignment between the participants' perspectives and the researchers' interpretations (Padgett, 2017:210). Credibility in this study was safeguarded through prolonged engagement with the participants, robust research methods, aligning the theoretical framework with the research question and methods, and employing a research design consistent with the research question (Creswell & Poth, 2018:259). Peer debriefing was also utilised (Janesick, 2015:1). To substantiate the emerging themes, the researcher incorporated direct quotations from transcribed interviews with participants, ensuring a rich and detailed description of the research findings (Creswell & Poth, 2018:259).

Referring to transferability as a data verification component, the emphasis on qualitative research studies is not primarily on the extent to which the results can be generalised beyond the specific project. Instead, the focus lies on understanding the subjective meanings attributed by participants (Padgett, 2017:210). The reader can compare analogous settings by providing detailed and comprehensive descriptions of the context and the study's processes. Another approach employed by the researcher to guarantee transferability was the meticulous selection of participants through purposive sampling, ensuring their representation of the entire research population concerning the phenomenon under investigation (Nieuwenhuis, 2016:124).

The researcher ensured the dependability of the research as a data verification component by elucidating the research meticulously, adhering to a well-defined research strategy, and ascertaining that each step has been executed with precision (Koonin, 2021:296). An independent coder was used for data analysis. The findings were compared with the researcher's analysis, where consensus was reached regarding the different themes, subthemes and categories emerging from the data analysis, increasing dependability. Researchers must actively work to set aside their personal biases and preconceptions during data collection, analysis, and interpretation. Confirmability was reinforced by ensuring the researchers' values and interests do not unduly influence the study.

Ethical approval was obtained from the College of Human Sciences' Research and Ethics Committee and the University's Department of Social Work (Ref: 31802877\_CREC\_CHS\_2021). The Pretoria Council granted permission for the Care of the Aged, and participants provided voluntary, informed consent (Addendum A, B, C and E). Ethical considerations during the study were informed consent, confidentiality, anonymity, benevolence, management of data information, debriefing of participants and privacy. Chapter Three further comprehensively presents this study's research methodology and ethical considerations.

## **1.8 Clarification of Key Concepts**

This section defines and explains the critical concepts central to the research topic.

### **1.8.1 Older persons**

According to the Older Persons Act 13 of 2006 (South Africa 2006: section 1), an older person is defined as a person who, in the case of a male, is 65 years of age or older and, in the case of a female, is 60 years of age. An older person can be categorised as an individual placed in the life phase of late adulthood (Prinsloo, 2015:1). The researcher conducted her study involving older persons in the community of Eersterust.

### **1.8.2 Community violence**

By the framework outlined by the WHO, community violence is defined as a type of interpersonal violence perpetrated by individuals who are not family members or intimate partners but rather strangers or acquaintances in communities (Dubé et al., 2018:411). Unlike familial violence, where the victim typically has some familiarity with the perpetrator, community violence is characterised by violent acts carried out by individuals who are not known to the victim in their community (Junior & Moraes, 2017:2). The primary focus of this research study was on exploring the perceptions and experiences of older persons within a community where community violence is prevalent, to provide insights for the enhancement of social work practice.

### **1.8.3 Experiences**

Experiences can be delineated as "knowledge and skills acquired through

engagement in a specific event or activity" (Webster 2017, sv "experience"). Consequently, experiences encompass real-life interactions with various elements and the incremental acquisition of information and competencies (Ngubani, 2021:2). The objective of this study was for the researcher to investigate and portray the perceptions and experiences of older persons about community violence while residing in a community afflicted by violence, to provide recommendations for social work practice.

#### **1.8.4 Perception**

Perception refers to our sensory experience of the world around us. It involves both the recognition of environmental stimuli and actions in response to these stimuli (Cherry, 2016:1). Humans as a group respond and create meaning that is consistent with each person's reality through their perceptions (Grobler et al., 2013:21). Perceptions can further be described as knowledge of something's integrity derived from the exclusive source of experiences (Lupyan, 2017:81). The researcher wanted to understand older person perceptions that are shaped by their beliefs and values, regarding community violence in this research study.

#### **1.8.5 Social Work Practice**

As defined in the White Paper of Social Welfare (South Africa 1997), social work practice encompasses the professional services rendered by social workers to enhance the social functioning of individuals, families, groups, and communities. Social work practice with older persons is geared towards promoting social justice and fostering human development, providing a foundation for addressing the unique challenges of community violence and offering tailored suggestions for effective social work practice in such contexts (Teater, 2014:2).

### **1.9 Structure/Format**

The structure and format of the research report will be outlined as follows:

#### **Chapter 1: General Introduction to the study:**

This chapter contains the introduction to the study, the problem statement, the rationale, the research questions, and the study's goals and objectives. It also

outlines the research approach and design, clarifying the key concepts and ethical considerations.

### **Chapter 2: Literature review:**

This chapter undertakes a comprehensive literature review centred on the existing body of knowledge about community violence on both international and national scales. It also delves into the perceptions and experiences of older individuals residing in such communities. Additionally, the chapter elucidates social workers' role in assisting older persons within these contexts, drawing insights from relevant literature.

### **Chapter 3: The methodology of the study:**

This chapter thoroughly explains the qualitative research methodology and methods applied in the study.

### **Chapter 4: Presentation of the findings:**

This chapter starts with the research findings, revealing themes, subthemes, and categories derived from the collected data. The findings are meticulously compared, confirmed, and contrasted with the relevant existing literature.

### **Chapter 5: Conclusion and recommendations of the study:**

This chapter will summarise the chapters and conclude the research process and findings, offering further recommendations and suggestions based on the findings.

## **1.9 Summary of the Chapter**

Chapter One unfolds a brief synthesis, shedding light on the study's foundation, justification, problem statement, research questions, purpose, and objectives. The chapter delves into two theoretical frameworks, offering a short overview of research methods, elucidating key concepts, and outlining the arrangement of chapters pertinent to this study.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

According to Fouché and Geyer (2021:79), a literature review encompasses an exhaustive exploration of pertinent information sources. Within this chapter, the researcher delineates the global and domestic prevalence of community violence, delving into its ramifications on the ageing process of older persons. Additionally, the chapter scrutinises the impacts of community violence on this demographic, followed by an investigation into the challenges encountered by older persons residing in neighbourhoods afflicted by such violence, along with their coping mechanisms.

Conclusively, the chapter investigates the array of social work services extended to older persons residing in a community grappling with the pervasive issue of community violence.

### **2.2 International and national prevalence of community violence**

Community violence lacks specific isolated statistics in general. It should be scrutinised within the overarching framework of violence against older persons, as there are no dedicated metrics solely for community violence (Donenberg et al., 2020:145). Therefore, community violence statistics are not extensively reported or distinguished from other forms of violence in many countries. As a result, community violence may be obscured within broader crime statistics, making it challenging to understand and address its prevalence and impact fully. Globally, statistics emphasise that 10% of older persons experience violence, whether resulting in fatalities or not (Brandão, de Souza, de Araújo, Dos Santos, de Almeida, & Souto, 2022:2). In Latin America, approximately 37% of the elderly population faces various forms of violence, with Brazil standing out as one of the most violent nations which affects older persons detrimentally (Brandão et al., 2022).

In Canada, in 2020, nearly two-thirds (64%) of senior victims of police-reported violence were victimised by someone other than a family member or intimate partner (Conroy & Sutton, 2022). The statistics further indicated that acquaintances were

implicated in acts of violence against older persons for more than one in four (28%) older persons. In comparison, strangers victimised one-quarter (24%) of older persons (Conroy & Sutton, 2022).

The incidence of eldercide may provide some insight into violence against older persons in South Africa. However, it may not fully represent the broader spectrum of community violence experienced by this demographic. In South Africa, the incidence of elder homicide, known as eldercide, among persons aged 60 and above is notably higher than the global average (Swart, Buthelezi & Seedat, 2019:437). Yet, it often receives less attention than violence involving younger age groups. The research underscores the disproportionate focus on youth, particularly black males, as both victims and perpetrators of homicide. In 2009, the eldercide rate in South Africa was 25.2 per 100,000 for those aged 60 and above, surpassing rates for young adults (15-29 years) and adults (30-44 years). This rate is significantly higher than the global average of 4.5 per 100,000 (Swart et al., 2019:437). The population of persons aged 60 and above in South Africa has been steadily increasing, reaching 8.0% in 2011, and is projected to reach around 7 million by 2030, suggests a potential correlation with the heightened vulnerability of older persons to community violence (Swart et al., 2019:437). As this demographic cohort expands, the likelihood of older persons encountering instances of community violence may proportionally increase, underscoring the imperative for heightened attention to their safety and well-being within their community.

The vulnerability of older people is compounded by factors such as declining physical strength and deteriorating health, limiting their ability to protect themselves from violent situations. Eldercide can have severe consequences for families and communities, mainly when the elderly victim serves as the primary breadwinner or caregiver (Swart et al., 2019:437). Notably, approximately one in five households in South Africa is headed by an older person, and a significant portion of these households has five or more members. This substantially burdens healthcare, social support, and criminal justice systems. Considering the experiences of older persons living in communities with prevalent community violence, it becomes evident that the escalating rates of eldercide pose a critical public health and social challenge (Swart et al., 2019:437). The impact extends beyond individual cases to strain



essential support systems, warranting urgent attention and intervention to ensure the safety and well-being of the elderly population (Swart et al., 2019:437).

The Tshwane metro district in Gauteng, incorporating the community of Eersterust, where the research took place, is recognised for its widespread crime-related violence and prominently features among the world's most hazardous urban areas, as noted by the Organised Crime and Corruption Reporting Project in 2022 (OCCRP, 2022). In a perceptive analysis presented by the local media, including the Tshwane district and Eersterust, it was articulated that organised crime infiltrates various dimensions, encompassing homicide, intra-industry conflicts within the taxi sector, infrastructure theft and vandalism, illicit wildlife trade, sophisticated corruption schemes, extortion, abduction, acts of terrorism, and even residential burglaries (OCCRP, 2022).

A recent investigative report by the Global Initiative Against Transnational Organised Crime elucidates that the underlying roots of South Africa's crime epidemic are traced back to the legacy of apartheid. This legacy is characterised by profound socio-economic disparities and the state's historical neglect of impoverished regions (OCCRP, 2022). The present systemic erosion of state institutions further compounds this dire situation. The report emphasises the consequential impact of extreme inequality and governmental disregard for marginalised areas like Eersterust, thus illuminating the complex and interconnected web of factors contributing to the prevailing criminal landscape in South Africa (OCCRP, 2022). In essence, the interplay of socio-economic inequalities, historical legacies, and institutional failures elucidated by these sources provides critical context for understanding the prevalence of community violence within the Eersterust community. This multifaceted analysis highlights the urgent need for comprehensive interventions addressing both the root causes and manifestations of violence in marginalised areas like Eersterust.

### **2.3 The role of the environment in the process of ageing**

As a result of the ageing population, active ageing and place-based treatments, such as age-friendly neighbourhoods and health promotion, have become more

crucial for preventing physical and mental health problems in older people (Gan, Cheng, Ng, Gwee, Soh, Fung & Cho, 2022:369). These strategies are pivotal not only for addressing the physical and mental health challenges faced by older persons but also for facilitating their ability to age in place within their communities. The World Health Organisation estimates that only around 25% of the variation in longevity can be attributed to hereditary factors, with the remaining 75% mostly being the product of our interactions with our environments and exposures (Plagg & Zerbe, 2021:53). This statistic highlights the crucial role that the surrounding environment plays in shaping the health and well-being of older persons. Creating age-friendly communities that support healthy lifestyles, social connections, and access to healthcare services can significantly impact older adults' longevity and overall quality of life.

When discussing the environment's role in ageing, we refer to a location's physical and social characteristics as the neighbourhood environment (Kondo, Andreyeva, South, MacDonald & Branas, 2018:253). The constructed environment, open areas, and the availability of resources for food and shelter can all be seen as parts of the physical environment of older persons. Local organisations and relationships between neighbours are also included in a neighbourhood's social environment (Kondo et al., 2018:253).

The WHO's (2017:13) definition of healthy ageing emphasises the value of well-being, described as "the process of developing and maintaining the functional ability that enables well-being in older age." Older persons who experience a sense of unsafety may engage in less physical activity, use unhealthy coping mechanisms like substance abuse, suffer from mental illness, or isolate themselves from neighbourhood social and civic activities (Kondo et al., 2018:253). It is of paramount importance for older persons to feel safe at an advanced age for quality of life; unsafety triggers fear and stress reactions which may change older people's movements and involvement in their community lives (Golovchanova, Andershed, Boersma & Hellfeldt, 2021:1) A neighbourhood environment which appears low safety could exceed an older person's psychological and physical capacity to manage demands of the environment and may lead to psychosocial and health deterioration (Choi & Matz-Costa, 2018:198). Older people's well-being is correlated

with their fear of crime, which suggests a lack of subjective safety (Muhammed, Meher & Sekher, 2021:1). A substantial corpus of literature has been written about the harm that the dread of crime does to a person's mental health. The fear of crime in communities has also been linked to stress, anxiety, and depression in older age groups (Muhammed et al., 2021:1).

Concentrated poverty, high rates of population turnover, population density (packed dwellings), and a lack of social cohesion are neighbourhood variables that can raise the likelihood of violence (Kondo et al., 2018:253). Social disorder and a lack of group efficacy are also risk factors for violence, which are indicated by low levels of social cohesion availability (Kondo et al., 2018:253). Violence may be influenced by squalor, abandoned structures, and vacant land. Increased violent crimes have been linked to vacant properties after mortgage foreclosures. The probability of homicide with a firearm is increased by a high density of alcohol establishments and a high drug availability in neighbourhoods (Kondo et al., 2018:253). This suggests that communities like Eersterust, grappling with such challenges, may experience higher rates of violence, including crimes such as homicide. Considering these findings, older persons living in communities affected by community violence are likely to face heightened risks to their safety and well-being. The presence of such environmental factors increases their vulnerability to violence, impacting their ability to age in place with security and peace of mind. Therefore, addressing these neighbourhood challenges and fostering safer environments is essential for ensuring the safety and quality of life for older persons residing in communities plagued by violence.

Active ageing has long been acknowledged as a critical strategy for older persons to age physically, mentally, and socially well (Gan, Cheng, Ng, Gwee, Soh, Fung & Cho, 2022:1). The goal of several initiatives to create age-friendly neighbourhoods is to encourage active living. Active living can be characterised as engaging in various social, physical, and recreational activities outside of employment and political activity (Gan et al., 2021:1). Older persons' may be more susceptible to the harmful effects of the neighbourhood on their health and well-being since their daily routines and social life are more restricted to their nearby neighbourhoods (Settels, 2020:673). This increased spatial confinement results from retirement, the onset of

functional difficulties, and other life course events common in later life. Older people depend more on businesses, institutions, organisations, infrastructure, amenities, services, and accessible social support in their immediate environments (Settels, 2020:674). However, the dynamic interaction between older persons and the living environment can be called “competence-environmental press”; thus, within this context, competence- environmental press refers to the physical, interpersonal, or social demands that environments put on older persons (Michael & Yen, 2014:1251).

Owing to the critical shortage of proper facilities to care for older persons, most of the older persons live in rural areas, in communities with their families, or on their own (Kotzé, 2018:3). Thus, the expectation is that the responsibility lies with the families to care for them because the government’s responsibility indicates that their responsibility is to offer care only in the case of frail older persons with no family. Furthermore, the belief is that older people should be cared for by the younger generations. Still, family compositions are changing, and the younger generations are caught up in their struggles for survival and need to relocate to seek employment and financial security to provide for their families (Kotzé, 2018:3). Traditional support networks are being destroyed by changes in the population's demographic make-up and modern living habits (Moonesar, Sammy, Nunes & Paul, 2016:234).

Often, older people are required to make changes in their living environments due to a deterioration in their capacity by either adjusting their current residence or by moving to a more caring environment (WHO, 2015). Furthermore, older people frequently view their present home or community as a place which provides a sense of safety, and acquaintance, and is further connected to their personal feelings of identity and independence (WHO, 2015). Thus, from many older persons viewpoints, staying in their residential homes and neighbourhoods for as long possible, gives them control over their lives and allows them to retain a sense of self and well-being (De Sousa Faria, 2020:24). When an older person must leave their home and their community of closeness in perpetuity forever, it is essential to comprehend that this derangement brings with it overwhelming adverse effects (De Sousa Faria, 2020:24).

South Africa is rated as one of the ten most violent countries in the world (Gould, Mufamadi, Hsiao & Amisi, 2019:2). It is also reflected in neighbourhoods with community violence, which influences the well-being of the older population. Achieving the Sustainable Development Goals of the United Nations and national development in South Africa depend on reducing and preventing violence, including community violence (Gould et al., 2017). According to South Africa's National Development Plan, "people living in South Africa should feel safe and have no fear of crime" by 2030 (Gould et al., 2017). Although there has been significant progress in South Africa in the creation of laws, policies, and programmes that define, criminalise, and deal with violence against women and children, these efforts have not led to the creation of long-lasting, successful initiatives that deal with the risk factors for violence (Gould et al., 2017:13).

According to the Older Persons Act 13 of 2006 (South Africa 2006: ss 10 -15), community-based programmes for older persons can be developed, which fall into two broad categories, namely:

- Home-based care guarantees that a frail older person receives the maximum care possible within the community through a comprehensive range of integrated services.
- Prevention and promotion programmes which ensure an older person's independent living in the community in which they reside.

Organisations and social workers can implement such programmes to assist older people in violent-stricken communities in optimising their functioning and well-being.

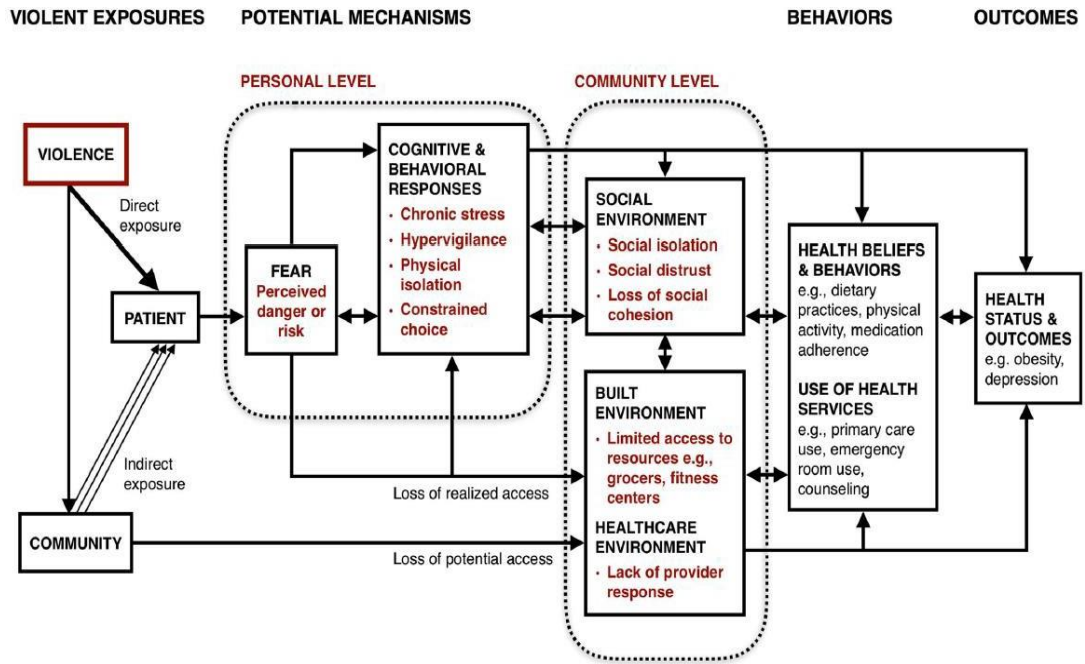
## **2.4 The effects of community violence on older persons**

The ecological systems perspective is one of the most well-liked frameworks for examining the impact of a wide range of institutional, community/society, and environmental elements on people's well-being. The ecological systems perspective explains, in this specific instance, how community violence influences the interactions between different factors in shaping older persons' health outcomes, behaviours, well-being, social interactions, community engagement and perceptions of violence (Padeiro, de Sao Jose', Amado, Sousa, Oliveira, Esteves & McGarrigle,

2022:352). From an ecological perspective, the presence of violence in the community can be seen as a form of environmental stress that directly affects older persons. Just as ecological stressors in natural ecosystems can disrupt the balance and health of the ecosystem, violence within communities disrupts the social fabric and safety of the environment in which older persons live (Mbedzi, 2019:94). This disruption can lead to increased vulnerability among older persons, affecting their ability to age in place with security and peace of mind.

Older persons with chronic diseases experience difficulties due to community violence; by living in unsafe neighbourhoods, older persons have fears of travelling for necessary healthcare interventions (Tung, Johnson, O'Neal, Steenes, Caraballo & Peek, 2018:1918) indicated eight critical features from their results of participants investigating the effects of community violence on older persons' chronic health issues. The study findings showed that older person's medical issues like obesity and hypertension are linked to the following eight key aspects and are as follows: (1) Perceived risk of being targeted, (2) ongoing tension and anxiety, (3) hypervigilance, (4) social breakdown, (5) ongoing isolation, (6) confined choice, (7) restricted access to material resources, and (8) insufficient medical responses (Tung et al., 2018:1918).

Figure 2 shows how one of the critical features of older persons' fear of victimisation may negatively influence their holistic physical, mental, social, and disengagement on a community level, which affects their behaviours and health.



**Figure 2: The effects of community violence from an ecological systems perspective (Tung et al., 2018:1918)**

The effects of community violence on the different levels of older persons functioning will be further discussed, which include physical health, mental health, and social interactions, as indicated in Figure 2.

### 2.4.1 Physical health

Many metropolitan communities with significant poverty levels face an ongoing public health burden due to community violence (Tung et al., 2018:1913). Numerous studies show that those who feel unsafe in their neighbourhoods are likelier to experience persistent health problems (Robinette, Piazza & Stawski, 2021:1; Robinette, Boardman & Crimmins, 2019:388). To promote an active lifestyle that improves health and well-being, feeling secure while out and about alone in one's neighbourhood is essential (Velasquez et al., 2021:1).

