EXPLORING THE IMPACT OF RISK AND PROTECTIVE FACTORS ON THE EXPERIENCES OF REFUGEE YOUTH LIVING IN DURBAN, KWAZULU-NATAL

BY

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DECLARATION

I hereby declare that this dissertation is entirely my original work unless otherwise indicated in the text. All citations, references and borrowed ideas have been duly acknowledged. No part of this work has been submitted to any other University in the application for any qualification.

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DEDICATION

I dedicate this work to my research participants, for without them this work would not have been done.

ABSTRACT

The following study aims to provide an in-depth understanding of risk and protective factors experienced by refugee youth from the Democratic Republic of Congo residing in South Africa and their impact on the mental health of the group. The lived experiences and the mental health status and problems of adult refugees living in South Africa are well documented; however much less is known about the lived experiences and mental health status and problems of refugee youth living in South Africa. Refugee youth living in South Africa face a number of challenges due to a high level of risk factors in their daily lives. Risks can be moderated by protective factors. Protective factors reduce the impact of risk factors and act as coping mechanisms which youth use to cope with their everyday challenges. The interaction between risk and protective factors are important as they influence youth's mental health status. Responses to stress can be internalized or externalized problems resulting in a compromised mental health status. If responded to appropriately it can result in prosocial behaviour.

The Social Development Model (SDM) was used as the theoretical framework for the project. The model was used to provide an in-depth understanding of the interactions between risk and protective factors and the impact these factors have on mental health of refugee youth. The study was qualitative where data was collected in the form of individual semi-structured interviews with eight refugee youth from the Democratic Republic of Congo (DRC) currently living in Durban. The sample was selected through convenience and purposive sampling techniques from a larger group from the same population. Study questions were based on the main risk and protective factors that are present to participants' lives, including those related to structural violence. The findings of the study were analyzed and presented through thematic analysis.

The study revealed several key findings related to the impact of xenophobia and financial difficulties. The results of the study showed that the young women tend to internalize problems resulting in more emotional and psychological distress such as social withdrawal, anxiety and fear and young men showed both internalized and externalized problems such as fear, avoidance, poor concentration, physical violence and so forth. Altruistic tendencies, empathy and sympathy were found in both male and female participants. These prosocial behaviours were as a result of the interaction between the risk and protective factors present in the youth's lives.

Keywords: DRC refugee youth, xenophobia, financial difficulties, internalizing problems, externalizing behavioural problems,

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ACRONYMS AND ABBREVIATIONS

AFDL - Alliance des forces democratiques pour la liberation du Congo-Zaire

AIDS - Acquired Immune Deficiency Syndrome **CBD-** Central business District

CDC - Centre for Disease Control and Prevention **CJCP** - Centre for Justice and Crime Prevention **DAT** - Differential Association Theory **DBE** - Department of Basic Education

DRC – Democratic Republic of Congo

DV- Domestic Violence

DVD - Digital Versatile Disc

Ed. - Editor

Eds. – Editors

HIV - Human Immunodeficiency Virus

ID- Identity Card

IPV- Intimate partner violence **ISS -** Institute for Security Studies National Victims Survey **NYVS** - National Youth Victimisation Survey Study **PTSD** - Post-Traumatic Stress Disorder **SASSA** - South African Social Security Agency

SCT – Social Control Theory

SDM – Social Development Model

SLT- Social Learning Theory

STIs - Sexually Transmitted Infections

TA - Thematic analysis

UNHCR - United Nations High Commission for Refugees

WHO – World Health Organization

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CHAPTER 1

INTRODUCTION

At the end of 2015 a total of 65.3 million people were displaced globally, this figure shows that one in every 113 people were displaced from their homes due to conflict (war), starvation or to escape persecution (United Nations High Commission for Refugees (UNHCR), 2016). These people are identified as refugees, asylum-seekers or internally displaced. This paper, focusing on refugee youth, defines a refugee in accordance with Article 1 of the 1951 UN Refugee Convention as:

> "*a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution*" (UNHCR, 2016).

According to Lustig et al., (2004), the convention differentiates between refugees and migrants (who voluntarily leave their countries of origin for economic opportunities). Asylum seekers are legally distinguished as persons who apply for refugee status and declare themselves as refugees after arrival in the host country (Lustig et al., 2004). Immigrants are defined as persons who choose to resettle in another country permanently and receive citizenship of the host country ("New Youth", n.d.)