Community violence is being increasingly recognised as a social predictor of health in vulnerable communities because of this pervasive exposure to violent crime (Tung et al., 2018:1913). According to a study done by Sundquist, Theobald, Yang,

Li, Johansson & Sundquist, as cited in Tung et al., (2018:1913), the risk of heart disease increased for both men and women as neighbourhood violence, crime, and unemployment rose. Neighbourhood safety issues have also been linked to harmful health habits like smoking (Robinette, Charles & Gruenewald, 2016:525) and lower levels of physical activity, both of which are risk factors for older persons' health (Robinette et al., 2021:2).

Additionally, the findings of Billimek & Sorkin (2021:292) showed that patients who claimed to reside in dangerous areas experienced more difficulties adhering to their treatment regimens, including delays in receiving their prescription medications. The study findings of Tung et al., (2018:1918) further showed that older persons and adults with chronic illnesses thought they were more likely and vulnerable to experience violence, which will influence their behaviours regarding caring for their health.

The study findings of Tung et al., (2018:1918) indicated that a further eight key features were present in their sample of participants, which were linked to high rates of obesity and hypertension and are as follows: (1) Perceived risk of being targeted, (2) ongoing tension and anxiety, (3) hypervigilance, (4) social breakdown, (5) ongoing isolation, (6) confined choice, (7) restricted access to material resources, and (8) insufficient medical responses. Therefore, it is evident that the ecological systems perspective, one of the theoretical frameworks for this study, is applicable in examining how various environmental elements (individual, interpersonal, and ecological) might impact people's well-being.

A common feature of ageing is a slow yet continuing deficiency of muscle mass and function; however, research indicates that Sarcopenia results in a 3-8% decrease in muscular tissue size per period (Paddon-Jones, Campbell, Jacques, Kritchevsky, Moore, Rodriguez & van Loon, 2015: 1339S). Golovchanova et al (2021:4) asserted that infrastructure problems echo a conceded physical environment; inconvenient infrastructure elements such as challenging thresholds at home, lack of lights in the neighbourhood and proper sidewalks might be an external source of unsafety for older persons. Older persons would be more likely to leave their houses in a visually appealing, orderly, and walkable setting with street furniture (benches, shade),



which could increase social connections and physical activity, ultimately boosting well-being and resolving (or delaying) health issues (Padeiro et al., 2022:352).

In conclusion, community violence presents a significant public health burden in many metropolitan areas, particularly those with high levels of poverty. Feeling unsafe in one's neighbourhood is associated with persistent health problems and adverse health behaviours, such as smoking and physical inactivity, which are risk factors for older persons' health. Moreover, the perception of living in dangerous areas can impede individuals' ability to adhere to treatment regimens, leading to delays in accessing necessary medications. Older persons and those with chronic illnesses may feel particularly vulnerable to violence, influencing their health-seeking behaviour and exacerbating existing health conditions. Additionally, features of neighbourhood violence, such as ongoing tension and social isolation, can contribute to obesity and hypertension, further underscoring the intricate relationship between community violence and health outcomes. Addressing community violence is essential not only for promoting physical safety but also for fostering environments that support overall health and well-being, particularly among vulnerable populations like older persons.

#### **2.4.2 Mental health**

Senior and geriatric populations may be particularly affected by innate fear mechanisms for danger, which may produce downstream cognitive reactions impacting routine daily activities like grocery shopping or seeing friends (Tung et al., 2018:1918). Many participants in the study findings of Tung et al., (2018:1918) spoke of a persistent state of stress or worry, including staying up late or worrying about the safety of loved ones. The outcomes of fearing for their own and their loved ones' safety may lead to making constrained choices, ongoing isolation, and social collapse (Tung et al., 2018:1918).

The mental well-being of older persons is closely connected to their environment, and according to the results of a study conducted in India by Mohammed, Meher & Sekher (2021:1), older persons who evaluated their neighbourhoods as hazardous and unsafe had 61% higher likelihood of being depressed than their peers. Even if

older persons are not regularly exposed to violent crimes, they may experience chronic alertness, hypervigilance, and worry (Kondo et al., 2018:253). Depression is particularly problematic in older people as it is associated with increased disability, cognitive impairment, morbidity, and a lower level of quality of life (Mohammed, Meher & Sekher, 2021:1). Older persons with a persistent sense of vigilance could eventually deplete their capacity for managing daily stressors if they feel unsafe in their immediate surroundings and struggle to meet daily demands which may lead to an increase of a negative mood and chronic stress response (Robinette, 2021:2).

The impact of community violence on the mental well-being of older people is profound and multifaceted. Innate fear mechanisms for danger can evoke persistent stress and worry, affecting routine activities and leading to constrained choices and social isolation. Even if not directly exposed to violent crimes, older individuals may experience chronic alertness and hypervigilance, contributing to heightened levels of depression. This heightened sense of vigilance can deplete their capacity to manage daily stressors, ultimately compromising their overall quality of life. Addressing community violence is crucial not only for physical safety but also for promoting the mental well-being of older populations, highlighting the urgent need for interventions that foster safe and supportive environments for older individuals to age in place with dignity and peace of mind.

#### **2.4.3 Social environment**

The social environment includes the neighbourhood's relationships and the degree of trust, connectedness, and social cohesion that inhabitants perceive (Padeiro et al., 2022:352). Social ties bind people together as individuals. Social deficits, such as social isolation or a lack of social support, are linked to poorer health outcomes and mental health symptoms like depression (Plagg & Zerbe, 2021:61; Kondo et al., 2018:253). People who live in unsafe areas may spend less time outside, which makes it harder for them to interact socially with their neighbours and build relationships with locals who could offer them information, support, or other resources, leading to isolation and loneliness (Robinette et al., 2021:2).

Older residents in communities are supposed to benefit from living in a setting where

people are trustworthy, willing to lend a hand when required (even when it is not convenient) and do not take advantage at the expense of others (Nieboer & Cramm, 2017:2406). The idea of a community as multifunctionality in social connections refers further to dependencies among neighbours to promote well-being (Nieboer & Cramm, 2017:2406).

For older people to age in place, their neighbourhood social networks are a valuable resource and decreased in the light of community violence (Nieboer & Cramm, 2017:2406). By acknowledging the multifunctionality of social connections, social workers can actively promote interdependence among neighbours, thereby contributing to the well-being of older individuals. Moreover, social workers can strategise interventions that address the challenges faced by older persons in maintaining and strengthening their neighbourhood social networks, especially in the face of community violence. Through their advocacy and support, social workers align with the principles of social justice, one of the theoretical frameworks of this study, working towards an inclusive and safe community environment for all residents, regardless of age.

There is a correlation between the lack of social cohesion in communities because of community violence and the limited contact of older persons with others on whom they frequently depend, like friends and family (Tung et al., 2018:1913). Lack of social ties raises the risk of death by at least 50%, on par with risk factors like smoking, drinking, having high blood pressure, being physically inactive, and being obese (Tung et al., 2018:1913). Violence against older people is more likely to occur in environments with social isolation and lack of social support, contributing to a vicious cycle of older persons who isolate themselves because of a fear of being a victim of community violence, making them only vulnerable to a target of violence (Mendes, Pereira, Zangão, Pereira, Bravo, 2021:6).

As people age, the environment becomes more crucial in determining whether and how much they engage in activities like socialising, volunteering, and physical activity (Plagg & Zerbe, 2021:60). People who regularly participate in social, cultural, or intellectual activities develop what is referred to as a "cognitive reserve," which lowers their risk of developing neurodegenerative diseases (Plagg & Zerbe,

2021:60).

#### **2.4.4 The physical environment and infrastructure of communities**

The objective and perceived aspects of the physical setting where individuals spend their time is the definition of the physical environment, sometimes known as the "built environment" (Padeiro et al., 2022:352). The structural conditions of a neighbourhood have an impact on the social constraints and well-being of its residents.

Because older people's daily routines and social lives are more regionally focused, they may experience amplified neighbourhood effects (Settels, 2020:672). Infrastructure problems (Golovchanova et al., 2021:4), including challenging neighbourhood thresholds, complex staircases in buildings, and a lack of lights in the area, might be an external source of unsafety for older persons.

Older persons would be more likely to leave their houses in a visually appealing, orderly, and walkable setting with street furniture (benches, shade), which might increase social connections and physical activity, ultimately boosting well-being and resolving (or delaying) health issues (Padeiro et al., 2022:352).

A South African study regarding the environment's role in older people's ageing confirmed that older people living in more resource-deprived areas report lower subjective well-being and that the lack of necessary resources in their communities significantly affects their emotional well-being (Ralston, 2018:117).

The study findings of Ralston (2018:117) highlighted further that the number of protests in South Africa against the poor supply of water, electricity, and sanitary services doubled between 2007 and 2010, from 8.3% to 16.7%. Assisting communities with increasing access to basic requirements may benefit the health and well-being of senior citizens who require improved services and may reduce violent events. A study conducted in Chicago regarding the effects of community violence on older persons concluded that the unequal distribution of resources in areas with violent crime was a reality and accessing resources they needed to live

a healthy lifestyle was physically demanding because of violence (Tung et al., 2018:1919).

Rivadeneira, Mendieta, Villavicencio, Caicedo-Gallardo & Buendía (2021:7) alluded that “the combination of an unfavourable external environment for the older population, as well as personal poverty, increase their risk of having a poor physical, psychological and mental health status, social isolation, and higher risk of death”. The statement highlights the complex interplay between external factors, economic circumstances, and the well-being of older persons. It emphasises the need for targeted interventions and support systems to address this population's multifaceted challenges, focusing on improving their physical, psychological, and social well-being to mitigate the risk of adverse outcomes, including premature mortality.

## **2.5 The Challenges of older persons living in violent Communities**

Following the advent of democracy in 1994, South Africa witnessed a reduction in politically motivated violence; however, other manifestations of violence, including domestic, interpersonal, and community violence, persist in the post-Apartheid era. The socio-political history of South Africa has left an indelible mark on its society, characterised by ongoing political tensions and a variety of violent expressions (Savahl, Isaacs, Adams, Carels & September, 2013:1). Viewed through an ecological systems perspective, the difficulties encountered by older persons residing in neighbourhoods afflicted by community violence can be comprehended as an intricate interplay between the individual and their surrounding environment.

Older people living in community violence neighbourhoods face unique challenges that can adversely affect their biopsychosocial functioning. Some of the challenges they face can be summarised as follows:

- Older people's ability to travel to locations is associated with a high quality of life. However, unsafe neighbourhoods can hamper older people's ability to live independently (such as shopping, medical appointments, and outdoor exercise) (Szanton, Roth, Nkimbeng, Savage & Klimmek, 2014:134).
- Living in a dangerous neighbourhood may be a significant risk for loneliness and social isolation. Community violence is a social obstacle that creates a

lack of trust and local cohesion and a physical barrier for older persons to leave home (Tung et al., 2018: 1918). When there is a supportive environment surrounding their frequent participation in activities, older persons are far more likely to have improved mental health and well-being (Gan et al., 2022:6).

- Fear of the possibility of becoming a victim of crime, older persons, especially those with decreased mobility, face difficulties accessing basic amenities (Ceccato & Bamzar, 2016:4).
- Older persons may make constrained choices and be caught up in ongoing isolation as cognitive reactions to community violence. Community violence also limits their ability to make healthy everyday decisions, emphasising time and place-based restrictions on behaviour (such as avoiding certain street junctions (Tung et al., 2018:1918).
- Older persons may have mental health declining because of a persistent feeling of tension or anxiety, such as fretting all night for themselves and family members' safety. Exhibiting hypervigilance, a state of increased awareness designed to identify and respond to possible hazards in the external environment, which lead to chronic stress (Robinette et al., 2021:1; Tung et al., 2018:1918).
- Depression is a crucial challenge for older persons from the various mental health issues connected to fear of crime because of its high incidence in this age group (Muhammed, Meher & Sekher, 2021:2).
- The unequal distribution of resources in areas with violent crime challenges; older persons accessing the resources they need to live a healthy lifestyle (Tung et al., 2018:1918).
- Health issues positively correlate with how people react to daily stressors (Robinette et al., 2021:1). Therefore, older persons may experience health challenges because chronic stress from violent neighbourhoods might decrease people's ability to handle life's regular stresses (Robinette et al., 2021:1).

The environment substantially impacts physical, mental, and social health throughout a person's life. For older persons, however, this influence may be even

more significant because of age-related impairments in functionality like loss of eyesight, hearing, and balance. Recent innovations in age-friendly environments highlight the importance of the social environment in healthy ageing. To create age-friendly social settings, which has underscored three essential domains: social involvement, respect and social inclusion, and civic engagement and employment (Batchelor, Haralambous, Lin, Joosten, Williams, Malta, Cyarto, Waddell, Squires & Fearn, 2016:107).

In this context, the challenges outlined create a complex web of interactions at various levels. Considering the ecological systems perspective at the microsystem level, individual factors such as fear of crime and limited mobility impact older persons' daily lives and choices. The mesosystem is evident in the interconnection between an older person's mental health and the quality of the surrounding environment, with community violence acting as a disruptive force. The exosystem is reflected in the barriers to accessing basic amenities due to fear of crime, highlighting the impact of broader social structures. The macrosystem encompasses societal attitudes towards corruption and violence, influencing the mental health and well-being of older individuals in these neighbourhoods. Overall, the ecological systems perspective underscores the interconnectedness between older persons and their environment, highlighting the need for holistic interventions that address personal and environmental factors to promote the well-being of older persons in communities affected by violence.

## **2.6 The coping strategies of older persons living in violent communities**

"Coping techniques" refer to cognitive and behavioural attempts to reduce internal and external demands that exceed one's resources. Research shows that specific coping mechanisms reduce stress and support psychologically healthy outcomes, whereas other coping mechanisms reinforce stress and support psychologically unhealthy outcomes (Smith, Saklofske, Keefer & Tremblay, 2016:318).

Although personal resiliency, as a crucial coping resource, would moderate the effects of different coping strategies on both negative (depression, anxiety, stress, negative affect) and positive (positive affect, life satisfaction) psychological

outcomes, the effectiveness of any given coping strategy may also depend on several other factors, including the perceived controllability of the stressor, the availability of sufficient coping resources, and the nature of the outcomes (Smith et al., 2016:318).

The prevalence of fear among senior citizens residing in high-crime housing buildings may use social isolation as a survival and coping strategy, guarding themselves against a social world in which they no longer feel secure (Tung, Cagney, Hwakley & Peek, 2019:1672). Avoidance behaviour, protective behaviour, behavioural and lifestyle changes, and involvement in pertinent group activities are the four primary behavioural categories of responses older people may adopt to cope with feeling unsafe in their community (Ceccato & Bamzar, 2016:4).

Limiting interaction with people, routine activities, or places is considered an avoidance behaviour (Ceccato & Bamzar, 2016: 4). Putting up fences is one example of protective behaviour. Other more general acts of self-defence and safety enhancement include travelling in groups and other group activities. Withdrawing from unsafe behaviours, including using public transit after dark, is part of making behavioural and lifestyle improvements (Ceccato & Bamzar, 2016:4). Participating in groups for activities like neighbourhood watch programmes or senior well-being initiatives is considered a collective activity to cope with unsafe communities.

## **2.7 Social work services for older persons in violent communities**

The need for social workers, healthcare practitioners, and other system professionals to be proficient in rendering services to older persons will only increase due to the world's rapidly ageing population (Crockett, Cooper & Brandl, 2018:1001). Older people encounter social challenges necessitating professional intervention, including support in foster care placements, processing social grant applications, and initiatives for poverty alleviation (Geyer & Louw, 2020:93).

### **2.7.1 Social Work Services for older persons and legislation**

Social work services outlined in the United Nations Convention on the Rights of Older Persons (UNCROP) are closely aligned with combating ageism, ensuring



equal rights, and fostering development (StatsSA, 2023). The principles enshrined in UNCROP prioritise upholding older persons' dignity and actively seeking to eliminate discriminatory practices within care settings. By recognising the fundamental rights of older persons as integral to holistic development, UNCROP strives to establish supportive, inclusive, and dignified environments for older persons. This alignment enhances the overall experiences and well-being of the elderly population (StatsSA, 2023).

As a participant in the Decade of Healthy Ageing spanning from 2021 to 2023, South Africa has pledged to collaborate with fellow member nations to address the diverse needs of its ageing population. The primary objective of this initiative is to advance "active ageing," a paradigm emphasising the importance of providing older individuals with access to healthcare and opportunities for active engagement in societal affairs. This approach resonates with the principles the World Health Organisation and other global healthcare bodies endorsed. However, despite this international commitment, South Africa has yet to finalise the development of its action plan, raising concerns regarding the timely implementation of initiatives crucial for enhancing the health and well-being of its ageing citizens. An article by Steyn (2023) from Groundup underscores the need for the government to coordinate a cohesive and concerted effort to meet the needs of the elderly population within the country.

The Older Persons Act 13 of 2006 also guides social work services to older persons in South Africa. The fundamental purpose of the Older Persons (13 of 2006) is to effectively address older individuals' rights by establishing a comprehensive framework. This framework empowers and protects older persons while promoting and maintaining their status, rights, well-being, safety, and security. The act is a crucial legislative tool, providing a solid foundation to operationalise the rights enshrined in the constitution for older persons (Department of Social Development, (DSD) 2020). In essence, the Older Persons Act condemns and criminalises all forms of elder abuse, emphasising mandatory reporting of such incidents. Additionally, the act outlines specific objectives, including the maintenance and promotion of the well-being and security of older persons, the protection of their rights, the regulation of Residential Care Facilities, and a dedicated effort to combat

elder abuse (DSD 2020:16). In conclusion, the Older Persons Act stands as a comprehensive legislative instrument aimed at safeguarding and enhancing the rights and well-being of older persons in society.

Chapter Three of the Older Persons Act 13 of 2006 emphasises the significance of transitioning from institutional care to community-based care and support services (CBCSS), with the overarching goal of enabling older persons to reside in their homes and communities for an extended duration. This section of the Act delineates various services: meal provision, income-generating projects, active ageing programmes, information dissemination, counselling, and care/rehabilitation. These provisions are strategically designed to foster self-sufficiency among older persons (Mtiya-Thimla, 2015:5). In such contexts, where older persons may face additional challenges associated with community violence, the focus on CBCSS becomes particularly relevant. Social work services in these communities can leverage the provisions outlined in the Act, such as meal provision, income-generating projects, active ageing programmes, information dissemination, counselling, and care/rehabilitation. Social work assumes a crucial role in collaborating with families, communities, and stakeholders to deliver these services in a coordinated and cooperative manner.

In conclusion, the focus on CBCSS and support services within Chapter Three reflects a paradigm shift towards empowering and preserving the independence of older persons. By prioritising services that enable ageing in place and promoting self-sufficiency, the Older Persons Act aligns with contemporary approaches to elderly care, emphasising the importance of maintaining connections to one's community and personal environment. This legislative emphasis addresses the immediate needs of older persons and contributes to the overall enhancement of their quality of life.

Social work services further include the assistance of older persons who qualify for social grants to assist in access and application. The establishment of the South African Social Security Agency (SASSA) through Act 9 of 2004 plays a pivotal role in the administration and disbursement of grants, particularly relevant to the lives of older persons in South Africa. Central to this framework is the Social Assistance Act

13 of 2004, a crucial piece of legislation that defines the eligibility criteria for older persons' grants and delineates procedures for the application process and payment of contributions (DSD, 2020).

These legislative measures carry profound implications, especially in the context of Residential Care Facilities and the delivery of social work services. The establishment of SASSA, coupled with the guidelines outlined in the Social Assistance Act, reflects a dedicated commitment to supporting older persons, especially those needing financial assistance and social security. These legal frameworks are essential in fostering older persons' well-being and livelihoods, ensuring they receive the necessary support and resources. In conclusion, the synergy between Act 9 of 2004 and the Social Assistance Act exemplifies a robust commitment to safeguarding the rights and enhancing the quality of life for older persons through effective social security measures in South Africa. Moreover, the expanding ageing population signifies a rise in the number of older persons receiving old-age pensions (Gie & Hoffman, 2023:375). The recipients of the Old Age Pension among those aged 60 years and older surpassed 3.1 million in 2015, an increase from 2.7 million in 2011. The authors project that this figure will increase to approximately 4.0 million beneficiaries by 2021/22 (Gie & Hoffman, 2023:375).

### **2.7.2 Social work services to older persons**

The WHO (2015) indicates that violence, infirmity, and poverty all affect older persons excessively. Significantly, older women's well-being is adversely affected by gender-based differences in work, health care, education, and other areas. This implies that age- and gender-sensitive methods must be incorporated into the practices of social workers and other professionals who work with older persons. Therefore, social workers who specialise in the geriatric area are likely to be aware of how their clients may feel excluded by ageist views, which are social stereotypes that gerontologists have identified as biased, like sexism and racism (Crockett et al., 2018:1000). Social justice theory, one of the theoretical frameworks of this study, emphasises the fair distribution of resources, opportunities, and rights in society, striving to address systemic inequalities (Birkenmaier & Berg-Weger, 2017:25; Kam, 2014:728).

However, older persons are not a homogeneous group; they are as diverse as the general population and have a variety of identities and affiliations. To serve their clients effectively, social workers must adopt an intersectional approach recognising the diversity and complexity of older people's life experiences (Crockett et al., 2018:1001-1002). The call for an intersectional approach, recognising the variety and complexity of older people's life experiences, resonates strongly with social justice theory. Social justice theory encourages an understanding of individuals within their broader social, economic, and cultural contexts, aiming to rectify disparities and promote inclusivity. By acknowledging that older persons are not a homogeneous group and embracing an intersectional perspective, social workers can better address the unique challenges older persons face, promoting a more equitable and just society for all ages and genders. In essence, integrating age- and gender-sensitive practices within an intersectional framework aligns with social justice principles, striving to ensure the well-being and dignity of older persons in the face of complex social realities (Crockett et al., 2018:1001). Cultural sensitivity demands that these reform initiatives be modified. In supporting this initiative, social workers must ensure that clients have equitable access to resources, information, and services to help them cope with community violence (McClennen, Keys & Duan-Day, 2017:3).

The study by Erlank and Williams (2021) on community violence and parental experiences highlighted the crucial role of collaborative efforts among various stakeholders, including social work professionals, criminologists, psychologists, the South African Police Service, community leaders, and mental health practitioners. These collaborative endeavours hold significant promise in addressing different forms of violence within communities. Drawing parallels to older persons' experiences in communities affected by violence, similar interdisciplinary collaborations could prove instrumental in developing comprehensive strategies to address the safety and well-being of older persons.

By leveraging the expertise and resources of diverse professionals and community leaders, tailored interventions can be formulated to mitigate the impact of community violence on older persons and promote their security and quality of life within their

neighbourhoods. Through the implementation of community outreach programmes, the aim is to foster safer spaces for families, thereby contributing to the mitigation of violence in these environments. This collaborative approach presents a crucial strategy for social workers to effectively assist older persons residing in violent communities, extending the impact of community outreach programmes to address the unique challenges faced by this demographic group.

Community-based social work services can fulfil various functions for older persons (Kirst-Ashman, 2017). Emotional support, assisting older persons in using community-based services available for older persons, and facilitating positive relationships with family and community members are a few services a social worker can help an older person with. In violent communities' social services can also include:

- **Assessment of safety needs:** The social worker can thoroughly assess the older person's living situation to identify immediate safety concerns. This may involve evaluating the home environment, neighbourhood, and potential risks (Berg-Weger et al., 2020:155).
- **Crisis intervention:** In situations of immediate danger, the social worker can facilitate crisis intervention by connecting the older person with emergency services, such as law enforcement or shelters, to ensure their immediate safety (Berg-Weger, Adams & Birkenmaier, 2020:155).
- **Advocacy:** Social workers can advocate for older people by liaising with law enforcement, community organisations, and local authorities to address safety issues in the community. They can also assist in obtaining restraining orders or legal protection if necessary (Berg-Weger et al., 2020:204).
- **Referrals to support services:** Connecting the older person with appropriate support services, such as counselling, support groups, or trauma-informed care, can be vital in helping them cope with the challenges of living in a violent community (Berg-Weger et al., 2020:135).
- **Securing alternative housing:** If the safety concerns are severe and ongoing, a social worker may explore options for relocating the older person to a safer environment, such as assisted living facilities or other housing arrangements.

- Empowerment and Education: Social workers can empower older individuals by providing information about their rights, available resources, and self-protection strategies. Personal safety and awareness education may help them navigate their surroundings more effectively (Berg-Weger et al., 2020:121).
- Community engagement: Social workers can collaborate with local community organisations to initiate or support initiatives that address violence and promote safety. This could involve participating in neighbourhood watch programmes or advocating for community improvements ((Berg-Weger et al., 2020:465).
- Coordination with family and caregivers: In cases involving family or caregivers, the social worker can collaborate to develop a safety plan and ensure a supportive network for the older person (Berg-Weger et al., 2020:288).

## **2.8 Summary of the Chapter**

The literature review study investigates the international and national prevalence of community violence and its impact on the ageing process of older persons. It delves into the challenges and coping strategies employed by older individuals in neighbourhoods affected by community violence. The chapter also explores the role of the environment in the ageing process, emphasising the importance of active ageing and the creation of age-friendly neighbourhoods.

The prevalence of violence against older persons is discussed globally and in South Africa, highlighting the disproportionate incidence of eldercide in the latter. The review emphasised the vulnerability of older people due to factors like declining physical strength and health, leading to severe consequences for families and communities. It also sheds light on the pervasive gang violence in Eersterust Pretoria, South Africa, and the complex socio-economic factors contributing to the crime epidemic. The section on the environment's role in ageing discusses neighbourhoods' physical and social characteristics, linking them to older persons' well-being and safety.

The impact of community violence on older persons' functioning encompasses multifaceted challenges across physical health, mental health, social environment, and infrastructure. In terms of physical health, unsafe neighbourhoods contribute to persistent health problems, increased risk of heart disease, obesity, and difficulties in adherence to treatment regimens. Mental health is affected by stress, fear, and depression, with chronic alertness and hypervigilance leading to further challenges. The social environment suffers from a lack of cohesion, isolation, and diminished social ties, impacting overall well-being. Infrastructure issues, such as challenging thresholds and insufficient resources, exacerbate older persons' difficulties. Coping strategies include social isolation and various behavioural responses. Social work services, guided by legislation and social justice principles, are crucial in addressing challenges, providing safety assessments, crisis intervention, advocacy, referrals, empowerment, community engagement, and coordination with families to support older persons in violent communities.

## **CHAPTER 3: THE APPLICATION OF THE RESEARCH METHODOLOGY**

### **3.1 Introduction**

This section provides a comprehensive delineation of the research methods utilised, detailing the approach, data collection strategies, analysis method, validation procedures, adherence to ethical considerations, and a transparent acknowledgement of the inherent limitations within the qualitative research process.

The following section addresses the application research methodology, approach, and design.

### **3.3 Application of the Research Methodology**

This study's research methods cover the approach, research paradigm, purpose, design, population, sample, and data collection method. This chapter includes the data analysis and ethical considerations.

#### **3.3.1 Research paradigm**

A range of paradigms exists for qualitative research, each encompassing core beliefs and specific practical considerations in the research process (Creswell & Creswell, 2021:146). This study adopted an interpretive paradigm (Creswell & Poth, 2018:24). Advocates of the interpretive perspectives argue that individuals hold unique viewpoints, and the research aims to uncover these diverse perspectives. In this study, the focus was on exploring and describing the individual perceptions and experiences of older persons about community violence living in a violent-stricken community, Eersterust.

#### **3.3.2 Research approach**

Qualitative research focuses on studying people in their environment, creating meaning from it, and interpreting the meanings the people bring to it (Creswell & Poth, 2018:7). Although there are various approaches, methods, and techniques the



researcher can use to conduct the study, the process will depend on the aims and objectives of the research and the nature of the phenomenon being investigated (Babbie & Mouton, 2016:49). Therefore, the researcher has chosen a qualitative approach that is in line with the aim and purpose of the study. The qualitative research approach emphasises studying human behaviour and attitudes within their natural settings (Creswell & Creswell, 2023:39). The personal and direct experiences of the participants about community violence would inform service providers about what resources, services and interventions are needed to develop specific actions.

A sensitive study and when little is known about a social phenomenon makes the qualitative approach the most suitable (Padgett, 2017:17). Furthermore, Padgett (2017:16) maintains that the qualitative approach is the most applicable choice when the study is pursuing a topic of considerable emotional depth.

Qualitative research seeks insight into the deeper meaning of people's experiences. This approach evolves as more observation is gathered on the situation (Rubin & Babbie, 2013:40). It includes the contextual environment in which people live and work, contributing to new insights. This enables the researcher to explain people's behaviour and represent perspectives of people's lives, which makes the qualitative approach the preferred method for this study (Yin, 2018:7).

The researcher sought to obtain an in-depth understanding of the perceptions and experiences of older persons about community violence related to living in a violent-stricken community to inform social work practice with suggestions to assist older persons in a violent community.

In qualitative research, the emphasis is placed firstly on words, followed by numbers in data collection and finally on data analysis (Du Plooy-Cilliers, 2014:30). The qualitative approach characteristics are described as follows (Creswell & Poth, 2018:43):

- A notable advantage of qualitative research lies in its execution within natural settings, allowing participants to engage in their daily activities authentically.

In this study, the researcher visited the Council for the Aged in Eersterust and collaborated with the gatekeeper to facilitate appointments with participants willing to participate in the study in their natural environment, specifically their residences. Utilising semi-structured interviews during these visits, the researcher collected data, providing a unique opportunity to gather insights into the participants' living environment in their community. The researcher personally collected qualitative data using semi-structured interviews, operationalised through an interview guide as the critical research instrument for data collection.

- The researcher collected data from various sources, including a literature review and observation of participants' behaviour, complementing the data collection method of conducting semi-structured interviews.
- Qualitative researchers often engage in inductive data analysis, which encompasses identifying and constructing patterns and categories and organising and sorting data into themes by incorporating additional information units. This iterative process involves a continuous back-and-forth exploration within the database to establish a comprehensive set of themes. In this study, the researcher employed the method of inductive data analysis to guarantee the establishment of thorough themes for grouping the obtained data.
- Multiple perspectives of the participants in this study were reported. Qualitative research captures individuals' subjective experiences, opinions, and interpretations. It recognises that participants may have different perspectives shaped by their unique backgrounds, contexts, and experiences. To provide a comprehensive and nuanced portrayal of the participants' subjective experiences, opinions, and interpretations of community violence, the researcher recognised and respected the diversity of perspectives within the participant group.
- Instead of using a rigid research design, qualitative research is flexible, allowing the research process to be adaptable. Since changes may occur in the research process or data collection phase, the plan of action for the research process is not precisely predetermined. Therefore, the research design can be altered accordingly while conducting the research. The

adaptability of the research design, although not utilised in this instance, underscores the capacity to modify the plan in response to evolving circumstances or emerging insights, ensuring the research aligns with the study objectives and participants' experiences.

- Qualitative research is context-dependent, and therefore, the researcher considered the influence the environment has on the participants. The researcher in this study considered the impact of the environment on the participants. This involves recognising that individuals' experiences and perspectives are shaped by the specific context in which they live and operate. The researcher considered the influence of the environment, acknowledging that the participants' social, cultural, and physical context could play a significant role in shaping their perceptions and experiences related to community violence.
- Due to the reflexive nature inherent in qualitative research, the researcher engaged in reflexivity to elucidate their background and its potential influence on data interpretations. This reflective process involved a conscientious examination of the researcher's viewpoints and perspectives to discern how these subjective elements may have shaped the study's outcomes. Addressing the researcher's self-awareness and acknowledging the potential impact of personal biases enhances the transparency and credibility of the qualitative research endeavour.
- Qualitative researchers communicate their findings by offering a comprehensive (holistic) viewpoint. In this study, the researcher provided an exhaustive and detailed representation of the perceptions and experiences of older persons about community violence within a violent-stricken community. This reporting approach facilitated a nuanced and thorough understanding of the subject under investigation.

The qualitative approach was the most applicable for exploring the perceptions and experiences of older persons living in the violent-stricken Eersterust, Tshwane district.

The following section covers the research design that was planned for the study.

### **3.3.3 Research designs**

The research designs deemed suitable for this study include interpretative phenomenological and explorative designs. A phenomenology is an approach dedicated to unveiling the essence of a phenomenon by delving deeply into the perspectives of those who have undergone it (Creswell & Poth, 2018:75). Frequently, phenomenology is characterised as an exploration of phenomena through the lens of individual experiences (Flick, 2018:43). Interpretative phenomenology is a qualitative research approach that places a central emphasis on understanding and interpreting the lived experiences of individuals within their specific environments (Schurink, Schurink & Fouché, 2021:295). Applying interpretative phenomenology as a qualitative research design in this study expanded the comprehension of the perceptions and experiences of older persons about community violence related to living in a violent-stricken community.

The exploratory design assisted in knowledge discovery and gaining insights into the perceptions and experiences of older persons about community violence while living in a violent-stricken neighbourhood (Flynn & McDermott, 2016:88). The explorative research design has the overall purpose of exploring the answers to the research question, many times of an unknown phenomenon (Davis, 2014:75). An exploratory research design provided and familiarised the researcher therefore with a topic which was relatively new or unfamiliar (Babbie, 2016:90). The need for such a study could arise out of a lack of basic information on a new area of interest, or to get acquainted with a situation to formulate a problem or develop a hypothesis. The researcher employed the exploratory research design as well for this study to discover the perceptions and experiences of older persons about community violence related to living in a violent-stricken community.

### **3.4 Research Methods**

This section thoroughly delineates the study population, elucidates the data collection methods, and outlines the pilot study and the data analysis process.

### **3.4.1 Population**

The population for this research study were older people residing in Eersterust who had experiences of community violence and were part of the caseloads of the social workers at the Tshwane Council for the Care of the Aged. The Council for the Care of the Aged is a registered non-profit welfare organisation rendering social work services to older people in Tshwane and the surrounding area. The Council for the Care of the Aged is focused on service delivery to encourage older people to live as independent community members in their own homes for as long as possible – and provides support services to older people and their families to achieve this goal. The Council for the Care of the Aged renders services regarding financial distress, housing, loneliness (mainly linked to high crime levels in communities; older persons are afraid to venture alone outside their homes), health services, neglect, exploitation, and abuse (Pretoria Council for Care of the Aged, 2018).

The reasons for selecting the community of Eersterust as a violent-stricken community were explained in the rationale (Chapter One, section 1.3.) of the study. Additional justification for choosing this community is the context and background of these communities as being vulnerable, with a low-economic status, high crime rates and previously disadvantaged and struggling with various social ills, including community violence. Furthermore, this community is a preferable and realistic choice owing to financial constraints and the easy accessibility of the community.

Through collaboration with the above organisation, the researcher aimed to reach older persons experiencing community violence in the township of Eersterust and develop possible suggestions for rendering effective services to them.

Therefore, the following section discusses sampling and sampling methods.

### **3.4.2 Sampling**

This study used non-probability sampling to collect purposeful participants who could assist with detailed and in-depth information about community violence in Eersterust. Due to time restrictions and limited financial resources, the whole population was not included.

### **3.4.3 Sampling methods**

Non-probability sampling methods in qualitative research include selecting cases or groups according to substantial criteria and not using formal methodological criteria (Flick, 2018:179). The focus is instead on selecting relevant cases rather than their representativeness of the population (Strydom, 2021:380). The researcher considered the following when choosing the non-probability purposive sampling method (Campbell et al., 2017:44):

- the appropriateness of using the sampling method in the study.
- The advantages and disadvantages of each sampling method were considered, and
- the levels of bias that may be introduced when using a specific sampling method were considered.

Purposive sampling is a sampling technique where participants are selected purposively, according to the researcher's judgement regarding their contribution to gaining an in-depth knowledge of the specific phenomenon (Flick, 2018:182; Babbie, 2016:187). This type of sampling method is often used when a researcher wants to target a particular section of a population, keeping the relevance of the research question and objectives in mind (Campbell et al., 2017:44). The mentioned authors further stipulate that purposive sampling is especially relevant to exploring a particular group of people's perceptions and is also of relevance to the objectives of this specific study (Campbell et al., 2017:44).

The researcher purposively selected a group of older persons, with the assistance of the gatekeepers (social workers) from the caseloads provided by the Council to Care for the Aged from Eersterust and participants who have in-depth knowledge of experiencing community violence and are able and willing to participate and has given informed consent to partake in the study.

The participants needed to understand the information regarding giving informed consent; otherwise, a legally authorised representative would be required to safeguard the participants who were unable to provide informed consent

(Presidential Commission for the Study of Bioethical Issues, 2016:8). The subject of research ethics and vulnerable persons will be further discussed in this chapter under the heading ethical consideration.

**The participants met the following criteria for inclusion:**

- Older persons from age 60 to 85, residing in Eersterust, in the City of Tshwane, living two years or more in the community of Eersterust.
- Older persons, both male and female, who were able and comfortable expressing themselves in English or Afrikaans from different population groups.
- Regarded to be knowledgeable about perceptions and experiences of community violence in their community of Eersterust.
- Who could still understand informed consent and were able to follow an interview process.

The exclusion criteria were:

- Older persons under the age of 60 years.
- Older people who were not residing in Eersterust.
- Older persons who could not express themselves in English or Afrikaans.
- Older persons who did not experience a form of community violence in their community, Eersterust.
- Older persons who were not willing to participate in the study.
- Older persons who could not understand the informed consent process and cannot follow an interview process.

The biographical profiles of the participants aligned with these specific inclusion and exclusion criteria. In this study, the researcher employed the principle of data saturation, which refers to the point in the sampling process where no new data is obtained and the themes and categories are saturated. Data saturation refers to the stage where no new data is generated in the various themes and categories of the

study (Creswell & Creswell, 2018:84). The researcher, therefore, did not define the sampling size at the beginning of the research and stopped with the gathering of data at the point where no new data is collected meaning that the themes and categories used in the sampling method were saturated. Data saturation was reached with the eleventh participant in the study.

Access to organisations is often formalised to the field the researcher wants to study (Flick, 2018:165). Researchers can experience various challenges in gaining access to organisations, and interacting with the relevant people is not always easy (Creswell & Creswell, 2018:172). The researcher gained access by contacting the Director of the Tshwane Council for Care of the Aged in writing to request permission with an informative letter of intent to conduct the research study in Eersterust (Addendum A).

Upon receiving permission from the Director of the Tshwane Council for Care of the Aged, arrangements were made with the social workers concerned to act as gatekeepers and contact persons to inform the older persons about the study and to assist in identifying older persons who had experienced community violence. The gatekeepers were notified of the nature of the research and the time frame (Padgett, 2017:73).

The researcher personally met the gatekeeper, gave the study's informative letter of intent and answered questions (Addendum B). Telephonic arrangements were made with the participants to meet them and to present verbally and in writing the information about the study, their rights, the aim of the research and obtain written consent (Addendum C). Appointments were then scheduled to conduct the interviews with the participants at a convenient and private place, with all participants indicating that the interview would be convenient for them to be undertaken in their residential environment.

After addressing the population, sampling and sampling methods, including participant selection criteria and the data collection methods, are further discussed.



#### **3.4.4 Data collection**

Data collection is one of the most important aspects of any research study. Researchers should meticulously manage data collection because incorrect data collection could invalidate research findings (Du Plooy-Cilliers & Cronje, 2014:147). The ultimate purpose of data collection is to provide answers to the research questions (Bless et al., 2013:184).

Data collection is the application of specific methods and activities enabling researchers to collect data scientifically to respond to the research question. (Creswell & Poth, 2018:148). The data collection method needs to be compatible with the sampling method, the background of the study, and the understanding of the research process as a unit (Flick, 2018:212).

The following discussion will outline the preparation for data collection, data collection methods, pilot testing, and data analysis and verification methods.

#### **3.4.5 Preparation for data collection**

Preparation for data collection included gaining access to the setting, obtaining permission from gatekeepers, orienting research participants to the research process, informing them about the steps that will be taken to safeguard their interests and privacy, explaining the importance of voluntary consent, and securing their consent to participate (Flick, 2018:148-178).

Participant preparation means ensuring that participants understand the questions, know the time the interview will take, and understand the recording/ note-taking involved (Noonen & Doody, 2013:31). After the participants granted written permission, interviews were arranged to collect data. The researcher also informed the participants of the researcher's role before arranging the interview (Creswell & Poth, 2018:173). Participants have also requested permission to digitally record interviews when signing and discussing the informed consent forms.

After explaining the process of preparing for data collection, the researcher

continues discussing the data collection methods used for the study.

#### **3.4.6 Method of data collection**

Various data collection forms are available and are still emerging in the research literature (Creswell & Poth, 2018:160). Qualitative research uses four basic data collection types: interviews, observations, documents, and audio-visual materials (Creswell & Poth, 2018:160). Using semi-structured interviews has the advantage of learning various narratives through participants sharing their experiences and collecting rich and in-depth data (Flick, 2018:206). The researcher used semi-structured face-to-face interviews assisted by an interview guide containing open-ended questions to gather data. There are multiple ways in which semi-structured interviews may be conducted, including telephonically, individually, in groups, brief and in-depth semi-structured interviews, each with its advantages and disadvantages (DeJonckheere & Vaughn, 2019:2). This study made use of face-to-face semi-structured interviewing.

Semi-structured face-to-face interviews using an interview guide are a prepared set of open-ended questions that guide the interview process (Flick, 2018:207). Interviewing in research is a planned interactive process of gathering data about a participant's perceptions, experiences, and understandings (Campbell et al., 2017:50). Linguistically, the residents in Eersterust predominantly speak Afrikaans, with 73.9% identified as Afrikaans speakers. English is the second most spoken language at 12.9%, followed by isiXhosa at 8.9%. Given this linguistic diversity, the interview guide for the study was thoughtfully compiled in both Afrikaans and English to ensure inclusivity and accessibility for participants speaking either language (Prah, 2024).

The semi-structured interview with an interview guide assisted the researcher in being flexible and adapting the actual interview according to the participants' interactions (Rubin & Babbie, 2016:235). Interviewing older persons regarding their perceptions and experiences of community violence allowed the researcher to hear their stories, offering unique insights regarding the subject under study.

When beginning the interview, participants' biographical information was obtained by noting their gender and asking the following questions:

- How old are you?
- How long have you been a resident of Eersterust?
- What are your living arrangements? (Alone, living with children, living with family, living with friends)

The details required for the study were collected by discussing the following questions:

- Share with me your understanding of the concept of community violence.
- Describe what type of behaviours in the community you will as community violence against older persons.
- What are your perceptions of community violence in this neighbourhood?
- Explain to me your experiences regarding community violence in this neighbourhood.
- Share with me the day-to-day challenges you are experiencing regarding community violence in your neighbourhood.
- What coping strategies did you use in dealing with community violence in this neighbourhood?
- What suggestions do you have to address these challenges in the community more effectively for older persons?
- What suggestions do you have on how social workers can assist older persons living in a violent community?

Building a relationship and trust between the interviewer and participants is essential to ensuring successful interviews that collect in-depth and detailed data (Flick 2018:217). Therefore, the researcher planned to use interviewing skills to assist the interviewing process and more effectively conduct it using the following interviewing skills (active listening, follow-up questioning, probing, clarifying, and summarising), as illustrated in Table 1: Research interviewing skills.