Nearly half of the world's 65.3 million refugees, asylum seekers and internally displaced persons are children under the age of 18 (Fincham, 2012; Gray, 2016 UNHCR, 2016). According to Gray (2016), 64% of Congolese (DRC) children are refugees somewhere in the world, making up 0.4% of the world total refugee children. For the purpose of this paper the term youth will be defined using the definition used by the World Health Organisation (WHO) which defines youth as persons between the ages of 15 and24 (Sommers, 2006).

Most of the current literature on refugees and forced migrants is devoted to adults; refugee youth have been largely ignored in the literature; they only became more researched by the global social scientific community after the turn of the 21st century (Chatty, Crivello &

Hundt, 2005). This is especially the case in South Africa, despite a large number of refugee youth. The 2011 Census list revealed that of the 2,199,871 foreigners in South Africa, 278,267 of them were children under the age of 19 (Golden, 2016). South Africa is not new to migrants; in the late 19th and 20th century thousands of workers from neighbouring Southern African countries moved to the country to work in the mine and agricultural industries (Smit, 2015). The country's transition to democracy saw a new era for refugees in the continent, becoming the largest recipient of forcibly displaced people and family units from the continent (Smit, 2015).

For years since the transition to democracy, many African refugees have viewed South Africa as a safe haven in Africa. This is largely because of the South African constitution which has been hailed as the global standard in the promotion of social, economic, and political rights and human dignity (Landau, 2006). The author states that the country is one of the few African countries which invites refugees and further encourages them to self-settle in metropolitan areas, where they are granted legal access to labour and the local housing markets and are given the same rights to healthcare, education, and social assistance grants as afforded to the country's citizens. However, this is not always the case in practice; especially considering the number and severity of xenophobic attacks (May 2008, April 2015, October 2015, June 2016) on foreign nationals.

After fleeing to South Africa refugees from war-torn states/conflict regions like the Democratic Republic of Congo are faced with numerous institutional, structural, economic and social/communal challenges. These challenges have a negative impact on the psychosocial development of refugee children including those from the DRC. Many refugee children who grow up in South Africa face a number of challenges (risks) that affect their behaviour, and emotional and psychological well-being. These risks include xenophobia, separation from family, neglect, discrimination, isolation, and other stressors related to adjustment. Although these challenges are faced by many refugee children from war-torn countries from the continent, the focus of this research will be on youth from the DRC living in the Point Area of Durban. The DRC has been plagued by war since the end of former President Mobutu's reign in September 1996 (Weiss, 2000) and the violence in the country continues today, particularly in the country's Eastern region. There has been proportionally limited research conducted on mental health and behavioural outcomes of African refugee children and youth within the continent. Different interacting risk and protective factors faced

by DRC refugee youth living in Durban greatly impact on their behavioural outcome (both pro and anti-social).

The research project was already granted ethical clearance under the following project: Creating spaces for voice, agency and social support through participatory research involving authoring life stories and reflexivity with youth from the DRC refugee community in KwaZulu-Natal. Consent for use of the data has been granted by the project leader, as different challenges (risk factors) presented themselves in the abovementioned larger project. It was deemed necessary to explore these risk factors and their associated protective factors and how DRC youth in this particular community experience these factors. The study focused on the lived experiences of eight youth from the larger project. The research revealed a number of external structural, social and financial challenges facing the youth. The study also revealed a number of internal coping mechanisms which draw on the support of others to help these youth on a daily basis. These mechanisms which included family, peers, church and the youth group (see below) encouraged altruistic behaviours within the youth.

The purpose of this study is to explore the experiences of DRC refugee youth living in Durban, to help bridge the gaps in the literature. The results from this study are intended to be informative for the development of future interventions to assist refugee youth and children in the country with mental health problems in terms of internalizing and externalizing problems.

Objectives Of The Study

The main objective of the study was to provide an in-depth understanding of the impact that different risk and protective factors and their interaction on the mental health status in terms of internalizing and externalizing problems in refugee youth from the Democratic Republic of Congo (DRC) living in Durban.

Specific sub-objectives include:

To explore the risk and protective factors impacting on refugee youth specifically in relation to:

- Structural violence (xenophobia and lack of finance) and
- Social support (family, school, peers, community)

Questions To Be Answered In The Research

1. How do DRC refugee youth experience risk factors in Durban?
2. What are the protective factors that support refugee youth?
3. How do these factors (risk and protective) interact in relation to the group's mental health?