**Table 1: Research interviewing skills**

| <b>RESEARCH INTERVIEWING SKILLS</b> |  |
|-------------------------------------|--|
| <b>Active listening</b>             | Active listening entails that the researcher has good listening and observation skills. These skills focus on the participants' narratives and non-verbal cues to get a detailed, clear, and specific picture of their narrative content (DeJonckheere & Vaughn, 2019:6).  |
| <b>Follow-up questioning</b>        | The interviewer may use planned or unplanned follow-up questioning to invite a participant for further elaboration and clarification (DeJonckheere & Vaughn, 2019:6).  |
| <b>Probing</b>                      | Probing is sometimes required to elicit sufficient detail. Probing can be done by giving waiting time for the participant after the question to think and add to their response, or the interviewer can repeat or summarise the participant's words for encouragement (DeJonckheere & Vaughn, 2019:6, Rubin & Babbie 2017:390 (Niewenhuis, 2016:94).). |
| <b>Clarifying</b>                   | The interviewer may ask the participant to clarify, tell her more, or explain a specific comment that was unclear to the interviewer (DeJonckheere & Vaughn, 2019:6; Niewenhuis, 2016:94).   |
| <b>Summarising</b>                  | Summarising brings together a series of inputs and reflects them to the participants, using their own words as far as possible (Reid & Mash, 2014:4).  |

The secondary data collection instruments included maintaining a fieldwork journal, keeping research notes during the interviews, and noting the researcher's experiences, observations, reflections, and interpretations (Creswell, 2014:259).

The researcher discusses pilot testing in the next section of the research study.

### **3.4.7 Pilot testing**

Pilot testing is a pretest measure of carrying out all aspects of the complete data collection process on a small scale (Strydom, 2021:236). More importantly,

conducting a pilot study allows the researcher to develop and enhance the skills necessary before applying them to a larger-scale study (Doody & Doody, 2015:107). The participants were recruited in the same manner as for the main study (Strydom, 2021:387).

The researcher did a pilot testing of the interview guide by interviewing two older persons' perceptions and experiences of community violence to make the necessary adjustments to the interview guide if needed. These two mentioned participants were excluded from the actual main study.

The following section discusses how the data would be interpreted. It details Tesch's eight steps (cited in Creswell, 2014:196).

#### **3.4.8 Method of Data Analysis**

Data analysis in qualitative studies aims to describe a phenomenon or focus on comparing several cases and explaining the differences and may be used to develop a theory (Flick, 2023:385). Interpretation is a core data analysis activity involving analysing what is in the data. Furthermore, data analysis is a continuing and iterative (non-linear) process, inferring that data collection, processing, analysis and reporting are entangled and not just several steps (Nieuwenhuis, 2016:109). When conducting data analysis, the researcher must constantly consider the research questions that guide the study, as well as the study's objectives and aim (Nieuwenhuis, 2016:110). The researcher and an independent coder both conducted a data analysis. The independent coder followed the same data analysis method as Tesch. In consultation with the supervisor, both parties discussed the findings and agreed on the themes, subthemes and categories. They compared their findings and agreed with the supervisor's input on the specific themes, subthemes, and categories.

The researcher conducted a data analysis by implementing the following eight steps for qualitative data analysis as proposed by Tesch (cited in Creswell, 2014:196):

- The researcher organised and prepared for the data analysis by transcribing the interviews, sorting the data according to type, and typing field notes.

- The researcher then reviewed all the data and reflected on the transcripts' general ideas and meanings.
- The researcher then chose one interview, read it, and extensively focused on understanding the transcript. The researcher continued focusing on several transcripts, developing categories and naming the different categories to establish a list of themes. The themes were clustered, categorised according to their similarities and differences, and grouped in labelled clusters.
- Codes were assigned to the different clusters, and they assisted in organising categories and new categories and codes that were present.
- The categories were abbreviated, and the codes were alphabetically ordered.
- The number of categories was minimised by grouping those who are similar and describing how they are related.
- The researcher assembled the data material belonging to each category for the preliminary analysis.
- The researcher then recorded the data when deemed necessary.

The next stage of the research process, namely, data verification, is presented below.

#### **3.4.9 Data verification**

In qualitative research, the researchers focus on the in-depth understanding of a phenomenon and preferably use the concept of trustworthiness (Koonin, 2014:253). This study's trustworthiness will be validated using the Lincoln and Guba model (in Lietz & Zayas, 2010:443). The four trustworthiness criteria will be further discussed: credibility, transferability, dependability, and confirmability.

#### **Credibility**

Credibility is described as internal validity whereby the truth of the study must be apparent, or the outcome must “make sense” (Bless, Higson-Smith & Sithole 2013:236). Credibility strategies to ensure credibility include the following (Nieuwenhuis, 2014:123 and Creswell & Poth, 2018:259):

- Adoption of well-established research methods.
- The research design must be aligned with the research question.
- A theoretical framework supporting the research question and methods.
- Early involvement with the organisations and participants.
- Triangulation is used to check multiple sources of data.
- Thick descriptions of the phenomenon; and
- Verifying the data gathered with the participants.

Credibility in this study was ensured by using well-established research methods and theoretical frameworks supporting the research questions and design. Direct quotations were used to substantiate the themes generated from the data. Some participants were also requested to review transcriptions of the interviews to ensure they were a true reflection of the interviews. Meetings with peers not involved in the research process to disclose the researcher's blind spots further ensured credibility (Flick, 2018:548). Using an independent coder to analyse the data and compare the findings was also a way to provide the credibility of the research findings (Creswell & Creswell, 2023:305). Koonin (2021:296) delineates the employment of an independent coder in conjunction with the comparative analysis of the researcher's findings, a method recognised as investigator triangulation or inter-coder reliability. This approach is widely regarded within scholarly circles as a strategic means to uphold the credibility of research outcomes.

### **Transferability**

Transferability refers to the generalisation of the research study's findings when they are applied to a similar situation and will deliver similar results (Koonin, 2016:258). In qualitative research, transferability does not want to generalise but wants the reader to connect elements in the study and their own experiences (Nieuwenhuis, 2014:124). The researcher ensured transferability through thick descriptions of the context and process of the study. The researcher also carefully selected participants with purposive sampling to ensure they could contribute detailed information about community violence, and data were further documented in detail to provide thick

descriptions of the interviews (Korstjens & Moser, 2018:122).

### **Dependability**

Dependability pertains to the systematic amalgamation of data collection methodologies, data analysis procedures, and resultant findings (Koonin, 2021:296). In addition, Korstjens and Moser (2018:121) describe the strategy for ensuring dependability as follows: "Dependability involves participants' evaluation of the findings, interpretation and recommendations of the study such that all are supported by the data as received from participants of the study". The procedures of the research study were all written down to leave an audit trail to trace the research step by step, and the researcher ensured the specific application for the research design, documenting the data collection and keeping a record of all decisions made during the study.

### **Confirmability**

Confirmability refers to the aspect that the data collected needs to support the study's findings and may not be shaped by the researcher's motivations (Creswell, 2018:259-261; Nieuwenhuis, 2016:125). The findings and interpretations of the study needed to clearly show that they are supported by the data (Korstjens & Moser 2018:121). The following strategies were included in the study to ensure confirmability (Creswell & Poth, 2018:259):

- Triangulation was done by member checking and letting participants check the final findings to give feedback.
- Leaving an audit trail so that the research process can be traced.
- Other researchers made use of peer debriefing about the study.

This study used triangulation by member checking, which involves participant feedback to determine whether they agree with the research findings. The research report also included detailed information about the research process, data collection, interview process, and transcriptions of the participants.



Data verification has been discussed and applied to this study, and the following discussion will be the ethical considerations that were integrated throughout the research process.

### **3.5 Ethical Considerations**

Older persons are a vulnerable population, and according to research ethics, the concept of vulnerability can be defined as "a person's inability or impaired ability to give ethically or legally valid informed consent or from a situation or circumstance, such as severe illness, economic disadvantage or incarceration, that puts an individual or group of individuals at greater risk of being exploited or unfairly taken advantage of in the research setting" (Presidential Commission for the study of Bioethical Issues, 2016:5). The ethical considerations regarding vulnerable persons includes categorially and contextual vulnerability. The categorical approach mainly applies to persons of a group who are vulnerable for similar reasons. Contextual vulnerability refers to contextual sensitivity, including cognitive or communicative vulnerability, institutional vulnerability, deferential vulnerability, and medical vulnerability (Presidential Commission for the Study of Bioethical Issues, 2016:5- 6). Research ethical guidelines recommend the following actions or principles to safeguard contextual vulnerable persons from harm in research (Presidential Commission for the Study of Bioethical Issues, 2016:6):

- Respect for persons: Persons should be treated as individuals rather than group members, and respect for human vulnerability and personal integrity are paramount. Respect is also connected to informed consent and disclosure of all information. The researcher adhered to this principle during her research study.
- Cautious assessment of participants for inclusion in the sample. The researcher made use of inclusion and exclusion criteria and also of gatekeepers, who are familiar with the vulnerable population of older persons and assisted in identifying potential participants who were able to understand the informed consent process. Informed consent should be communicated, and participants should be educated and explained all the risks involved. Those individuals who cannot provide informed consent need permission from

a legally authorised representative. The researcher adhered to this condition of ethical considerations.

- Applying the principle of justice requires treating people equally, ensuring participants are selected relatively and distributing the benefits of the research outcomes.

### **3.5.1 Informed consent**

Informed consent implies that participants understand the risks and benefits of participating in the survey (Flick, 2018:140). The researcher needs to adhere to the criteria for informed consent, which include that consent should be given by a competent person, the person needs to be adequately informed, and the consent must be given voluntarily (Flick, 2018:140). The researcher used language that was understandable to the participant to obtain appropriate written informed consent (Babbie & Mouton, 2016:529).

The advantages of a consent form are that the respondents will be fully aware of the nature of the research and the implication of their participation at the outset (Bryman, 2012:140). The researcher, however, took cognisance of getting informed consent from participants by attending to the following aspects:

- Participants were assured of confidentiality.
- The researcher fully revealed their contact details and identity. Any benefits or risks were communicated to the participants.
- Participants were informed that participation was voluntary and they had the right to withdraw.
- The participants were given a brief explanation of and understanding of the study and the content of the interviews, procedures, and timeline (Creswell & Poth, 2018:56; Padgett, 2017:81).

Therefore, the researcher ensured that the older persons selected for the study fully understood the content of the consent form and were competent (in writing and verbally) before they signed it. The process of undertaking this research, with its possible risks, disadvantages, and advantages, was explained to the participants

before the interviews.

The researcher ensured that the participants who will be interviewed consent in writing (see addendum C).

### **3.5.2 Anonymity**

Strydom & Roestenburg (2021:124) elucidate anonymity as the condition in which individuals are not solicited to furnish personal information that could facilitate their identification by others. Anonymity refers to the protection of participants' identities, as well as their interests and well-being (Rubin & Babbie, 2016:87). The guarantee of anonymity is vitally essential for participants in qualitative research because they do not have safety in numbers like in quantitative research (Padgett, 2017:83). If neither the researchers nor the readers of the findings can identify a given response with a given respondent. Anonymity in the research project is achieved (Babbie, 2016:65). The researcher herself was also unable to identify any participants after the research process was completed (Strydom & Roestenburg, 2021:124).

The researcher ensured that data was anonymous by not linking participants' responses to their names but by allocating a number or a pseudonym to a participant's data.

To guarantee that participants' information remains anonymous, Brink et al., (2018:31) suggested the following:

- That a database containing the real identities of the participants should be destroyed.
- Using codes and numbers to name participants.
- During discussions held of data, continue to use coding names.

The researcher ensured that data related to participants' responses or participants' responses linked to their identity remained anonymous. Although the researcher was aware of the participants' identities, anonymity was maintained by ensuring that

no one else was informed of these identities, thereby preserving the participants' anonymity to external parties.

### **3.5.3 Confidentiality**

All professionals need to be trained in their ethical responsibility toward confidentiality in research when all names need to be replaced with numbers, and the master file with the names of participants needs to be unavailable to anyone except for legitimate purposes (Rubin & Babbie, 2016:870). Strydom & Roestenburg (2021:124) described confidentiality as limiting others' access to their confidential information.

Audiotapes and digital recordings need to be unavailable for access except for legitimate purposes of the study (Padgett, 2017:84). Hence, the researcher ensured that the information and audiotapes or digital recordings with the information provided by the participants during the interviews are kept confidential and locked away and that only study supervisor and the independent coder had access to the collected data, who did sign a third-party confidentiality agreement.

The researcher informed the participants that their names would not be released after the information was gathered, and pseudonyms were used for the participants. The notes and data collected were kept safe and locked away throughout the research process and will be destroyed after five years.

### **3.5.4 Privacy**

Privacy is the right of the person associated with interviews conducted in a safe, private room where the participant is unidentifiable to other persons (Strydom & Roestenburg, 2021:124; Wright & Raab, 2014:6). Privacy is also the right of people to be protected and not have their information publicised (Birkenmaier & Berg-Weger, 2016:55). Therefore, the researcher ensured that the participants were private and safe in the venue, which was mostly the residential environment that they chose for the interviews to be conducted.

### **3.5.5 Beneficence**

Organisations and participants involved in a research project need to be assured of minimal harm that should be done to study participants (Shaw & Holland, 2014:107). Beneficence always focuses on enhancing the well-being of participants and creating awareness of the benefits that participants may receive from the study findings for that specific population (Strydom & Roestenburg, 2021:120). When participants are from a vulnerable group like older persons, the ethical principles that are important to follow are that the participants should be treated as autonomous and that any diminished autonomy is entitled to protection (Flick, 2018:143). Accurately estimating the risk factor regarding emotional upset is never entirely possible. Still, a researcher can anticipate the risk and take appropriate actions to prevent harm when sensitive information is likely explored (Louw, 2021:304).

The researcher ensured that participants would not be asked to perform any acts that would reduce their self-respect or shame them. The questions asked were carefully worded to minimise any distress or discomfort. The researcher also informed all participants of the risks of their participation in the study. The only foreseeable risk may be minor discomfort or inconvenience; still, if in any way a participant's well-being may be compromised, the researcher made prior arrangements for participants to be referred for professional counselling and debriefing if needed. The participants did not receive any incentives for participating in the study. There are no financial benefits applicable to this study. Research findings will also be communicated to avoid disclosing or harming participants (Creswell & Poth, 2018:56).

### **3.5.6 Management of information**

Information management implies that notes and transcripts of recordings must always be kept secure. Therefore, technology presents new ethical dangers for storage and safety (Silverman & Patterson, 2015:18). However, data storage is done on cybernetic servers requiring data security procedures. The researcher will ensure that all the collected data is kept safe and inaccessible to unauthorised persons and that the device used will be password protected.

### **3.5.7 Debriefing of participants**

Debriefing is a session where the participants have an opportunity after the study to work through their experiences and any emotional upset or address misconceptions (Strydom & Roestenburg, 2021:126). If needed, the researcher should make prior arrangements for referral for professional counselling and debriefing of participants (Padgett, 2017:85).

Ethical considerations that involve human participants entail that debriefing is a critical part of a study's research ethics (Babbie, 2013:7). The researcher will make the necessary arrangements to confirm that a trained person will be available to debrief participants. A formal request was created, and confirmation was received in writing from a qualified social worker to render debriefing services if needed by the participants (Addendum F).

### **3.6 Summary of the Chapter**

In this chapter, the researcher thoroughly examined the research methods employed in this study. Recognising the need to delve into the perceptions and experiences of older persons about community violence in a violent-stricken community of Eersterust in the Tshwane region, a qualitative approach was deemed most suitable. The chosen methodological framework encompassed a phenomenological design and an exploratory design.

A sample of ten older persons was purposively selected to ensure the richness and depth of data, adhering strictly to predetermined inclusion and exclusion criteria. Data collection was facilitated through face-to-face semi-structured interviews guided by a comprehensive interview protocol. Subsequently, data analysis was conducted following the eight-step process outlined by Tesch.

Verification procedures in alignment with Lincoln and Guba's model further assured the integrity and reliability of the data. Ethical considerations were rigorously addressed and discussed in detail to uphold the ethical standards governing the study.

## CHAPTER 4: PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

### 4.1 Introduction

The findings presented in this chapter have been systematically organised into themes, sub-themes, and categories juxtaposed with contemporary literature. This process includes incorporating participant excerpts (Makofane & Shirindi, 2018:48). The researcher enlisted an independent coder to enhance the study's rigour. During the data analysis phase, the researcher conducted an independent analysis concurrently; the coder performed a separate analysis. Subsequently, a collaborative comparison of both respective analyses occurred, leading to joint decisions on the identified themes, sub-themes, and categories. The data analytical approach employed adhered to the eight steps outlined by Tesch (as cited in Creswell, 2014:196).

### 4.2 Biographical Information

Table 2 provides an overview of participants' biographical information, including age, gender, duration of residency in the neighbourhood, current living arrangements and ethnic group. As Creswell (2016:110) advocates, using a tabular format for a comprehensive participant summary is recommended to enhance a profound comprehension of the participants' profiles and contextual relevance to the study.

**Table 2: Biographical information of the participants from the Eersterust community**

| Pseudonym and abbreviation | Age | Gender | Years living in the community | Current living arrangement                         | Ethnic Group |
|----------------------------|-----|--------|-------------------------------|--|--------------|
| Agnes (A)                  | 63  | Female | 25                            | Her son is living with her in her house            | Black        |
| Ben (B)                    | 73  | Male   | 55                            | Living with his wife and children in his own house | Coloured     |

| Pseudonym and abbreviation | Age | Gender | Years living in the community | Current living arrangement                                  | Ethnic Group |
|----------------------------|-----|--------|-------------------------------|---|--------------|
| Celia (C)                  | 66  | Female | 50                            | The daughter is living with her in an older person's house  | Coloured     |
| Doris (D)                  | 69  | Female | 52                            | Son and grandchildren live with older persons in her house  | Coloured     |
| Eunice (E)                 | 61  | Female | 52                            | She lives with her mother and son                           | Coloured     |
| Frank (F)                  | 65  | Male   | 40                            | Wife and child  | Coloured     |
| Aunty O (G)                | 67  | Female | 58                            | She lives with her daughter                                 | Black        |
| Holly (H)                  | 83  | Female | 54                            | Lived with her partner                                      | Coloured     |
| Irene (I)                  | 71  | Female | 60                            | Live with daughter, granddaughter, and great-granddaughter. | Coloured     |
| Joy (J)                    | 82  | Female | 56                            | Live with daughter and grandson                             | Coloured     |

#### 4.2.1 Age of participants

The study encompassed older people within the age range of 61 to 83 years. It is noteworthy that for this study, the characterisation of older persons, as per the guidelines outlined in the Older Persons Act 13 of 2006 (South Africa, 2006: section 1), designates an individual as an older person if they are 65 years or older (if male) and 60 years or older (if female), as specified within the same Act were applied.

This study's findings deviated from the demographic distribution reported by Statistics South Africa in 2023, which indicated that, based on data collected from 2017 to 2021, the age group of 60-64 exhibited the highest proportion of older persons in South Africa, with the age cohort of 80 and above constituting a smaller segment within the older population (Statistics South Africa, 2023:14). In contrast,



the participants in this study, within the Eersterust context, were predominantly drawn from the 65-69 age group, with an equivalent number of participants distributed between the 65-69 and 70-85 age groups. It is important to note that in qualitative research, the aim is not to generalise findings but to acknowledge the unique contextual characteristics of the study area.

#### **4.2.2 Gender of participants**

This study's deliberate selection process resulted in a participant group comprising ten older persons, characterised by a notable gender imbalance: two males and eight females. This gender distribution aligns with broader demographic trends observed in South Africa, where data from Statistics SA from 2017 to 2021 revealed a conspicuous predominance of females across all population groups. This pattern is particularly pronounced within older age brackets, emphasising the prevalence of females in this demographic segment (StatsSA, 2023).

The findings of the Census 2022 survey conducted in Eersterust further corroborate this trend, reporting a population distribution of 48.4% male and 51.6% female residents (StatsSA, 2023). The researcher's challenges in purposefully recruiting male participants for the study underscore the broader societal context of a female-dominated group of older persons.

#### **4.2.3 Duration of the participants residing in the Eersterust community**

Most participants resided for 50 years or more in the Eersterust community. Eersterust is a close-knit community, and most participants have lived in this community for more than five decades, with two participants residing there for 25 and 40 years. This duration of living in their respective neighbourhoods highlights the tendency that most older persons want to "age in place" (Golant, 2018:189). This concept entails older persons' preference to continue residing in familiar surroundings. However, safely achieving this aspiration proves to be challenging when confronted with the deteriorating conditions of neighbourhoods characterised by elevated crime rates, environmental degradation, and or disinvestment (Ernst & Maschi, 2018:10).

The physical and social environments significantly influence older persons' capacities and enhance their abilities to continue to reside in their communities. According to Plagg & Zerbe (2021:53), approximately 75% of the variations in longevity are primarily influenced by our interactions with the environment and exposures, as opposed to hereditary factors, which underscores the critical role of environmental factors in shaping health outcomes for older persons. Active ageing has been widely recognised as a crucial approach for older persons to experience physical, mental, and social well-being throughout the ageing process (Gan et al., 2022:1). Several initiatives in neighbourhoods aim to establish age-friendly neighbourhoods to promote active living. Active living can be defined as the participation in a diverse range of social, physical, and recreational activities outside of work and political involvement (Gan et al., 2022:1). Hence, the influence of the neighbourhood emerges as a pivotal determinant for the health and well-being of older persons. This significance is heightened by their restricted daily activities and social engagements predominantly confined within their local vicinity (Settels, 2020:673).

South Africa and several other nations seek to facilitate the "ageing well" concept by recognising that it extends beyond mere freedom from disease and ailment. It enhances an individual's subjective well-being and living environment (Ralston, 2018: 111- 112).

In conclusion, the pursuit of healthy ageing is not solely concerned with the absence of physical ailments but also emphasises the enhancement of an older person's overall well-being and the quality of their living environment. This perspective is particularly relevant when considering the impact of community violence in neighbourhoods, as such adverse environmental factors can significantly affect the well-being and quality of life of older residents.

According to de Sousa Faria (2020:24), many older persons believe that remaining in their residential homes and neighbourhoods as long as possible empowers them to maintain control over their lives and preserves their sense of self and well-being. There is a growing emphasis on active ageing and localised interventions, such as age-friendly neighbourhoods and health promotion (Gan et al., 2022:3694). These

measures are becoming increasingly vital for preventing physical and mental health issues among older people (Gan et al., 2022:3694).

#### **4.2.4 Current living arrangements**

All the participants involved in the study were domiciled within their residences with either family members or their partners and children. Notably, a significant proportion of older persons in South Africa reside in extended households (Frisoli, 2016:3). At the national level, StatsSA (2023) data analysis from 2017 to 2021 indicated that approximately 20% of households were led by older persons. The living arrangements of older persons are notably shaped by cultural norms governing co-residence, intergenerational bonds, and familial support (Stats SA, 2023).

According to StatsSA (2023), nuclear households comprise household heads, spouses, and children, contrasting with extended homes, which encompass additional relatives beyond the nuclear family unit. The increasing longevity associated with ageing populations has shown more intricate intergenerational living arrangements, including households with three or more generations (StatsSA, 2023). Only three participants resided with their partner and children in their homes, and most participants lived in extended households. The living arrangements of the study participants reflect the prevailing trends in South African society, where extended households play a crucial role in the lives of older persons (StatsSA, 2023).

#### **4.2.5 Ethnic groups**

In this study, most participants identified with the coloured ethnic group, reflecting the demographic composition of Eersterust (StatsSA, 2023). According to Statistics SA's Census 2022 survey report in 2023, the total population of Eersterust comprises 39,237 people. The ethnic distribution in the community is characterised by 81.7% being classified as coloured, 16% as black African, 1.5% as Asian or Indian, and 0.2% as white (StatsSA, 2023).

Representing two older black Africans among the participants is significant, as it

may contribute to a more nuanced understanding of the experiences of older individuals from diverse ethnic backgrounds within the community. However, it's essential to acknowledge that the study's sample size and the aim of this qualitative study were not generalisable to the broader population.

### 4.3 Themes, sub-themes and categories

Age-related perceptions and experiences of community violence, which older people regularly encounter in dangerous neighbourhoods, piqued the researcher's interest. The data collected from ten participants in the Eersterust region were analysed, and the following themes, subthemes and categories were generated for the thematic analyses.

Themes, sub-themes and categories derived from the data analysis are illustrated in Table 4.3.

**Table 3: Themes, subthemes, and categories**

| THEMES   | SUB-THEMES  | CATEGORIES   |
|--|---|--|
| <p><b>THEME 1:</b><br/>PARTICIPANTS' PERCEPTIONS AND EXPERIENCES OF COMMUNITY VIOLENCE</p> | <p><b>SUBTHEME 1.1</b><br/>THE COMPREHENSION OF THE CONCEPT OF COMMUNITY VIOLENCE</p> <p><b>SUBTHEME 1.2:</b><br/>CONCEPTUALISING TYPES OF COMMUNITY VIOLENCE DIRECTED AT OLDER PERSONS</p> | <ul style="list-style-type: none"> <li>• INTIMIDATION</li> <li>• ROBBERY</li> <li>• INDIRECT EXPOSURE</li> </ul> |
| <p><b>THEME 2:</b><br/>CHALLENGES ENCOUNTERED BY PARTICIPANTS IN</p>                       |   |  |

| THEMES   | SUB-THEMES  | CATEGORIES |
|--|---|------------|
| DEALING WITH<br>COMMUNITY VIOLENCE   |   |            |
| <b>THEME 3:</b><br>PARTICIPANTS'<br>PERCEPTIONS AND<br>EXPERIENCES OF<br>SUPPORT SYSTEMS IN<br>THE COMMUNITY |   |            |
| <b>THEME 4:</b><br>COPING STRATEGIES<br>OF THE PARTICIPANTS<br>WITH COMMUNITY<br>VIOLENCE                    |   |            |
| <b>THEME 5:</b><br>SUGGESTIONS FOR<br>ADDRESSING<br>COMMUNITY VIOLENCE<br>IN EERSTERUST                      | <b>SUBTHEME 5.1</b><br>ENHANCING<br>GOVERNMENTAL<br>INVOLVEMENT<br><br><b>THEME 5.2:</b><br>SUGGESTIONS FOR<br>SOCIAL WORK SERVICES |            |

#### 4.3.1 Theme 1: Participants' Perceptions and Experiences of Community Violence

The thematic analysis reveals the first theme of the participants' perceptions and experiences with community violence. Subsequently, each theme, alongside its corresponding subthemes and categories, is elaborated upon through excerpts from the interviews conducted with the participants. Their viewpoints are systematically amalgamated and interwoven with relevant literature, forming a cohesive narrative. Two subthemes emerged from the data analysis under this theme, and the subthemes included the comprehension of the concept of community violence and the conceptualisation of community violence with the categories of intimidation, robbery and the indirect exposure of violence directed at older persons.

The first subtheme addresses the participant's comprehension of community violence and is further discussed.

#### **4.3.1.1 Subtheme 1.1: The comprehension of the concept of community violence**

A discernible subtheme surfaced about the inquiry posed to the participants regarding their comprehension of the concept of community violence. Notably, all the participants revealed a lack of familiarity with the comprehensive spectrum of community violence. Instead, their responses primarily highlighted specific instances of community violence that they encountered and their perceptions of what community violence entails for them in their community.

The following excerpts underlined the different perceptions of the participants regarding the concept of community violence:

*“Earlier in our community, from the early seventies until the late 1980s, we had different turf wars, not turf wars, but gangs that controlled certain areas of Eersterust. You find that in Nantes, there was a gang, now what they call Mabop. Then there is a gang in Highlands Park; this is a different ward of our community where the youngsters continue with the trend of gangsterism”. (Participant 2)*

*“Where I live, there is not too much violence, but in other areas like Nantes and East and Highlands Park, there are more violent activities due to socio-economic conditions, and because our people, to give a reason, our people don't have many activities in Eersterust for young generations, work-related issues, and schooling issues are contributing factors that lead to all of this” (Participant 5).*

*“Terrible, [community violence] because those who are smoking dagga are unemployed obviously and because they are unemployed, they need money to buy drugs, and therefore they steal whatever you have, it's a sheet, it's a jacket, it's a jersey from the washing line” (Participant 4).*

The first excerpt indicated that community violence is conceptualised as part of gangsterism that is threatening older persons' safety and quality of life in

Eersterust's sub-economic neighbourhoods. While the previous gang structures in Eersterust have disintegrated over time, new gangs have emerged as people, particularly young people, struggle to find work (Hoods, 2018:144).

In September 2023, Prosecutor Advocate Sivhidzho, during proceedings in the Eersterust court as reported in the Pretoria Rekord, underscored the significant impact of gang-related activities on the local community. This concern was particularly highlighted following the sentencing of two individuals involved in violent crimes (Pretoria Rekord, 2023). Drawing a connection to these observations, Bowers & Du Toit's research findings (2014:1) unveiled that gangsterism on the Cape Flats, extrapolated to Eersterust, is a pervasive issue intricately interlinked with a cycle of deprivation. This cycle encompasses elements such as poverty, marginalisation, isolation, unemployment, and a pervasive sense of powerlessness.

Some participants explained the concept of community violence in terms of the causes and consequences. The sentiments expressed by the four participants aligned with the causes of social problems highlighted in the article by Van Petegem (2018) in the Moot Rekord, emphasising the urgent need to address employment generation. According to the article, more than 50 per cent of the youth in Eersterust currently face unemployment—a situation characterised as a ticking time bomb. These insights from the participants mirror the socio-economic dimensions as a cause of community violence, highlighting the interconnectedness of gang-related activities with broader issues of deprivation and economic struggles within the community. The third excerpt also highlighted drug abuse as part of the causes of unemployment issues in the community, which led to theft to support their addiction and threatened older persons' safety and material survival.

The impact of criminal activities, particularly gangsterism, on the community can have significant consequences for older persons. Community violence, fuelled by territorial disputes, involvement in the drug trade, recruitment of vulnerable individuals, retaliatory acts, and the creation of an atmosphere of intimidation, poses a direct threat to the well-being of older persons in the community (Mncube Madikizela-Madiya, 2014:43).

The socioeconomic difficulties are intimately entwined with the emergence of gangs within the community (Mncube Madikizela-Madiya, 2014:43). The ecological systems perspective, a prominent framework within this study, harmonises with the inherent interconnectedness between individuals and their environments (Teater 2014:1; Eiksson, Ghazinour & Hammarstro, 2018:416). Grounded in this perspective, the ecological systems perspective posits that comprehending an individual necessitates an examination within the contextual framework of their environment (Ahmed et al., 2017:48). Fundamental factors encompassing economic hardships like unemployment, meagre job remuneration, and substandard living conditions, play a pivotal role in the emergence of gangsterism in communities like Eersterust (Mncube Madikizela-Madiya, 2014:43).

Examining community violence through the lens of the social justice theory facilitates an understanding of its origins rooted in intricate socioeconomic challenges (Braganza, 2020:4). This complexity emerges from the intersectionality of issues such as poverty, racism, and gender inequalities with racial and ethnic disparities exacerbating these overarching concerns (Braganza, 2020:4). Addressing these socioeconomic challenges becomes crucial to promoting social justice and fostering equitable conditions where older persons can access the necessary resources for a secure and dignified life (Braganza, 2020:4).

A participant articulated his comprehension of the community violence concept, incorporating the understanding of youth violence within it. The following excerpts underline these conceptualisations of community violence:

*“The behaviour in the community is the youngsters that kill each other and hurt each other for no apparent reason, or minor incidence. Like killing and shooting at each other”. (Participant 4)*

*“The behaviour in the community is that youngsters kill each other and hurt each other for no apparent reason or minor incidents. Like killing each other and shooting at each other for drugs”. (Participant 7)*

The excerpts highlight the prominence that youth violence is seen as a threat in the



community. Youth violence is defined as violence perpetrated by a child or adolescent (WHO, 2023). This demographic encompasses youth violence, characterised by incidents among individuals aged 10–29, often occurring outside the home (WHO, 2023).

When assessing the impact of youth violence on older persons in communities, there is a compromise in their safety, well-being, and overall quality of life (Szanton et al., 2014:133). The societal risk factors identified, which encompass access to and misuse of alcohol and firearms, engagement in gangs, exposure to illicit drugs, high-income inequality, and poverty, are intricately linked to the issue of youth violence (WHO, 2023). The health, independence, and safety of older persons are susceptible to influences from the neighbourhood they inhabit, with factors such as the geographical prevalence of issues like gun violence and other threats playing a role (Szanton et al., 2014:133). The perception of safety plays a crucial role in the overall well-being of older persons as they age. Consequently, the fear of crime indicates a subjective lack of safety and is closely tied to their well-being (Muhammad, Meher & Sekher, 2021:2).

Existing literature emphasises the detrimental mental health effects associated with the fear of crime, including heightened stress, anxiety, and depression in older populations living in violent communities (Muhammad, Meher & Sekher, 2021:2). Notably, the prevalence of depression is a significant concern in mental health conditions related to the fear of crime among older persons (Muhammad et al., 2021:2).

These findings highlight the importance of creating safe and secure surroundings to promote the mental well-being of older persons and underscore the need for interventions that address their fear of crime.

#### **4.3.1.2 Subtheme 1.2: Conceptualising types of community violence directed at older persons**

The theme regarding the perceptions and experiences of older persons about community violence and the second subtheme of the conceptualisation of

community violence directed at older persons included three categories. The participants described intimidation and the robbing of older people, as well as indirect exposure to violence, as part of their understanding of community violence.

### **(a) Intimidation**

The following storylines of some of the participants indicated that intimidation was part of their understanding of community violence directed at older persons:

*“My understanding of community violence... how do I call it.... it’s intimidation of people that is not able to help themselves, people that get blackmail, bullied by people that feel they are more prominent or proper than the elderly people.”*  
(Participant 6)

*“There’s intimidation in the street where I live; I have problems with children disrespecting me, and their parents encourage these children to disrespect elderly people; ... there are a lot of elderly people living in the street or walking in the street who these youngsters’ disrespect.”* (Participant 10).

*“As ouer mense het ons niks meer te sê oor wat hier aangaan nie, want as ek ‘n woord sê dan kom hulle vir my, enige ding moet ons geheim hou.”* (Participant 2)

*[“As our people, we have nothing more to say about what is going on here, because if I say a word, they come for me. We have to keep everything secret.”* (Participant 2)]

The provided excerpts from participants shed light on the pervasive issue of community violence, particularly its impact on older persons. Participant 6 highlights the essence of community violence as the intimidation of vulnerable older persons who may struggle to defend themselves. This form of victimisation involves blackmail and bullying perpetrated by those who perceive themselves as more powerful or superior, mainly targeting the elderly population.

Participant 10 underscores the prevalence of intimidation in their living environment, with instances of children openly disrespecting older people. What adds to the

concern is the claim that parents fail to deter such behaviour and may even encourage it. This suggests a breakdown in the traditional respect for elders within the community. The third participant expresses a sense of helplessness among older persons, stating that they feel unable to speak out about the issues in the community. The fear of reprisal or retaliation is evident, creating an atmosphere where concerns and grievances must be kept hidden.

Residing in an insecure neighbourhood can significantly contribute to the risk of social isolation and loneliness of older persons (Tung et al., 2019:1671). A qualitative study finding of Tung et al., (2019:1671) highlighted that community violence not only serves as a physical obstacle hindering older persons from leaving their homes but also acts as a social barrier, eroding trust and neighbourhood cohesion. This association between neighbourhood safety concerns and diminished social connections is particularly relevant when examining the intimidation of older persons within their communities. The author Settles (2020:674) further stated that perceptions of insufficient trust, reciprocity, social interaction, mutual support, and cohesion within a neighbourhood may discourage older persons from establishing social connections and participating in activities that benefit their well-being.

In conclusion, these excerpts collectively highlight the multi-faceted nature of community violence, including intimidation affecting older persons. The issues range from direct intimidation and disrespect to a climate of fear and silence among the elderly population, which may affect their trust relationships and involvement in the community.

### **(b) Robbery**

The following responses of the participants underline some participants' conceptualisation of community violence as robberies directed at older persons:

*“Robbing older people from their pension, their saving, their homes...what else? There’s so many I can’t even think of everything.” (Participant 7)*

*“Wanneer ons by die poskantoor staan en wag vir onse pensioen gelde, dan word*

*een of twee oumense geroof en dan kom die polisie later.” (Participant 5)*

*[“When we stand and wait at the post office for our pension money, one or two elderly people get robbed, and then the police arrive later.” (Participant 5)]*

*“Die geweld is..., ons is vreesagtig om in die strate te loop. Want een kan net skielik verby jou gaan en jou sak gryp, sê ek loop Pick 'n Pay toe en daar kom skielik een en maak my skrik en ek is 'n ou mens dan skrik ek, en kan automaties omval.” (Participant 1)*

*[“The violence is... we are afraid to walk in the streets. Because someone can suddenly pass by you and grab your bag. Say I'm walking to Pick 'n Pay, and suddenly someone comes and scares me. I'm an old person, so I get frightened and could automatically fall.” (Participant 1)]*

*“The violence is just getting worse and worse and now against older people. Like every day there will be an older person robbed. Children do not like respecting the elderly.” (Participant 9)*

The first two excerpts refer to the monthly unsafe environment older persons experience when collecting their old age grant. In households without employed members residing with older persons in communities, family sustenance heavily depends on social grants, including old-age pensions (StatsSA, 2023). These social grants are crucial in the government's efforts to alleviate poverty. In South Africa, it is significant to note that a substantial proportion, precisely 73.0% of the elderly population, receive old age grants as recipients (StatsSA, 2023), often serving as the sole source of income in extended family households. Sure, participants noted the precarious environment during the collection of their old age grants, citing recurrent incidents of robberies specifically targeting older persons as victims.

Participants One and Nine responses underscore the precarious environment where older persons face the risk of street robberies. The safety of walking alone in one's neighbourhood is crucial for promoting an active and healthy lifestyle for older persons (Velasquez, Douglas, Guo & Robinette, 2021:2). The diminished sense of

safety experienced by older people while walking in unsafe residential areas is often attributed to their physical vulnerabilities, making them easy targets for robbery attempts (Köber, Oberwittler & Wickes, 2020:2). The primary concern for older persons, namely the apprehension of potential harm resulting from criminal activities, acts as a hindrance to their overall well-being and mental health. This fear also adversely affects their sense of place attachment and their quality of life in the community (Köber, Oberwittler & Wickes, 2020:2).

Study findings in the United Kingdom stated that older persons, who are vulnerable targets, often fall victim to crimes such as robbery, burglary, and violence in a community (Serfaty, Drennan, Kessel, Brewin, Wright & Blanchard, 2015:140). Other international studies have observed similar patterns, finding comparable findings for property crime, robbery, vandalism, assault, and mistreatment (Ceccato & Bamzar 2016:116; Moore, 2010:16). These studies collectively emphasise the widespread occurrence of diverse criminal activities directed towards the elderly demographic in both the United Kingdom and on a global scale Ceccato and Bamzar (2016:116). Furthermore, they substantiate the findings in the present study.

### **(c) Indirect exposure**

Some of the participants conceptualised community violence as indirect exposure to hearing or witnessing violence in the neighbourhood. Community violence is a dichotomy of direct exposure, involving victimisation, as well as indirect exposure, encompassing seeing and hearing about community violence ((Al-Nuaimi et al., 2015:2). The following participants conceptualised community violence as indirect exposure to violence:

*“Daar is gewoonlik ‘n geskieters naweek na naweek..... uh.... ‘n mes gestekery.... daar’s ‘n bakleiery. Alles gebeur wanneer die mense onder die invloed is van drank, of dwelms is.” (Participant 2)*

*"There is usually a shooting weekend after weekend... uh... a stabbing... there's a fight. Everything happens when people are under the influence of alcohol or drugs." (Participant 2)*

*“In the street where I live, two people were shot and killed. One was across my house, and the other was further down the road. Every day, when these drug users gather to smoke their drugs, there is always violence there, always fighting with each other and hurting each other with intent, and they have no remorse for that.” (Participant 7)*

*“I have experienced gunshots, and though I didn’t see them shooting, I heard the shots many times, many times.” (Participant 4)*

*“Yes, it was a friend; she was an ex-schoolteacher. She was helping out at Primary School, and when she came back from work, he nearly killed her; he ran into the lady’s opposite yard and had the old lady not slammed the gate, I’m sure he would have killed her because he was just mad. After leaving there, he went to kill the gentleman in their street.” (Participant 5)*

This participant's excerpts highlight the witnessing or hearing of community violence, particularly shootings, stabbings and attempts of homicide in the community. The occurrences are often linked to drug use and the influence of substances like alcohol. The participants describe a dangerous environment where incidents of violence, including fights and intentional harm, are common, creating a sense of fear and insecurity for older persons in the community. The presence of gunshots is highlighted as a disturbing and regular occurrence, contributing to the overall theme of a community marked by a high level of violence associated with substance abuse.

Additionally, older persons residing in unsafe neighbourhoods may curtail their outdoor activities, potentially diminishing opportunities for social engagement with neighbours and developing connections that could offer informational, emotional, or instrumental support (Robinette, Piazza & Stawski, 2021:2). The implications are significant for older persons, as the lack of perceived safety in their immediate surroundings can result in a chronic state of vigilance. This sustained vigilance, in turn, may gradually deplete the resources available for effectively coping with the challenges presented by daily stressors (Robinette et al., 2021:2). Therefore, the impact of neighbourhood safety extends beyond physical well-being to encompass

the social and psychological aspects of residents, with potential ramifications for older persons who may be more vulnerable to the consequences of an unsafe environment.

From an ecological systems standpoint, the dangerous neighbourhood setting is not only a backdrop for violence but significantly shapes the daily experiences and well-being of older persons. The macrosystem, which encompasses the broader cultural context, contributes to the prevalence of substance abuse and its association with violent incidents (Kail & Cavanaugh, 2010:43). The microsystem, represented by the immediate environment, directly influences older individuals' feelings of safety and security (Rosa & Tudge, 2013:246).

Moreover, the impact extends to the mesosystem as the community's violence affects social interactions (Rosa & Tudge, 2013:246). Constrained by fear, older persons may limit outdoor activities, diminishing opportunities for social engagement. This disruption in social connections is particularly relevant to the ecological systems perspective, highlighting the interconnectedness between various systems in influencing individual well-being (Teater 2014:1; Eiksson, Ghazinour & Hammarstro, 2018:416).

In summary, when viewed through the ecological systems perspective, the participants' narrative underscores the intricate interplay between individual experiences, community violence, and the broader socio-cultural context. It emphasises the need for holistic interventions that consider the multifaceted impact of neighbourhood safety on the social, psychological, and physical well-being of older persons within their community.

#### **4.3.2 Theme 2: Challenges encountered by participants in dealing with community violence**

Participants in the interviews remarked that the violence in the community presented them with significant health and psychological challenges, as well as experiencing feelings of being disrespected in their community.

The following excerpts of the participants underline this theme regarding the challenges they are experiencing:

*“Jy weet daai ervaring wat ek nou kan sê, maak vir ons meer siek. Want ons kla elke dag. Ons slaap nie in die nagte nie, ons bly kla met onse harte van die hoë bloed en die suiker siekte, dit gaan op en op en op met alles wat aangaan.”*  
(Participant 4)

*["You know, that experience I can now share makes us more ill. Because we complain every day. We don't sleep at night, we keep complaining with our hearts about the high blood pressure and diabetes, it just goes on and on with everything that's happening." (Participant 4)]*

*“Yes, it makes you feel...violated. There was a time when I couldn't even sleep because you have to lock everything. We live in fear... everything is just locked; we are behind bars all the time.”* (Participant 8)

*“My challenge daily is, like I've said before, like I've mentioned, it is the disrespectfulness of these children. Coming in front of my driveway and yard makes a lot of noise, and if you talk to them, they swear at you, and their parents also come and intervene, swear at you and fight with you. I'm not trying to set the children right.”* (Participant 3)

*“What I have experienced here is that I had to.... I can't keep anything outside anymore, not even anything. The neighbour's children who come over and steal came in and just stole out of your yard... Your gate is locked, but they still come in. You don't know where they come through., but they just come in and take.”*  
(Participant 10)

These excerpts underscore the multifaceted challenges faced by the participants, encompassing physical and mental health concerns, fear, security measures, confrontations with disrespectful behaviour, and experiences of theft and insecurity. The narratives provide a comprehensive view of the complex interplay of factors contributing to the participants' overall distress living in a violent community.