Ethical Considerations

Ethical approval for the study was obtained from the Human and Social Sciences Ethics Committee of University of KwaZulu-Natal (Protocol reference number is HSS/1271/016D-Linked to HSS/0879/015D). The detailed information about the ethical procedures followed in this study is discussed under Methodology in the third chapter.

CHAPTER 2

LITERATURE REVIEW

Introduction

The main objective of the study is to provide an in-depth understanding of the impact of different risk and protective factors and their interaction on the mental health status in terms of internalizing and externalizing problems in refugee youth from the Democratic Republic of Congo (DRC) living in Durban. The sub-objective was to explore the specific factors that impact on the mental health of youth.

Although an extensive body of literature exists on the experiences of refugees in South Africa, more especially in terms of their experience of xenophobia, these studies are most often based on adult's experiences and the impact of these experiences on their psychosocial well-being. An extensive body of literature also exists on the mental health of refugee youth internationally, particularly in relation the risk and protective factors this population face in their host countries (Brough, Gorman, Ramirez & Westoby, 2003; Fazel, Reed, Panter-Brick & Stein, 2012; Hyman, Vu & Beiser, 2000; Isapanovic-Radojkovic, 2003; Liebkind, 1996; Lustig et al., 2004; Masten & Narayan, 2012; Patel, Flisher, Hetrick, McGorry, 2007; Ziaian, de Anstiss, Antoniou, Baghurst & Sawyer, 2012). A growing number of researchers are now beginning to see the links between risk and protective factors and their influence on refugee youth's mental health in relation to emotional, psychological and behavioural problems (Posselt, Procter, Galletly & de Crespigny, 2015).

This chapter reviews literature related to these aspects. It explains the circumstances that forcibly displaced Congolese people from the DRC, to seek refuge in South Africa. One of the most widely covered phenomena faced in South Africa by foreign nationals will be discussed here as a major risk factor. The review also centres around the concepts of risk and protective factors and uses previous research on refugee studies to illustrate the influence of these factors on refugee youth mental health problems. In addition, the review provides a brief discussion on some externalizing (antisocial) behaviours engaged in by youth in South Africa, linking them to risk factors faced by youth. The chapter outlines the social SDM as the theoretical framework within which this study is formulated.

Theoretical Framework

The SDM is described as a general theory of human behaviour that has been used to explain behaviour outcomes through the description of predictive developmental relationships (Catalano, Oxford, Harachi, Abbott & Haggerty, 1999; Catalano, Kosterman, Hawkins, Newcomb & Abbott, 1996). The model integrates aspects of three theories which have been empirically supported, namely: social learning, social control and differential association (Brown et al., 2005; Catalano & Hawkins, 1996; Catalano et al., 1999; Choi, Harachi, Gillmore, & Catalano, 2005). According to Catalano and Hawkins (1996), the model integrates these theories into a developmental framework used to describe a number of predictors of behaviour outcomes; that is the cessation and progression of both mental health problems (externalizing and internalizing problems also referred to as antisocial behaviours) and prosocial behaviours. I will refer to mental health problems as externalizing and internalizing problems, the word antisocial behaviours will denote mental health problems in the form of externalizing problems.

Catalano et al. (1999), state that the social control theory (SCT) is used to identify contributing factors for externalizing problems, as well as contributing factors to conforming or prosocial behaviour. This theory differs from other criminological theories that explain why individuals commit criminal acts as it offers a justification for why individuals obey social rules (Kempf-Leonard & Morris, 2012). The theory explains how individuals conform to socially expected and socially desired behaviours in their social settings (Kempf-Leonard & Morris, 2012). Catalano and colleagues developed the model having understood Hirschi's (1969) social control theory of antisocial behaviour. Hirchi (1969) believed that adolescents and children with strong social bonds are generally unlikely to engage in antisocial behaviour (Van der Westhuizen, 2011). The theory proposes that youth with behavioural problems fail to maintain or form social bonds with members of society which is characterized by: believing in the values taught to them by the social group; being actively involved in the social group; being attached to or having affective relationships; and being committed or invested in the social group (Catalano, Haggerty, Oesterle, Fleming & Hawkins, 2004; Van der Westhuizen, 2011; Wiatrowski, Griswold & Roberts, 1981).

According to Brown et al. (2005), the lack of involvement with prosocial members of the social group increases the chances of a youth being involved in antisocial behaviour.