The responses to daily stresses and health problems are posited to be positively connected, suggesting that persistent pressure from violent neighbourhoods may diminish older people's capacity to cope with everyday stress (Robinette et al., 2021:1). Additionally, the heightened prevalence of depression among older persons is acknowledged as a significant risk, with a particular focus on the mental health issues associated with a fear of crime within this age group (Muhammed, Meher & Sekher, 2021:2). The prolonged sense of tension or anxiety resulting from chronic stress and hypervigilance is emphasised in several studies, contributing to a deterioration in the mental health of older persons (Robinette et al., 2021:1; Tung et al., 2018:1918).

Ceccato & Bamzar's study findings (2016:4) underscore that older persons, particularly those with limited flexibility, encounter challenges in addressing issues associated with community violence. Consequently, they exhibit reluctance to engage with essential services, such as healthcare, out of fear of falling victim to crime, leading to self-imposed isolation indoors. The repercussions of community violence can further manifest in older persons through limitations in decision-making capabilities and protracted periods of isolation (Tung et al., 2018:1918). The impact of community violence accentuates the need for older persons to establish behavioural constraints based on their temporal and spatial considerations to address the various challenges (Tung et al., 2018:1918).

The challenges outlined in the excerpts, such as health issues, fear, disrespect, and theft, can be understood through the perspective of ecological systems. The microsystem, representing the participants' immediate environment, shapes their experiences (Ettedal & Mahoney, 2017:1). The prevalence of community violence directly affects their daily lives, influencing their mental and physical health and sense of security.

#### **4.3.3 Theme 3: Participants' perceptions and experiences of support systems in the community**

As identified by Polcarová & Pupíková (2022:2), stakeholders encompass a diverse

array of entities in a community, including volunteers and community organisations dedicated to the well-being of community members. Additionally, these stakeholders extend to financial institutions, governmental organisations, businesses and professional associations, and media entities. Most of the participants' excerpts regarding this theme reflect a perception of the limited involvement of the South African Police in the Eersterust community. The participants did not mention any other stakeholders who are rendering services to older persons regarding assisting them with their challenges of community violence. The following excerpts underline this theme:

*“The only help that we have is the police. We so much want them to be visible, to be here to patrol the streets of Eersterust, to come around, but that is not there.”*  
(Participant 3)

*“They are not doing their work [SAP] ..... to prevent the violence that occurs as a result of the drugs that are being sold... that is what is part of the corruption scheme that is so prominent in South Africa, as a disease that is consuming us as a community.”* (Participant 6)

*“Hulle [SAP] is nie behulpsaam nie en hulle kom ook nie onmiddellik nie, hulle sal vir jou sê hulle het nie karre nie.”* (Participant 10)

*["They [SAP] are not helpful, and they also do not come immediately; they will tell you they don't have cars."* (Participant 10)]

Most participants agreed that the police's primary responsibilities involve upholding public order and preventing various forms of crime. The participants' responses reflected the conclusion of Motsepe, Mokwena, and Maluleke's (2022:177) study findings of insufficient and frequently ineffective law enforcement and an overwhelmed, overworked justice system.

Law enforcement satisfaction tends to diminish among residents in regions with elevated crime rates (Haberman, Groff, Ratcliffe & Sorg, 2016:528-530). This correlation is likely attributable to the perception within local communities that their

respective police departments exhibit ineffectiveness in controlling crime, consequently bearing responsibility for the ostensibly high crime prevalence. Additionally, empirical evidence supports that police encounter diminished favourability in areas marked by heightened disorder (Haberman et al., 2016: 528-530). This observed correlation can be elucidated by the prevailing belief among individuals that the perceived inefficiency of their local police force contributes to the worsening of disorderly conditions. As individuals experience an increased apprehension of criminal activities, community residents express a parallel escalation in dissatisfaction towards law enforcement, which is visible in the excerpts of the participants (Haberman et al., 2016: 528-530).

The participants' perceptions and experiences of support systems in the community, as outlined in Theme Three, can be linked to the social justice theory, particularly in the context of policing and law enforcement. Social justice theory emphasises the fair distribution of resources, opportunities, and rights in society, aiming to address and rectify systemic inequalities (Tyler & van der Toorn, 2013:3). In the excerpts provided, there is a notable focus on the role of the South African Police in the Eersterust community, highlighting concerns about the limited involvement and effectiveness of law enforcement in addressing community challenges, particularly related to community violence and the difficulties experienced by older persons.

From a social justice theory, the dissatisfaction expressed by participants regarding the perceived inadequacies of the South African Police suggests a potential imbalance in the distribution of safety and security resources within the community (Kam, 2014:728; Tyler & van der Toorn, 2013:4). The excerpts underscore a perceived lack of visibility, responsiveness, and effectiveness on the part of the police, which may contribute to an unjust situation where certain community members are left vulnerable to crime and violence without adequate protection.

#### **4.3.4 Theme 4: Coping strategies of participants with community violence**

Coping can be defined as an “ongoing cognitive and behavioural efforts to manage specific (external and internal) demands that are appraisal as taxing or exceeding the resources of the individual” (Mitrousi, Travlos, Koukia, & Zyga, 2013:131).

Various coping mechanisms can either alleviate stress and yield positive psychological outcomes or exacerbate stress and lead to unfavourable psychological results. The efficacy of a specific coping technique is further influenced by an individual's level of personal resilience. Additionally, the effectiveness of a particular coping approach may hinge on multiple factors, including the perceived controllability of the stressor, the availability of sufficient coping resources, and the nature of the anticipated outcomes (Smith et al., 2016:318).

The following narratives underline the participants' responses regarding how they cope with community violence:

*"In my neighbourhood, my coping mechanism .... I have decided to look the other way if it is not in my yard, premises, or house. I have decided to look the other way. I concluded that I do not usually handle it anymore; it has nothing to do with me."*  
(Participant 1)

*"Ons sluit ons maar in die huise toe. Daarom kan ek maar sê dis bietjie rustig, want jy hoor niks jy is in die huis jy sit maar net en TV kyk."* (Participant 3)

*["We just lock ourselves inside our houses. That's why I can say it's a bit quiet because you don't hear anything when you're in the house, you just sit and watch TV." (Participant 3)]*

*"We've added burglars and spikes on the fences and gate. We have extended the gates so that they are long. You must see them jump over it when they enter your yard. At the back, we have put on barbwire."* (Participant 6)

*"Ons ouer mense het sit en gesels en sien hoe ons onself kan beskerm. Ons gebruik 'n fluitjie om mekaar in die woonbuurt te sê dat daar gevaar is by een persoon."* (Participant 9).

*["We older people sat and talked about how we can protect ourselves. We use a whistle to alert each other in the neighbourhood that someone is in danger." (Participant 9)]*

From the various responses of the participants, the following coping strategies were identified:

- **Avoidance behaviour**

Participants One and Three employed avoidance behaviour as a coping strategy, finding refuge within their homes to establish a sense of safety and tranquillity amidst external violence. Avoidance behaviour involves reducing contact with people, routine activities, or places (Ceccato & Bamzar, 2016:4). Their choice to stay indoors, engage in activities like watching TV, and intentionally look the other way when violence occurs outside their immediate surroundings reflects a conscious effort to emotionally disengage from incidents that do not directly impact their premises. The findings of the study by Tung et al (2018:1918) suggested that community violence acts as a social barrier, impeding local cohesion and the physical mobility of older persons, potentially leading to self-imposed isolation. These participants' coping strategies also include behavioural and lifestyle adjustments that entail refraining from engaging in activities perceived as risky (Ceccato & Bamzar, 2016:4).

Living in a neighbourhood fraught with risks becomes a significant risk factor for social isolation, loneliness, and a lack of group support (Tung et al., 2018:1918). The act of older persons isolating themselves within their homes due to community violence has been associated with adverse physical health behaviours and outcomes. These include insufficient exercise, sedentary lifestyles, obesity, and elevated blood pressure (Gehris, Oyeyemi, Baishya, Roth, Stoltenberg, 2023:2).

This coping strategy aligns with findings suggesting that living in a risky neighbourhood can be a significant risk factor for social isolation among older persons. The association between self-imposed isolation and adverse physical health outcomes underscores the intricate interplay between community violence, coping strategies, and overall well-being.

- **Protective behaviour**

Participant Six employs a coping strategy that involves self-protective behaviour, incorporating specific measures to bolster physical security. These measures

encompass the installation of burglar bars, spikes, gate extensions, and barbed wire to act as deterrents and create tangible barriers to ward off potential intruders. Ceccato & Bamzar (2016:4) assert that protective behaviour, as highlighted by Participant Six, encompasses actions directed at discouraging criminal activities, such as installing fences. This coping strategy contributes to an improved sense of control and safety for older persons as they perceive it.

- **Collective activities**

According to Ceccato and Bamzar (2016:4), collective activities can be defined and described as participation in groups, such as neighbourhood watch programmes or activities directed at elderly well-being. Participant Nine illustrates a coping mechanism involving collective activities with the collaboration of other older persons in the community. The excerpt highlights that some older persons engage in discussions to devise strategies for self-protection. Using a whistle serves as an alert system, allowing residents to warn each other of potential dangers.

Participants adopted these strategies based on their perceptions of safety, control, and the need for communal support in the face of community violence.

#### **4.3.5 Theme 5: Suggestions for addressing community violence in Eersterust**

This theme of suggestions for addressing community violence is divided into two subthemes, which entail suggestions to the governmental sector and suggestions about how social workers can support older persons in violent-stricken communities.

##### **4.3.5.1 Subtheme 5.1 Enhancing governmental involvement**

The participants made the following suggestions on how community violence can be addressed on the governmental level by addressing socio-economic challenges and policing issues:

*“To uplift the people, by creating job opportunities for our young people and to...and the welfare of our people is being compromised by these issues the socio-economic issues.” (Participant 3)*

*“Die polisie moet baie betrokke wees, baie sigbaar wees. Ek meen as hulle genader word vir hulp moet hulle onmiddelik beskikbaar wees, want ons is ouermense wat onself nie kan verdedig nie.” (Participant 4)*

*["The police need to be very involved, very visible. I mean, if they are approached for help, they must be available immediately because we are older people who cannot defend ourselves." (Participant 4)]*

*“Years ago, we had a drug squad of policemen that took no nonsense from nobody; they took no bribes as opposed to what we have as the police at the moment.” (Respondent 6)*

*“I would say neighbourhood watch, if we could have that in our community, you know, where people just care for one another, and you know, look out for one another.” (Participant 8)*

These subthemes reflect participants' perspectives on economic empowerment, police engagement, discontent with current policing, advocacy for community watch, and concerns about socio-economic challenges compromising welfare.

The findings of a significant 2016 meta-review and field study conducted in the USA are particularly noteworthy. This comprehensive study encompassed 43 reviews, incorporating over 1,400 studies, to identify effective strategies for reducing community violence (Abt & Winship, 2016). Additionally, the research was enriched by fieldwork conducted in El Salvador, Guatemala, Honduras, and the United States. The team visited over 20 locations and conducted more than 50 semi-structured interviews to enhance and supplement their findings (Abt & Winship, 2016). The findings highlight the effectiveness of place-based, people-based, and behaviour-based interventions in addressing community violence (Abt & Winship, 2016). The recommended framework emphasises swift comprehension by policymakers, emphasising the importance of managing the specific locations, individuals involved, and behaviours exhibited.

Place-based approaches involve collaborative efforts with stakeholders and

governmental involvement, implementing hot spot policing, community-oriented policing, and neighbourhood watch programmes in violence-affected communities (Abt & Winship, 2016).

People-based programmes, as suggested by Abt & Winship (2016), encompass school-based and family-based initiatives, cognitive-behavioural programmes, problem-oriented policing, recidivism reduction interventions, and procedural justice measures. Additionally, behaviour-based programmes within this framework include gun violence reduction, drug courts and treatment, drug enforcement, and strategies for regulating and reducing gang behaviour.

The participants' suggestions include some of these recommendations from place-based, people-based, and behaviour-based interventions (Abt & Winship, 2016).

#### **4.3.5.2 Subtheme 5.2: Suggestions for social work services**

This subtheme emerged from the data analysis: *“What suggestions do you have on how social workers can assist older persons living in a violent community?”* The following narratives underline the limited knowledge about and involvement of the participants in social work services in the community:

*“I have never seen a social worker in Eersterust – I have never heard of them. I don’t even know if there is a social worker. Nor an office in Eersterust.” (Participant 1)*

*“We have so few social workers, and the elderly don’t know where to go for help should they need it. Social workers should also be more visible or make their duties or the availability of social workers more visible or more effective in the community.” (Participant 5)*

These excerpts revolve around social workers' apparent absence and lack of visibility in the Eersterust community. Participants express unfamiliarity with the presence of social workers, indicating a perceived gap in support services. There seems to be a notable gap in awareness and accessibility to social services,



particularly social workers, in the Eersterust community. The participants' statements underscore the importance of addressing these issues to enhance the community's ability to access and benefit from social support. This insight could be valuable for policymakers and relevant authorities in improving the visibility and effectiveness of social work services in the community.

The following responses of the participants highlighted the need for support for older persons dealing with the traumatic effects of community violence, the need for practical support and a suggestion to create employment opportunities:

*“I would suggest that social workers could mentally prepare older people for the trauma that they face when they are out there, but also that social workers work towards getting more assistance for older people, for example, transport to where they have to get their pensions or to buy their groceries ... stuff like that.”*  
(Participant 3)

*“After the helpline call, people at the Call Centre should notify the social worker, and what they could do is comfort and help with trauma and be there just for the elderly people to show them that there is somebody that cares.”* (Participant 9)

*“Social Workers, as well as the community, should start to do like job creation initiatives so that we can get the children off the street.”* (Participant 7).

Participants highlight several key points, which will be discussed as follows:

- **Mental preparation and emotional support**

There is a suggestion that social workers play a crucial role in mentally preparing older persons for the challenges they face outside their homes (Abendstern, Hughes, Wilberforce, Davies, Pitts, Batool, Robinson & Challis, 2021:773). Zhang & Dong (2023:2977) alluded that the revelation of the significant influence of psychological resilience and social support on alleviating mental health issues for older persons marks a pivotal breakthrough. Consequently, initiatives aimed at enhancing social support, such as implementing strategies to increase green

spaces within urban areas and elevate greenspace quality, emerge as viable measures for fostering the mental well-being of older persons and contributing to establishing health-oriented communities. In light of these findings, this study holds considerable reference value and practical relevance for advancing healthy communities, with a particularly beneficial impact on the mental health of the elderly population.

- **Improving access to assistance**

Participants expressed a need for social workers to work towards securing more assistance for older people, including facilitating transportation for tasks like collecting pensions or buying groceries (Lee, 2021:1).

Global challenges spanning socioeconomic, ecological, and political realms give rise to diverse communities characterised by conspicuous intolerance and injustices, encompassing oppression and marginalisation. The intrinsic essence of social work is geared towards providing services to individuals and groups within their natural contexts, with the overarching objective of advancing the collective well-being of the community and its members. From a developmental perspective, the profession promotes community involvement, societal cohesion, individual empowerment, integrating indigenous knowledge and traditions, and nurturing self-reliance (Van Der Westhuizen, 2023:1).

- **Coordination and follow-up**

There is a recommendation for better coordination between helpline services and social workers, ensuring that after a distress call, the social worker is notified to provide comfort and help deal with trauma.

Global health and social care systems must effectively assist ageing populations in leading fulfilling lives despite facing advanced progressive conditions, adjusting to functional decline, and acknowledging the inevitability of life's finite nature (Bayly, Bone, Ellis-Smith, Tunnard, Yaqub, Yi, Nkhoma, Cook, Combes, Bajwah, Harding, Nicholson, Normand, Ahuja, Turrillas, Kizawa, Morita, Nishiyama, Tsuneto, Ong, Higginson, Evans, Maddocks, 2021:1).

- **Community initiatives for job creation**

Participants emphasised the importance of social workers and the community collaborating on job creation initiatives to get children off the streets. Community development materialises through a collective commitment to assume responsibility for a situation, entailing collaborative efforts to discern and implement solutions. These imperative underscores the importance of orchestrating the facilitation and mobilisation of community stakeholders and key participants. Establishing networks and partnerships becomes pivotal as conduits to harness diverse skills, knowledge, and resources, fostering collective endeavours toward sustainable, transformative change. Nevertheless, the realisation of effective collaborative action mandates a deliberate focus on the intricate social and relational components inherent in the community fabric (Van der Westhuizen, 2023:3).

Social workers play a crucial role in community development by implementing strategic approaches to empower individuals and groups. These strategies are meticulously crafted to instil a profound sense of ownership and resilience, facilitating the collaborative exploration and resolution of challenges the community encounters. The overarching goal is to cultivate an environment wherein community members are equipped with the necessary tools for individual empowerment and adept at engaging in collaborative problem-solving processes. This multifaceted approach, grounded in social work principles, addresses challenges comprehensively, acknowledging the interconnectedness of social and relational dynamics within the community (Van der Westhuizen, 2023:3).

From an ecological systems perspective, social workers' absence and limited visibility in the Eersterust community highlight gaps in the microsystem. In this immediate environment, individuals interact and experience social processes. Participants express unfamiliarity with social work services, indicating a lack of access to this vital support system within their community. This underscores the importance of enhancing the microsystem by improving the accessibility and visibility of social work services, ensuring that older persons have access to the resources they need to cope with the challenges of community violence.

Moreover, participants' suggestions for social workers to offer mental preparation, emotional support, and practical assistance align with ecological systems theory. These suggestions emphasise the importance of addressing individuals' needs within their immediate environment and leveraging community resources to support older persons.

From a social justice perspective, social work services' limited availability and visibility in the Eersterust community raise concerns about equitable access to support and resources. The participants' statements underscore disparities in access to social services, particularly for older persons who may be more vulnerable to the effects of community violence. Addressing these disparities is essential for promoting social justice and ensuring all community members have equal opportunities to access the support they need to thrive.

Furthermore, the suggestions for social workers to advocate for more assistance, facilitate transportation, and collaborate on job creation initiatives highlight the role of social work in addressing systemic inequalities and promoting social justice. By advocating for policy changes and collaborating with community stakeholders, social workers can work towards creating a more equitable and supportive environment for older persons living in violent communities.

#### **4.4 Summary of the chapter**

This chapter discussed the themes, subthemes and categories of the experiences of older persons about community violence within the violence-affected community of Eersterust. The research sheds light on the multifaceted health and psychological implications stemming from community violence, encompassing aspects such as fear, the implementation of security measures, disrespectful behaviour, incidents of theft, and an overarching sense of insecurity. Furthermore, the study underscores the formidable challenges encountered by older persons in a community with community violence. In addressing issues associated with community violence, resulting in self-imposed isolation and limitations on decision-making capabilities.

Critics of the South African Police's involvement in the community contend that the law enforcement agency lacks sufficient resources to adequately address the prevalent challenges, particularly those intertwined with violence. Coping, defined as the strategic management of stress through cognitive and behavioural mechanisms, emerges as a critical component in navigating these stressors effectively.

Within this context, social workers assume a pivotal role in the psychological preparation of older individuals, contributing significantly to enhancing their mental health and cultivating health-oriented communities. Proposed interventions, including the augmentation of green spaces and the improvement of accessibility to assistance, are recommended to foster community involvement, stimulate individual empowerment, and integrate indigenous knowledge and traditions. This multifaceted approach, rooted in social work principles, comprehensively addresses the complexities of community challenges, aiming to enhance the overall well-being of the elderly population within the violence-affected community.

Building upon the conclusions, the following chapter will culminate with recommendations derived from the empirical insights. These recommendations will serve as actionable guidance for practitioners, policymakers, and stakeholders implicated by the study's focal subject matter. Emphasis will be placed on these recommendations' pragmatic applicability and potential impact, aligning with the overarching goal of influencing positive change or facilitating further inquiry.

## **CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter includes a summary of the chapters, conclusions, and recommendations. The study's goal, objectives, and research inquiries are revisited and outlined to assist in summarising the study's journey, reinforce its academic rigour, and provide a clear linkage between the research process, findings, conclusions, and recommendations.

### **5.2 The Goal of the Study**

The goal of this study was:

- To develop an in-depth understanding of older persons' perceptions and experiences about community violence living in a violent-stricken community and, ultimately, to offer suggestions for social workers to assist older persons living in a violent-stricken community.

### **5.3 The Objectives of the Study**

The following research objectives were formulated to be achieved for this study:

- To explore older persons' perceptions and experiences about community violence living in a violent-stricken community.
- To describe older persons' perceptions and experiences about community violence living in a violent-stricken community.
- To draw conclusions and offer suggestions for social work practice regarding older persons' perceptions and experiences about community violence living in a violent-stricken community.

### **5.4 Research Question and Sub-Question**

The following was the formulation of the research question:

- *What are older persons' perceptions and experiences about community violence regarding living in a violent-stricken community?*

To answer the overarching research question, the following sub-question also needed to be answered:

- *Based on the perceptions and experiences of older persons about community violence living in a violent-stricken community, what suggestions could be made for social workers to assist older persons in a violent-stricken community?*

The chapter is divided into distinct sections, including:

- Summary;
- Conclusions; and
- Recommendations.

## **5.5. Research methodology**

### **5.5.1 Summary**

*Chapter One* briefly outlines the introduction, background goals, theoretical framework, research methodology and methods, while *Chapter Three* delves into a more detailed discussion. This opening chapter delineates the overall orientation of the research. The initial segment elaborates on the background, rationale, problem statement, and research questions, articulating the study's overarching goal and specific objectives. Furthermore, Chapter One explains the theoretical frameworks underpinning the research and the pertinent research methods employed. Ethical considerations that steered the researcher's conduct throughout the study are mentioned and explained in detail in Chapter Three. Additionally, the chapter aims to clarify and simplify the essential concepts used in the investigation. It concludes by describing the structural design of the study.

### **5.5.2 Conclusions**

This study's explicitly chose the interpretivism paradigm for several compelling reasons. In examining the perceptions and experiences of older individuals regarding community violence, this paradigm recognises that individuals hold

distinctive perspectives influenced by their interactions, experiences, and social contexts. By embracing subjectivity, the research aimed to capture the diverse realities of the participants.

The **qualitative research approach** proved to be the most suitable method for investigating the perceptions and experiences of older persons regarding community violence within the violent-stricken community of Eersterust, Tshwane district. By emphasising the study of their perceptions and experiences within their natural settings, qualitative research enabled a deep exploration of the complex and nuanced aspects of community violence experienced by older persons. The flexibility and adaptability inherent in qualitative research allowed for a comprehensive exploration of multiple perspectives and the context-dependent nature of participants' experiences. Moreover, the reflexive nature of qualitative research ensured transparency and rigour in data interpretation, enhancing the trustworthiness of the study findings. Overall, the qualitative approach provided a holistic and in-depth understanding of the phenomenon under investigation, informing social work practice and facilitating the development of targeted interventions to support older persons living in violent-stricken communities.

In conclusion, the **qualitative approach** was chosen for this study due to its appropriateness in exploring the nuanced perceptions and experiences of older individuals regarding community violence in a violent-stricken community like Eersterust. This approach, characterised by flexibility, inductive analysis, and emphasis on context, allowed the researcher to gather rich, in-depth insights from participants in their natural environment. The qualitative method provided a comprehensive understanding of the complex dynamics involved, contributing to the overall depth and relevance of the study's findings for informing social work practice in the violent community of Eersterust.

The **research designs** selected for this study, interpretative phenomenological and exploratory designs, are especially suitable for studying the explorative nature of



older persons' experiences of community violence in the context of their violent-stricken community. By delving into the intricacies of individual experiences, this approach enriched the comprehension of the complexities surrounding community violence as perceived by older persons. The researcher strived to maintain transparency by using reflexivity, ensuring that personal biases, assumptions, and experiences were acknowledged and critically reflected upon throughout the study. This involved regularly documenting and analysing how their own background, perspectives, and positionality might influence the research process, data collection, interpretation of findings, and the conclusions drawn.

The research adopted an **ecological systems perspective** to comprehensively explore how various social systems impact older persons' perceptions and experiences within violent communities. It also employed a **social justice theory** to address inequalities and advocates for fair treatment and access to resources for older people living in such environments. The ecological systems perspective and social justice theory provide valuable frameworks for understanding and addressing the complexities of older persons' experiences in violent communities. By examining the interplay of social systems at different levels and advocating for equitable treatment and access to resources, these perspectives offer insights and avenues for interventions to improve the well-being and safety of older persons in such challenging environments.

Participants were **purposefully selected** based on their ability to provide detailed insights into the phenomenon under study, ensuring relevance to the research objectives. **Pilot testing** of the interview guide was conducted by interviewing two older persons to refine the data collection process and ensure the effectiveness of the interview guide. This small-scale trial allowed for adjustments, which were not necessary, before proceeding with the main study, thereby enhancing the quality and validity of the research outcomes. **Semi-structured face-to-face interviews with an interview guide** facilitated rich and in-depth data collection, allowing participants to share their perceptions and experiences in their own words. Data saturation was reached after conducting the tenth interview. The bilingual interview guide ensured inclusivity and accessibility for participants speaking Afrikaans or English, reflecting the community's linguistic diversity. Building rapport and trust

between the interviewer and participants was prioritised to facilitate open and honest dialogue, enhancing the quality and depth of the data collected. Overall, the rigorous application of appropriate research methods contributed to the thorough exploration of older persons' experiences of community violence, laying the groundwork for meaningful insights and recommendations to inform social work practice and interventions in violent-stricken communities.

**Data analysis** in this qualitative study followed a systematic and iterative process involving transcription, data review, theme identification, category development, and coding. The researcher and an independent coder participated in the analysis, ensuring rigour and reliability. Through a collaborative effort, themes, subthemes, and categories were identified and refined, ultimately leading to a comprehensive understanding of the participants' perceptions and experiences regarding community violence. This approach facilitated the interpretation and presentation of the qualitative data in alignment with the research questions and objectives, enhancing the study's credibility and trustworthiness.

This qualitative study ensured **trustworthiness**, as outlined in the Lincoln and Guba model, focusing on credibility, transferability, dependability, and confirmability. Strategies such as employing well-established research methods, thick descriptions of the phenomenon, participant feedback, and peer debriefing were employed to enhance the validity and reliability of the research findings. These measures ensured that the collected data supported the study's conclusions and were not influenced by researcher bias, thus strengthening the overall confirmability of the study.

**Ethical considerations** are paramount in research, ensuring all older persons' protection, rights, and well-being. This study adhered to established ethical principles, including respect for persons, informed consent, anonymity, confidentiality, privacy, beneficence, and information management. The researcher ensured that vulnerable populations, such as older persons, were safeguarded through careful planning and implementation throughout the research process. Furthermore, measures such as participant debriefing and referral for professional support were in place to address any potential risks or discomfort. Overall, the

ethical framework provided a robust foundation for conducting the study with integrity, trustworthiness, and respect for all participants involved.

### **5.5.3 Recommendations**

- The study was carried out in the Tshwane district in the Eersterust community; the researcher recommends that older persons' experiences of community violence in other violent-stricken communities in South Africa should be explored to obtain a broader perspective on older persons and community violence.
- The researcher recommends that studies of this kind should opt for a qualitative approach to allow older persons to articulate their perceptions and experiences of community violence while residing in a violent-stricken community.

## **5.6 Literature review**

### **5.6.1 Summary**

*Chapter Two* offers an overview of the global and South African prevalence of community violence and its impact on the ageing process of older persons, emphasising challenges, coping strategies, and the role of the environment in active ageing. It highlighted the vulnerability of older persons globally, particularly in South Africa, where eldercide is disproportionately prevalent. The review delved into the complexities of gang violence in Eersterust, Pretoria, and socio-economic factors contributing to community violence in neighbourhoods. The section on the environment underscored the link between physical and social neighbourhood characteristics and older people's well-being. The impact of community violence on older persons' functioning encompasses challenges in physical health, mental health, social environment, and infrastructure. Coping strategies include avoidance and social isolation, and social work services guided by legislation and social justice principles are necessary to assist older persons in Eersterust with community violence. These social work services are crucial in providing safety assessments, crisis intervention, advocacy, referrals, empowerment, and community engagement to support older persons in violent communities.

### **5.6.2 Conclusions**

*Chapter Two* described the global and South African prevalence of community violence and its impact on the ageing process of older persons, emphasising challenges, coping strategies, and the role of the environment in active ageing. It highlighted the vulnerability of older persons globally, particularly in South Africa, where eldercide is disproportionately prevalent. The review delved into the complexities of gang violence in Eersterust, Pretoria, and socio-economic factors contributing to community violence in neighbourhoods. The section on the environment underscored the link between physical and social neighbourhood characteristics and older people's well-being. The impact of community violence on older persons' functioning encompasses challenges in physical health, mental health, social environment, and infrastructure. Coping strategies include avoidance and social isolation, and social work services guided by legislation and social justice principles are necessary to assist older persons in Eersterust with community violence. These social work services are crucial in providing safety assessments, crisis intervention, advocacy, referrals, empowerment, and community engagement to support older persons in violent communities.

### **5.6.3 Recommendations**

Based on the literature reviewed, the researcher arrives at the following recommendations:

- Implement comprehensive social work services tailored to address the unique needs of older persons affected by community violence in areas like Eersterust, Pretoria. These services should encompass safety assessments, crisis intervention, advocacy, referrals, empowerment programmes, and community engagement initiatives.
- Foster collaboration between social work professionals, healthcare providers, law enforcement agencies, community leaders, and other relevant stakeholders to develop holistic approaches to addressing community violence and its impact on older persons' functioning.

## 5.7 Empirical findings

### 5.7.1 Summary

- The study included older individuals **aged 61 to 83**, predominantly those in the representative 65-69 age older persons within the Eersterust community.
- The study's participant group consisted of ten older persons, with a notable **gender** imbalance of two males and eight females, reflecting broader demographic trends observed in South Africa and the Eersterust community.
- Most participants in the study **had lived in the Eersterust community** for over 50 years, reflecting their desire to age in familiar surroundings despite challenges posed by community conditions.
- The study found that all participants lived in their homes with either family members or partners and children, with most residing in extended households, aligning with broader trends in South African society. These **living arrangements** underscore the significant role of cultural norms and familial support in shaping the housing situations of older persons.
- Most participants in the study identified as belonging to the coloured **ethnic group**, mirroring the demographic composition of Eersterust. Including two older black African participants offers some diversity, and the study's qualitative nature underscores that findings are not generalisable beyond the sample.
- The thematic analysis reveals the **first theme of the participants' perceptions and experiences with community violence**. Two subthemes emerged from the data analysis under this theme, and the subthemes included the comprehension of the concept of community violence and the conceptualisation of community violence with the categories of intimidation, robbery and the indirect exposure of violence directed at older persons. The **first subtheme** elucidates participants' diverse understandings of community violence, primarily focusing on experiences with gang-related activities and youth violence within their neighbourhoods. Their narratives underscore the intricate relationship between socioeconomic challenges, such as unemployment and drug abuse, and the perpetuation of violence, especially

among younger generations, highlighting the urgent need for comprehensive interventions addressing both systemic inequalities and community safety concerns.

- The **second subtheme, with its categories of conceptualising types of community violence directed at older persons**, encompasses three categories: intimidation, robbery, and indirect exposure to violence. Participants described intimidation as the harassment and bullying of vulnerable older persons within their communities. Robbery, mainly targeting older persons during pension collection or in their neighbourhoods, emerged as a prevalent form of violence. Indirect exposure to violence, involving witnessing or hearing about violent incidents in the community, also significantly impacted older persons' sense of safety and well-being. These findings underscore the multifaceted nature of community violence experienced by older persons, including direct victimisation, the threat of robbery, and the psychological impact of witnessing or hearing about violence in their neighbourhoods. The ecological systems perspective elucidates the interconnectedness between individual experiences and broader social contexts, emphasising the need for comprehensive interventions addressing immediate safety concerns and underlying socioeconomic factors contributing to community violence against older persons.
- **Theme 2** revolves around the **challenges participants** encounter in dealing with community violence. Participants expressed significant health and psychological issues, feelings of violation and fear, confrontations with disrespectful behaviour, and experiences of theft and insecurity. These challenges highlight the profound impact of community violence on older persons' well-being, emphasising the need for comprehensive interventions addressing both physical and mental health concerns within their immediate environment.
- **Theme 3** explores participants' perceptions and experiences **of support systems in the community**, primarily focusing on the role of law enforcement, notably the South African Police. Participants expressed dissatisfaction with the limited involvement and effectiveness of the police in addressing community violence, highlighting concerns about their visibility,

responsiveness, and effectiveness. This theme underscores potential disparities in the distribution of safety and security resources within the community, aligning with principles of social justice theory and highlighting the need for improved support systems for older persons facing challenges related to community violence.

- **Theme 4** delves into *participants' coping strategies* to mitigate community violence. Participants utilise various approaches such as avoidance behaviour, protective measures, and collective activities to manage the stress and threats posed by violence in their neighbourhoods. These coping strategies reflect a mix of individual efforts to seek safety, bolster security, and foster community support, highlighting the adaptive responses of older persons facing challenging circumstances.
- **Theme 5** entails suggestions for addressing community violence. It is divided into two subthemes: suggestions to the governmental sector and suggestions about how social workers can support older persons in violent-stricken communities. The first subtheme focuses on suggestions for enhancing governmental involvement in addressing community violence. Participants highlighted the importance of economic empowerment, police engagement, community watch programmes, and addressing socio-economic challenges. These suggestions align with effective strategies identified in the research, emphasising place-based, people-based, and behaviour-based interventions to tackle community violence.

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### **5.7.2 Conclusions**

The study focused on older individuals aged 61 to 83 in the Eersterust community, predominantly in the 65-69 age group. Participants included ten older persons with a notable gender imbalance (two males, eight females), reflecting local demographic trends. Most had lived in Eersterust for over 50 years, highlighting their preference to age in familiar surroundings despite community challenges. They typically lived in extended households, emphasising the role of cultural norms and familial support in their housing arrangements. The study revealed diverse perceptions and experiences of community violence among participants, including themes on the

types of violence (intimidation, robbery, indirect exposure) and their impacts on well-being. Participants expressed dissatisfaction with law enforcement's effectiveness in addressing community violence and suggested interventions focused on economic empowerment, police engagement, and community support programs. Overall, the findings underscored the complex interplay between socioeconomic factors and community safety, highlighting the need for comprehensive interventions to enhance the safety and well-being of older persons in violence-affected communities.

### **5.7.3 Recommendations**

#### **5.7.3.1 Recommendations for social work practice, programmes and policies**

To facilitate the empowerment and support of older persons by providing social work services in a community with community violence, the following recommendations are suggested:

- Enhance coordination between helpline services and social workers from welfare organisations who assist older persons in the community to ensure timely and effective responses to distress calls and provide older persons with emotional support and trauma assistance.
- Organisations that provide services to older persons in the community and social workers should prioritise efforts to enhance access to assistance for older people living in the Eersterust community. This includes initiatives to facilitate transportation for essential tasks such as collecting pensions or buying groceries, ensuring that older persons have access to necessities and support services to maintain their well-being despite the challenges posed by community violence.
- Social workers should offer mental health support and counselling services to help older persons navigate the psychological impact of living in a violent-stricken community.
- Increase the visibility and availability of organisations by social marketing, providing services to older persons in the community and social workers in the Eersterust community, and providing essential support and assistance to older persons facing challenges related to community violence.



- Government and community initiatives should be implemented for policies and interventions aimed at addressing underlying socio-economic factors contributing to community violence, such as unemployment, poverty, and substance abuse, to promote social justice and create safer environments for older persons.
- Organisations that provide services to older persons and social workers should provide older persons with resources and training to develop effective coping strategies to manage stress and threats posed by community violence.
- Government initiatives should implement place-based interventions such as community-oriented policing and neighbourhood watch programmes to improve law enforcement visibility and responsiveness in violence-affected areas.
- Community initiatives to foster community collaboration and engagement to empower residents, promote collective action, and foster a sense of community ownership and responsibility for addressing community violence.
- Encourage partnerships between government agencies, community organisations, and stakeholders to develop comprehensive, multi-sectoral approaches to addressing community violence and promoting the well-being of older persons in Eersterust.
- Address disparities in the distribution of safety and security resources within the community, particularly concerning law enforcement effectiveness and responsiveness, to ensure equitable access to protection and support for all residents.

### **5.7.3.2 Recommendations for social work education, training and continuous professional development**

The following recommendations are made concerning social work education and training:

- Social work education programmes should include a comprehensive understanding of social workers' roles in supporting older persons who live in communities with community violence.

- Establish continuous professional development programmes that allow practising social workers to stay updated on evolving best practices, research findings, and innovations in gerontological social work and community violence.
- Promote interdisciplinary collaboration by providing training that fosters effective teamwork and cooperation between social workers and other community stakeholders to address the challenges of older persons regarding community violence in Eersterust.

### **5.7.3.3 Recommendations for future research**

- Future research could delve deeper into the specific contextual factors within violent-stricken communities that contribute to older persons' experiences of community violence. This could include investigating the role of socioeconomic status, community infrastructure, and access to support services in shaping perceptions and responses to violence.
- Conducting longitudinal studies to track changes in older people's experiences of community violence over time could provide valuable insights into the dynamic nature of this phenomenon. Longitudinal research designs would allow for examining how individual experiences and coping mechanisms evolve in response to changing socio-political landscapes and community dynamics.
- Comparing the experiences of older persons across different types of communities (e.g., violent stricken vs. peaceful communities) could offer a comparative perspective on the impact of community violence on older individuals' well-being. Comparative analyses could highlight unique challenges and resilience factors specific to violent-stricken communities.
- Building on this study's findings, future research could focus on developing and evaluating interventions tailored to support older persons living in violent-stricken communities. These interventions could encompass psychosocial support programs, community-based initiatives, and policy recommendations aimed at mitigating the adverse effects of community violence on older persons.

- Recognising the diversity within older populations, future research should adopt an intersectional lens to explore how factors such as race, gender, ethnicity, and sexual orientation intersect with age to shape experiences of community violence. By acknowledging and addressing intersecting identities, research can better capture the complex realities older persons face from diverse backgrounds.

## 5.8 Accomplishments of the research objectives

**Table 4: Accomplishments of the research objectives**

| Number | Objective   | Accomplishment   |
|--------|---|--|
| 1      | To explore the perceptions and experiences of older persons about community violence living in a violent-stricken community.                  | Chapter Four elaborates on this objective by examining the results obtained from thorough data analysis. Meticulously analysed and categorised, these results are presented in five overarching themes alongside several subthemes and categories. Through this detailed exploration, the chapter offers a comprehensive understanding of the views and encounters of older individuals concerning community violence within the violence-affected community of Eersterust, situated in the Tshwane region. Chapters 1,2, and 3 are also aligned with supporting the findings. |
| 2      | To describe the findings of the perceptions and experiences of older persons about community violence living in a violent-stricken community. | Chapter Four addresses the second objective, which focuses on delineating the findings concerning the perceptions and experiences of older persons regarding community violence within a violence-affected   |

| Number | Objective   | Accomplishment  |
|--------|---|---|
|        |   | community. This chapter meticulously outlines the themes and subthemes identified through data analysis, providing a thorough overview. Through systematic exposition, Chapter Four delves into the multifaceted dimensions of older persons' perspectives and encounters with community violence in the violent-stricken locality of Eersterust. |
| 3      | To conclude and make recommendations for social work practice regarding older persons' perceptions and experiences about community violence living in a violent-stricken community. | As delineated in Chapter Five, achieving this objective involved concluding the study's findings and offering recommendations. These recommendations, drawn from the study's findings, encompass policy implications, social work practical applications, educational suggestions, and propositions for future research.                          |

The goal of the study was to develop an in-depth understanding of older persons' perceptions and experiences about community violence living in a violent-stricken community and, ultimately, to offer suggestions for social workers to assist older persons while residing in a community with community violence.

The thorough examination of the perceptions and experiences of older persons regarding community violence within the violence-affected community of Eersterust was successfully conducted by fulfilling specific objectives. The resulting findings proposed several recommendations for social workers aimed at enhancing the provision of social work services to this vulnerable demographic within the violence-affected community of Eersterust.

## **5.9 Limitations of the Study**

This qualitative research study entails certain limitations:

- The findings are not generalisable beyond the specific context investigated, as qualitative research focuses on providing insights into cases rather than drawing broad conclusions.
- As the study interviewed only ten older persons from the violent-stricken community of Eersterust, the perspectives captured may not represent the views of all older individuals residing in similarly affected communities across South Africa.

## **5.10 Conclusion of the chapter**

In conclusion, this research provides a comprehensive exploration of older persons' perceptions and experiences regarding community violence within the violent-stricken community of Eersterust, Tshwane district. Through a qualitative approach, the study elucidates the multifaceted nature of community violence experienced by older individuals, highlighting its impact on their well-being and daily challenges. The findings underscore the urgent need for comprehensive interventions addressing both immediate safety concerns and underlying socioeconomic factors contributing to community violence against older persons.

Furthermore, the study offers valuable insights into the role of social workers in supporting older persons living in violent-stricken communities. Recommendations for enhancing governmental involvement, such as economic empowerment and police engagement, are also provided, aligning with effective strategies identified in the research.

Overall, this research contributes to the existing literature by shedding light on the unique challenges older persons face in violent communities and providing recommendations for interventions and social work practice. By addressing these issues, policymakers, social workers, and other stakeholders can work towards creating safer and more supportive environments for older persons, ultimately enhancing their well-being and quality of life.

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## **ADDENDA**

### **ADDENDUM A: REQUEST FOR PERMISSION TO CONDUCT THE STUDY**

To: The Director

Pretoria Council for the Care of the Aged Corner of Hippo Ave & Hendrik Verwoerd Drive Centurion, Gauteng ZA

Dear Mr de Jager

My name is Veronica Patricia Elicia Malan-Lebona, and I am doing research with Dr Elca Erlank, a senior lecturer in the Department of Social work towards a Masters' degree at the University of South Africa. We are inviting you to participate in a study titled: Perceptions and experiences of older persons living in violence -stricken communities: Suggestions for social work practice.

Your organisation has been selected because it plays a leadership role in rendering generic services within various part of Tshwane district.

This study is expected to collect important information that could contribute to the body of knowledge in service delivery in the field of social work about rendering informed services to older persons who experienced violence and offering suggestions to improve service delivery for such persons. The population selected for this research study are older persons, in the community of Eersterust.

In view of the fact that you are well-informed about this topic, and you are involved in service delivery to persons who have experienced trauma in the past or present, I hereby approach you with the request to participate in this study. The target population for this study consists of older persons. The researcher only considered the boundaries of for this population because she is familiar with these areas and can conduct the study cost-effectively and constructively regarding time consumption.

The participants who will participate in the study will be from caseloads of the social workers at the Tshwane Council for the Care of the Aged and will each be interviewed individually. The study will entail face to face interviews with officials involved in participating in a face-to-face interview that will be conducted at a mutually agreed venue and the agreed time that will be confirmed in advance. It is estimated that the interview will last approximately one hour for each participant.