Particularly as these prosocial social groups establish strong prosocial bonds with the youth, through conformity to prevailing norms and values that inhibit externalizing problems (Brown et al., 2005). The SDM includes the theory as it perceived the bonding of social agents and the adoption of these agents' belief systems as important especially in predicting externalizing problems, and which has been empirically supported by the theory (Brown et al., 2005; Kempf, 1993). However, Brown et al., (2005) argue that the lack of prosocial socializing agents is not a good enough explanation or predictive factor for youth to develop externalizing problems.

According to Catalano et al., (1999), the social learning theory (SLT) was incorporated in the model as it identifies patterns used in the process of maintaining or extinguishing prosocial (conforming) behaviours and externalizing problem outcomes in children and youth. Bandura's SLT asserts that individuals do not merely learn behaviours from their own experiences; they also learn behaviours by observing the behaviours of members from their social group and the benefits that accompany particular behaviours. This extrinsically motivates individuals to continuously perform those behaviours (Rimer & Glanz, 2005). Thus behaviour patterns are learned through the interaction of multiple social members and from these interactions certain behaviours are rewarded and are adopted, reinforced and further maintained (Brown et al., 2005). Behaviours that do not conform to the group's norms and values are punished and stopped (Brown et al., 2005). These learned behaviours are theorised to provide emotional self-regulation for youth and inhibit externalizing problems (Bandura & Walters, 1963; Bandura, 1973; Bandura, 1977). According to Brown et al., "the SDM incorporates SLT by hypothesizing that the social learning process links the development of behaviour from (a) involvement with others and (b) socio-emotional and cognitive skills to the formation of social bonds through the mediating influence of rewards, reinforcements, and punishments." (p. 222).

The differential association theory (DAT) was used in the development of the model "to identify parallel but separate causal paths for prosocial and antisocial processes" (Catalano et al., 1999, p. 40.). The theory was developed by Edwin Sutherland in 1945 as a theory of criminal behaviour (Van der Westhuizen, 2011). The theory proposes that all types of behaviours are learnt in one's social environment in much the same way. Sutherland believed that the defining factor in the type of behaviour an individual is involved in lay in what one learnt rather than how they learnt it (Van der Westhuizen, 2011). According to Van

der Westhuizen the term ‘differential association’ meant to Sutherland “that the contents of the patterns presented in association with others differed from individual to individual” (2011, p.143). He believed that systematic criminality is a product of differential in situations which exist within cultural conflicts, which lead to social disorganization (Vold, Bernard & Snipes, 2002). Thus, behaviour is entirely a product of one’s social environment and behavioural patterns are based on one’s values and those of the social group (Van der Westhuizen, 2011). The theory has been presented in the form of nine propositions (Van der Westhuizen, 2011). Figure1 provides a diagrammatical representation of these propositions.