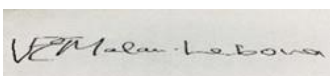
The university guidelines for conducting research studies mandate that researchers adhere to all ethical principles. These include obtaining informed and voluntary consent, ensuring confidentiality, practicing beneficence, and managing data responsibly. Additionally, researchers are required to store hard copies of participants' responses for a minimum period of five years in a locked cupboard or filing cabinet.

The researcher examined any potential levels of inconvenience and/or discomfort that the study might cause to participants. It is anticipated that there will be no risk or harm arising from participation in the study.

Please note that the study will not involve any financial benefit for participation. There will be no financial compensation or incentives for participation in the study given to the participants for taking part in the study. It is also not envisaged that any financial expense will incur, as the interview will be conducted at the venue and time convenient to the participant.

If you would like to be informed of the final research, findings the feedback procedure will entail providing the Directorate with the opportunity to review the findings of the study and providing a copy of the thesis.

Yours sincerely



Veronica Patricia Elicia Malan-Lebona  
Researcher (Social work Masters' Student)

## **ADDENDUM B: PARTICIPANT INFORMATION SHEET**

Ethics clearance reference number: NHREC Registration #: Rec-240816-052

CREC Reference # :31802877\_CRECHS\_2021

Research permission reference number: 31802877\_CRECHS\_2021

Date:

**Title: Perception and experiences of older persons living in violent-stricken communities: Suggestions for social work practice.**

### **Dear Prospective Participant**

My name is Veronica Patricia Elicia Malan-Lebona, and I am doing research with Dr Elca Erlank, a senior lecturer in the Department of Social Work towards a Masters 'Work, towards a Master's degree at the University of South Africa. We are inviting you to participate in a study titled "Perceptions and experiences of older persons living in violent-stricken communities. Suggestions for Social Work Practice".

The research study is part of the fulfilment of the requirements for obtaining a master's degree in social work. This study is expected to collect important information that could contribute to the body of knowledge in service delivery in the field to improve service delivery for such persons.

In view of the fact that you are well-informed about this topic and involved in service delivery to persons who have experienced trauma in the past or present, I hereby approach you with the request to participate in this study. The target population for this study consists of older persons who live in Eersterust. The researcher only considered these two areas because the researcher is familiar with these areas and can conduct the study cost-effectively and constructively regarding time consumption.

The participants who will participate in the study will be from caseloads of the social workers at the Tshwane Council for the Care of the Aged. Participants will be interviewed individually. Should you agree to participate, you will be requested to participate in a face-to-face interview that will be conducted at a mutually agreed venue with you and the agreed time that will be confirmed in advance. It is estimated that the interview will last approximately one hour. You will be asked the following questions:

#### Biographical questions

- How old are you?
- How long are you a resident of Eersterust?
- What are your living arrangements? (alone, living with children, living with family, living with friends)

#### Questions related to the topic:

The factual detail required for the research will be obtained by discussing the following questions:

- Share with me your understanding of the concept community violence.
- Describe what type of behaviours in the community you will regard as community violence against older persons.
- What are your perceptions of community violence in this neighbourhood?
- Explain to me the experiences you had regarding community violence in this neighbourhood.
- Share with me your day-to-day challenges you are experiencing regarding community violence in your neighbourhood?
- What coping strategies did you use in dealing with community violence in this neighbourhood?
- What suggestions do you have to address these challenges in the community more effectively for older persons?
- What suggestions do you have how social workers can assist older persons living in a violent community?

The participation in the research is voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate?

You are free to withdraw this consent and discontinue participation without any loss of benefits. Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

Please note that the study will not involve any financial benefit for participation. There will be no financial compensation or incentives for participation in the study given to the participants for taking part in the study. It is also not envisaged that you will incur any financial expense as the interview will be conducted at the venue and time convenient for you. The researcher aims to make a vital contribution to the body of knowledge in the field of in-service delivery in the field to improve service delivery for such persons.

The researcher examined any potential levels of inconvenience and/or discomfort that the study might cause to participants. It is anticipated that there will be no risk or harm arising from participation in the study. Time is one factor that is evident as you will be required to spend an hour for the interview with the researcher. Should I conclude that the information you have shared left you feeling emotionally upset, or traumatised, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research and no one will be able to connect you to the answers you give. Your answers will be given a code number, or a pseudonym and you will be referred to in this way in the data, any publications, or other research



reporting methods such as conference proceedings.

With your permission, the interview will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses in the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to protect any identifying information. Please note that my research supervisor, the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The independent coder is someone who is well versed and experienced in analysing information collected by means of interviews and will be appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will report the participants' accounts of what has been researched without any modification.

The researcher will store hard copies of your answers for a minimum period of five years in a locked cupboard/filing cabinet in the office for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Hard copies will be shredded, and any electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software programme.

This study has received written approval from the Research Ethics Review Committee of the Department of Social Work at Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

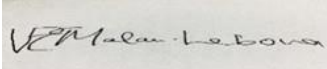
You have the right to ask questions concerning the study at any time. If you would like to be informed of the final research findings, please contact Veronica Malan-Lebona at **0824553545** or email: [isaacvpe@unisa.ac.za](mailto:isaacvpe@unisa.ac.za)

Should you have concerns about the way in which the research has been conducted you may contact Dr Elca Erlank on 012 429 4495/084 597 6464, email address: [Eerlanec@unisa.ac.za](mailto:Eerlanec@unisa.ac.za) . Should you have concerns about the way in which the research has been conducted, you may contact the research ethics chairperson of the Department of Social Work at UNISA. His contact details are as follows: Prof A H Alpaslan, telephone number: 012 429 6739 or email [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za).

Based on the above information provided to you, and being aware of your rights, you are asked to give written consent should you want to participate in this research study by signing and dating the information and consent form provided here with initialling each section to indicate that you understand and agree to the conditions.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'V. Malan-Lebona'.

Veronica Patricia Elicia Malan-Lebona

## **ADDENDUM B1: DEELNEMERS INLIGTINGSBLAD**

Navorsingstoestemming verwysingsnommer: 31802877\_CRECH\_CHS\_2021

Datum:

Titel: Bejaardes se persepsies en ervaringe in geweldgeteisterde gemeenskappe:  
Voorstelle vir maatskaplikewerkpraktyk

### **Geagte voornemende deelnemer**

My naam is Veronica Patricia Elicia Malan-Lebona en ek doen navorsing onderleinding van Dr Elca Erlank, 'n senior dosent in die Departement vir Maatskaplike Werk, met die oog op 'n meestersgraad aan die Universiteit van Suid Afrika. Ons nooi u om deel te neem aan 'n studie getiteld "Bejaardes se persepsie en ervaringe in geweldgeteisterde gemeenskappe: Voorstelle vir Maatskaplikewerk praktyk."

Die navorsingstudie vorm deel van die vervulling van die vereistes om 'n meestersgraad in maatskaplike werk te behaal. Die verwagting is dat die studie belangrike inligting sal versamel wat sal bydra tot die breë kennis van dienslewering in die veld om dienslewering aan die teikengroep te verbeter.

Die teikengroep vir die studie is bejaardes wat in Eersterust woonagtig is. Die navorser het slegs op die twee gebiede besluit omdat die navorser bekend is met die gebiede en die studie koste effektief en konstruktief, tydsgewys kan geskied.

Die deelnemers in die studies is uit die gevallelading van maatskaplike werkers by die Tshwane Council for the Care of the Aged. Deelnemers sal individueel ondervra word. Indien u sou instem om deel te neem, sal 'n een-tot-een onderhoud wat sal geskied by 'n plek waartoe beide partye instem op 'n tyd geskik vir albei partye gedoen word.

Die geskatte tydsduur van die onderhoud is een uur. Die volgende vrae sal aan u

gestel word:

Biografiese vrae

- Hoe oud is u?
- Hoe lank is u 'n inwoner van Eersterust?
- Woon u alleen, by kinders, met familie of by vriende?

Vrae verwant aan die onderwerp:

Die feitelike besonderhede benodig vir die navorsing sal bekom word deur die bespreking van die volgende vrae:

- Gee vir my u persepsie wat u verstaan onder die begrip gemeenskapsgeweld.
- Beskryf vir my die gedragstipes in u gemeenskap wat u as gemeenskapsgeweld teenoor bejaardes sal bskou.
- Wat is u beskouing van gemeenskapsgeweld in die woonbuurt?
- Vertel vir my van u ervaringe van gemeenskapsgeweld in die woonbuurt.
- Vertel vir my van u daaglikse uitdagings ten opsigte van gemeenskapsgeweld in u woonbuurt?
- Watter strategie(ë) gebruik u om met die gemeenskapsgeweld in u woonbuurt saam te leef?
- Watter voorstelle sal u maak om die uitdagings in die gemeenskap meer effektief vir bejaardes te hanteer?
- Watter voorstelle sal u maak oor hoe maatskaplike werkers behulpsaam kan wees om bejaardes by te staan in 'n geweldadige gemeenskap?

Die deelname aan die navorsing is vrywillig. U is nie verplig om deel te neem nie. U besluit om deel te neem of om nie deel te neem nie sal u geensins affekteer in die toekoms nie en u sal geen verliese lei nie, sou u instem om deel te neem en die inligtingsdokument te onderteken as bewys van u vrywillige deelname,

Dit staan u vry om u deelname te staak sonder die verlies van enige voordele. Deelname is vrywillig en sou u voortgaan met deelname, sal hierdie inligtingsblad aan u oorhandig word en sal u die skriftelike toestemmingsvorm moet onderteken. U kan enige tyd onttrek sonder om redes te verskaf.

Neem asseblief kennis dat deelname aan die navorsing geen finansiële vergoeding inhou nie, asook geen aansporingsvoordele nie. Daar word ook nie voorsien dat u enige uitgawes sal aangaan nie aangesien die onderhoud sal geskied op 'n plek en tyd wat vir u gerieflik sal wees. Die navorser beoog om 'n belangrike bydrae te lewer tot die bestaande kennis van dienslewering in die veld, ten einde 'n verbeterde diens aan die geaffekteerde persone te verseker.

Die navorser het gekyk na enige potensiële vlakke van ongemaklikheid en ongerief wat die studie vir deelnemers mag inhou. Daar is geen verwagte leed of skade wat uit die deelname aan die studie sal vloei nie. Indien die navorser sou evalueer dat die inligting wat u met ons deel u emosioneel ontstel of traumatiseer, sal u na 'n berader verwys word, vir berading, indien u sou toestem.

Met u toestemming sal die onderhoud op band opgeneem word. Die opname sal woord vir woord getranskribeer word. U antwoorde sal streng vertroulik bly. Die opname sal gekodeer wees om enige moontlike inligting wat u kan identifiseer te verskans. Neem kennis dat die supervisor, die vertaler en die onafhanklike kodeerder almal 'n vertroulikheidsklousule sal teken ten einde te verseker dat alle inligting vertroulik sal bly. Die onafhanklike kodeerder is 'n kundige, ervare dataontleder en sal die ontleding van die die onderhoude onafhanklik van die navorser hanteer.

Die navorser sal kopieë van u antwoorde vir 'n minimum van vyf jaar in 'n geslote kabinet in die kantoor stoor vir toekomstige navorsing of vir akademiese doeleindes; elektroniese inligting sal op 'n wagwoord beskermde rekenaar gestoor word. Toekomstige gebruik van gestoorde data sal onderworpe wees aan verdere navorsing etiese herskouing en toestemming indien van toepassing. Alle inligting sal vernietig word of permanent van die hardeskyf verwyder word deur die gebruik van relevante sagteware programme.

Die studie het skriftelike goedkeuring van die Navorsing Etiese Komitee van die Departement van Maatskaplike Werk by UNISA. 'n Afskrif van die goedkeuringsbrief is beskikbaar by die navorser indien u een sou verlang.

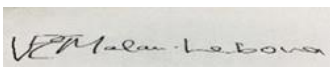
U het die reg om enige tyd navraag oor die studie te doen. Vir navrae oor die finale bevindinge kan u vir Veronica Malan-Lebona skakel by **0824553545** e-pos by: [isaacvpe@unisa.ac.za](mailto:isaacvpe@unisa.ac.za).

Vir enige bedenkinge oor die manier hoe die navorsing gedoen is kontak gerus vir Dr Elca Erlank by 012 429 4495/084 597 6464, epos adres: [Eerlanec@unisa.ac.za](mailto:Eerlanec@unisa.ac.za). U kan ook die voorsitter vir etiek van die Department van Maatskaplike Werk by UNISA kontak. Sy besonderherhede is: Prof A H Alpaslan, telefoon: 012 429 6739 of epos [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za).

Gebaseer op al die inligting aan u deurgegee en u gemelde regte, word u versoek om die skriftelike toestemminghieronder te onderteken en te dateer as bewys van vrywillige voorgenome deelname. Parafeer asseblief elke bladsy om aan te dui dat u verstaan en instem by elke afdeling.

Die opoffering van u tyd om die inligting te lees en u deelname aan die studie word opreg waardeer.

By voorbaat dank



Veronica Patricia Elicia Malan-Lebona

**ADDENDUM C: CONSENT TO PARTICIPATE IN THIS STUDY**

I, \_\_\_\_\_ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the face-to-face interview proceedings.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname ..... (please print)

Participant Signature ..... Date .....

Researcher's Name & Surname ..... (please print)

Researcher's signature ..... Date .....

## **ADDENDUM C1: ONDERNEMING OM DEEL TE NEEM AAN DIE STUDIE**

Ek, \_\_\_\_\_ (deelnemer se naam), bevestig dat die persoon wie my versoek het om aan die navorsing deel te neem die aard en volledige inligting soos die prosedures, petensiële, voordele en risiko's ten opsigte van die studie verduidelik het.

Ek het gelees en verstaan die inligting oor die studie (ook soos aan my verduidelik).

Ek het voldoende geleentheid gehad om vrae te stel en is bereid om aan die studie deel te neem.

Ek verstaan dat my deelname vrywillig is en dat ek enige tyd mag onttrek sonder enige gevolge.

Ek is bewus daarvan dat die bevindinge van die studie deel sal wees van 'n navorsingsverslag, vaktydskrif publikasies en/of konferensie prosedure, maar dat my my deelname vertroulik gehou sal word tensy anders gestel.

Ek stem toe met die band opname van die een-tot- een onderhoud.

Ek het 'n afskrif van die getekende ingeligte toestemmingsooreenkoms

Deelnemer se naam en van ..... (Drukskrif asseblief)

Deelnemer se handtekening ..... Datum .....

Navorsers se naam en van ..... (Drukskrif asseblief)

Navorsers se handtekening ..... Datum .....



## ADDENDUM E: ETHICAL CLEARANCE CERTIFICATE



### COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

25 May 2021

Dear Ms VPE Malan-Lebona

**Decision:**  
**Ethics Approval from 25 May 2021 to 25 May 2024**

NHREC Registration # :  
Rec-240816-052  
CREC Reference # :  
31802877\_CREC\_CHS\_2021

**Researcher(s):** Name: Ms VPE Malan-Lebona  
Contact details: [31802877@mylife.unisa.ac.za](mailto:31802877@mylife.unisa.ac.za)  
**Supervisor(s):** Name: Dr EC Erlank  
Contact details: [eerlanec@unisa.ac.za](mailto:eerlanec@unisa.ac.za)

**Title:** *Older persons' perceptions and experiences of living in violent-stricken communities: Suggestions for social work practice.*

**Degree Purpose:** MSW

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three year.

The **medium risk application** with ref# **2020-SWREC-31802877** was approved by **SWREC** on **17 January 2020** and extended by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



University of South Africa  
Preller Street, Muckleneuk Ridge, City of Tshwane  
PO Box 392 UNISA 0003 South Africa  
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)

confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(25 May 2024)**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

*Note:*

*The reference number **31802877\_CREC\_CHS\_2021** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature :



Prof. Ilse Ferns  
CHS Ethics Chairperson  
Email: [fernsi@unisa.ac.za](mailto:fernsi@unisa.ac.za)  
Tel: (012) 429 8210

Signature : PF



Prof K. Masemola  
Exécutive Dean : CHS  
E-mail: [masemk@unisa.ac.za](mailto:masemk@unisa.ac.za)  
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## **ADDENDUM F: DEBRIEFER'S LETTER**

Eldery Gertze

Cell: 081 391 6318

Office: 012 800 1066

[Eldery.gertze@gmail.com](mailto:Eldery.gertze@gmail.com)

To: Veronica Malan-Lebona

Master of Social Work Student

### **RE: Acceptance for debriefing services**

Hereby I accept your request to assist with debriefing sessions for your research participants. The services rendered to them will be free of charge.

I am a qualified professional social worker with more than 7 years working experience in this field but have also been exposed for more than 20 years to Community development and Occupational Health and Safety in both public and private sector. In this regard you can trust me with your research participants.

I am registered with the SACSSP with registration no 1032865 which bound me to adhere to the ethical code of conduct in our profession at all times.

Kindly inform me two weeks in advance before you start with data collection so that I can be on standby to receive your participants should a need arise.

Wishing you all of success with your studies endeavours.

Best Regards,



E.D. Gertze

16 October 2019

## **ADDENDUM G: INTERVIEW GUIDE**

When beginning the interview, participants' biographical information will be obtained by noting their gender and through asking the following questions:

### **Biographical questions**

When beginning the interview, participants' biographical information will be obtained by noting their gender and asking the following questions:

- How old are you?
- How long are you a resident of Eersterust?
- What are your living arrangements? (alone, living with children, living with family, living with friends)

### **Questions related to the topic:**

The factual detail required for the research will be obtained by discussing the following questions:

- Share with me your understanding of the concept community violence.
- Describe what type of behaviours in the community will you regard as community violence against older persons.
- What are your perceptions of community violence in this neighbourhood?
- Explain to me the experiences you had regarding community violence in this neighbourhood.
- Share with me your day-to-day challenges you are experiencing regarding community violence in your neighbourhood?
- What coping strategies did you use in dealing with community violence in this neighbourhood?
- What suggestions do you have to address these challenges in the community more effectively for older persons?
- What suggestions do you have how social workers can assist older persons living in a violent community?

**Biografiese vrae**

- Hoe oud is u?
- Hoe lank is u 'n inwoner van Eersterust?
- Woon u alleen, by kinders, by met familie of by vriende?

**Vrae verwant aan die onderwerp:**

- Die feitelike besonderhede benodig vir die navorsing sal bekom word deur die bespreking van die volgende vrae:
- Gee vir my u persepsie wat jy verstaan onder die begrip gemeenskapsgeweld.

Beskryf vir my die gedragstipes in u gemeenskap wat u as gemeenskapsgeweld teen bejaardes sal bskou.

- Wat is u beskouing van gemeenskapsgeweld in die woonbuurt?
- Vertel vir my van u ervaringe van gemeenskapsgeweld in die woonbuurt.
- Vertel vir my van u daaglikse uitdagings ten opsigte van gemeenskapsgeweld in u woonbuurt?
- Watter strategie gebruik u om met die gemeenskapsgeweld in u woonbuurt saam te leef?
- Watter voorstelle sal u maak om die' uitdagings in die gemeenskap meer effektief vir bejaardes te hanteer?
- Watter voorstelle sal u maak oor hoe maatskaplike werkers behulpsaam kan wees om bejaardes by te staan in 'n geweldadige gemeenskap?

## ADDENDUM H: THIRD PARTY AGREEMENT FORM



### CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

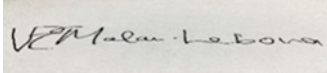

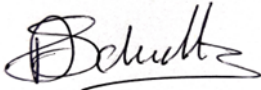
Hereby, I, Peter Schultz, in my capacity as an independent coder, am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study of which the title is:

OLDER PERSONS PERCEPTIONS AND EXPERIENCES LIVING IN VIOLENT-STRICKEN COMMUNITIES: SUGGESTIONS FOR SOCIAL WORK PRACTICE

I shall conform to and abide by these conditions. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study.

I agree to the privacy and confidentiality of the information I am granted access to in my duties as debriefer/ transcriber/ independent coder/ data capturer/ language editor. I will not disclose or sell the information I have been granted permission to gain access to, in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research as a debriefer/ transcriber/ independent coder/ data capturer/ language editor.

| Title   | Signature   | Date       |
|---|---|------------|
| Researcher  |  | 06/07/2023 |
| Supervisor  |  | 06/07/23   |
| Debriefer/ Transcriber/<br>Independent coder/ Data<br>capturer/ Language editor |  | 06/07/2023 |

## ADDENDUM I: TURNITIN



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*Older persons' perceptions and experiences in relation to living in violence-stricken communities: Suggestions for Social Work Practice*

by

**VERONICA PATRICIA ELICIA MALAN-LEBONA**

submitted in accordance with the requirements

for the degree of

**MASTER OF SOCIAL WORK**

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**SUPERVISOR: DR S C ERLANK**

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## **ADDENDUM J: TRANSLATOR'S LETTER**

15 NOVEMBER 2019

### **TO WHOM IT MAY CONCERN**

I, Neil Richard Glyne, hereby confirm that I translated Addendum B; titled. "Participant Information Sheet" and Addendum C titled "Consent to participate in this study" to Afrikaans. For the research study on "Older persons' perceptions and experiences related to living in violence – stricken communities".

I am a qualified teacher, with a three- y e a r Diploma in Education, obtained at The Rand College of Education, Johannesburg in 1987.

I Trust that you will find this in order.



---

Mr. N.R.Glyne

## ADDENDUM K: EDITOR'S LETTER



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### LETTER FOR EDITING OF THE DISSERTATION OF VERONICA PATRICIA ELICIA MALAN-LEBONA

Older persons' perceptions and experiences in relation to living in violence-stricken communities: Suggestions for Social Work Practice

submitted in accordance with the requirements for the degree of  
MASTER OF SOCIAL WORK at the UNIVERSITY OF SOUTH AFRICA

22 February 2024

#### To whom it may concern

I have edited the dissertation of Veronica Elicia Malan-Lebona for her Masters of Social Work and I have sent her and her supervisor my comments/suggestions.

**Declaration of professional editing:** This document certifies that the manuscript listed above was edited by an Editor of B Square Synergy Consultants in accordance with the instruction of the Author.

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Kind regards  
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