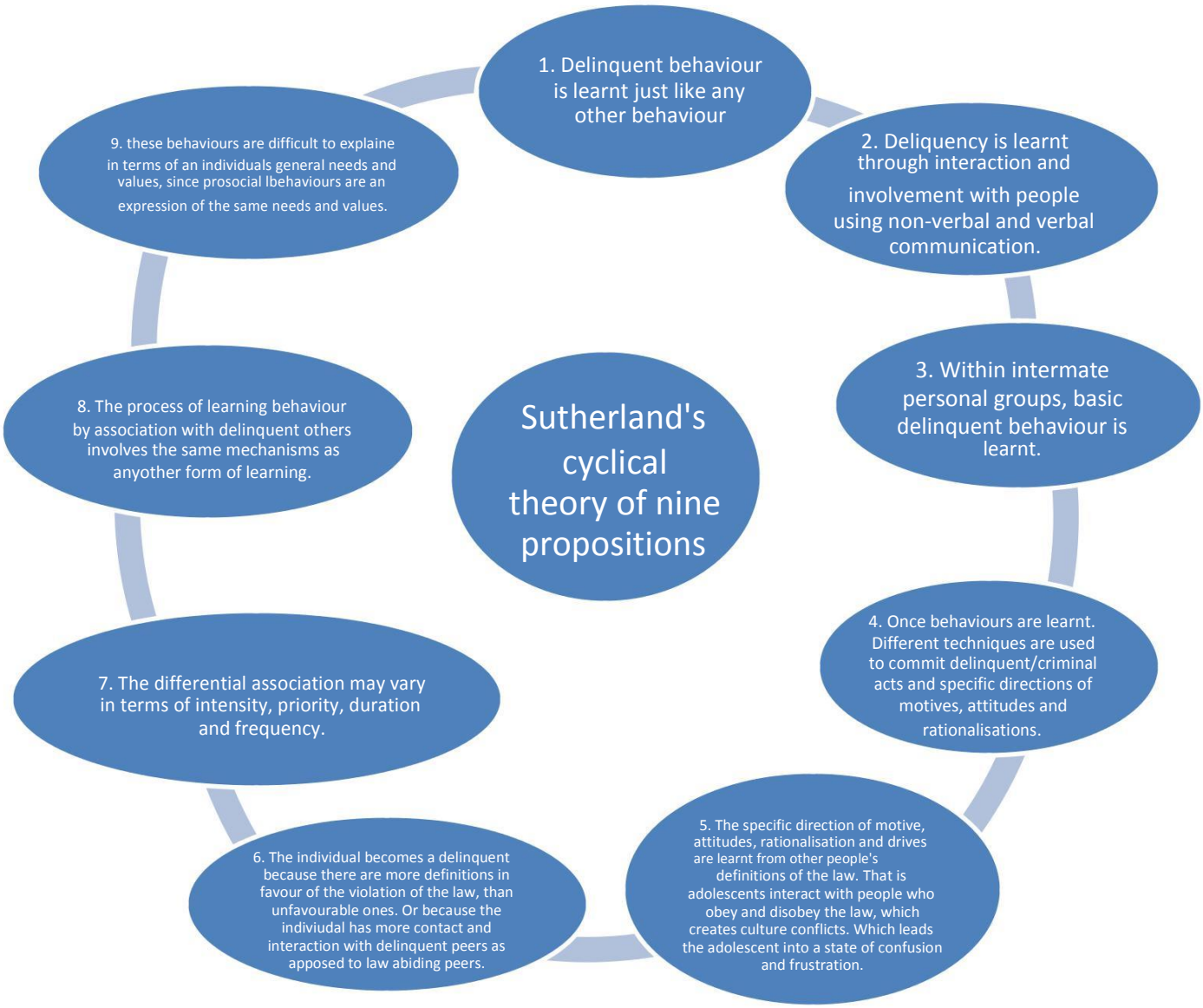


Figure 1: Sutherland’s cyclical theory of nine propositions. Reprinted from *A Southern African Perspective on Fundamental Criminology* (p.145), by M van der Westhuizen, 2011, Cape Town: Pinelands. Copyright 2011 by Heinemann/Pearson Education South Africa (Pty) Ltd. Reprinted with permission.

Brown et al. (2005) state that the SDM uses the DAT by identifying separate, yet parallel contributory pathways; that are either externalizing paths which increase the possibility for externalizing problems, or prosocial paths which decrease the possibility of externalizing problems. The model theorises that children learn behaviour patterns (either pro or antisocial) from the social environments in which they live (Catalano, et al., 2004). Catalano et al. argue that children are socialized through four processes namely: "1) perceived opportunities for involvement in activities and interactions with others; 2) actual involvement in activities; 3) socio-emotional and cognitive skill for involvement and interaction, and 4) perceived rewards from involvement and interaction" (2004, p.252). Brown and colleagues added two additional processes of socialization namely: 5) bonding with others and 6) moral beliefs and values. Catalano et al., (2004), further argue that once youth are socialized from childhood they develop stronger social bonds of attachment and are more committed to people close to them and activities practiced by these people whom they are close to. Social bonds of attachment and commitment develop between children and members of their socializing group as well as activities they partake in (Catalano et al., 2004; Catalano et al., 1999). When social bonds have been strongly established; these bonds are said to inhibit behaviours that are perceived as inconsistent with those practiced by the socializing group. Individuals must fully conform to the beliefs, norms, values and behaviours of the socializing group (Catalano et al., 2004; Catalano et al., 1999).

The theory suggests that the behaviour of a child (individual) will either be pro or antisocial depending on their principal values, norms, and behaviours which are held by their social group (Catalano et al., 2004; Catalano et al., 1999; Catalano et al., 1996). Children and adolescents bond with an array of individuals in different social environments including the family, peers, religious groups, school, and the wider community. Therefore, children will learn either prosocial or antisocial behaviour depending on who they socially bond with. The model also integrates a developmental perspective that takes into account past behaviours and interactions (i.e. of the community, family, peers/individual or the school domain); and the impact on future attitudes and behaviours as it views behaviour as a by-product of mutual social interactions (Catalano et al, 1996).

The general model of the SDM of antisocial behaviour is illustrated diagrammatically below in Figure 2.

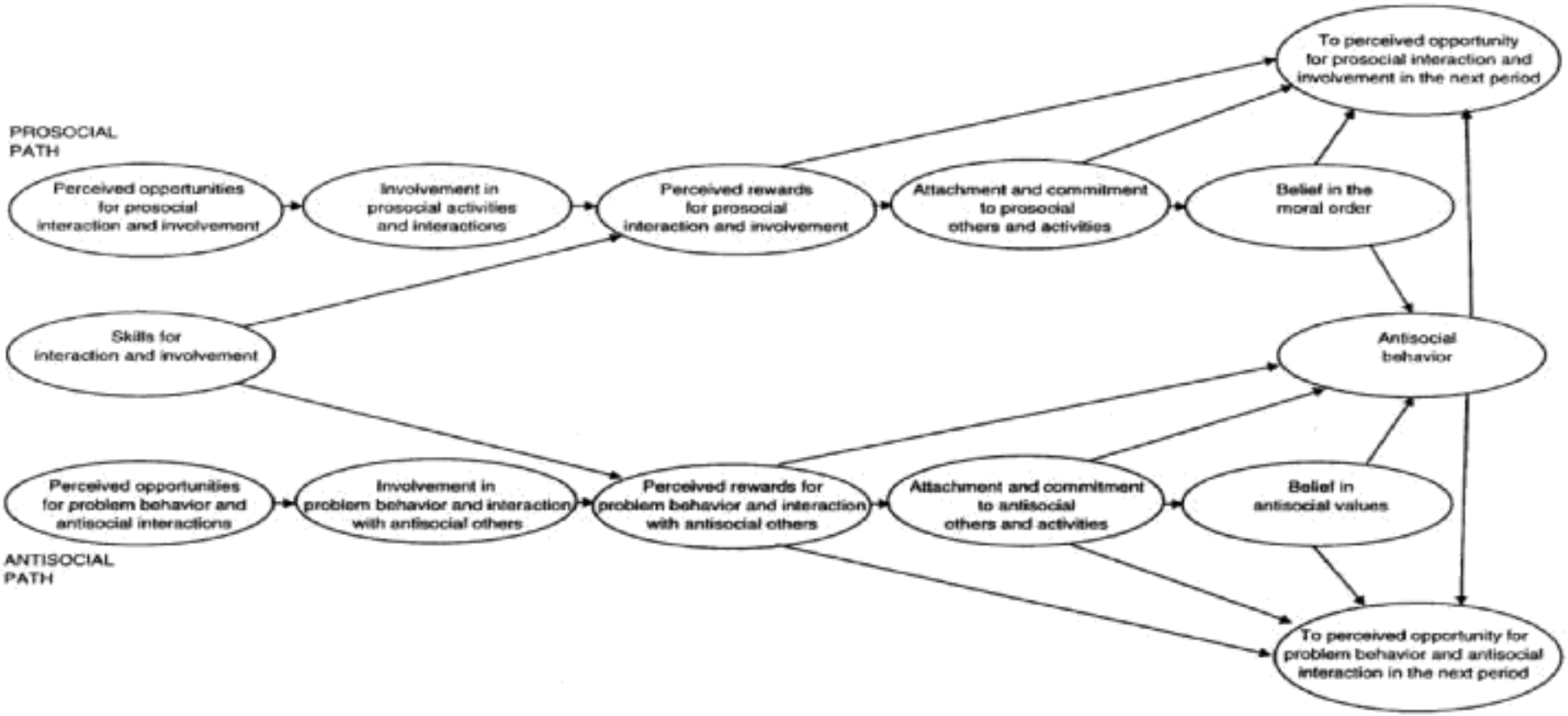


Figure 2: The social development model of antisocial behaviour: General model. Reprinted from 'A test of the social development model to predict problem behaviour during the elementary school period', by R.Catalano et al., 1999, Criminal Behaviour and Mental Health,9 p. 41. Copyright 1999 by Whurr Publishers Ltd. Reprinted with permission.

The model has been used in South Africa by Ward, Van der Merwe and Dawes in their edited book Youth violence: Sources and Solutions in South Africa (2012), in understanding factors that influence youth violence in the country. The model has not been used before in South Africa neither to assess nor to understand influences of the mental health status of refugee youth. This model fits well with the objectives of gaining a better understanding of how different intersecting factors (risk and protective) affect mental health problems and prosocial behaviour in refugee youth here in Durban. Van der Merwe, Dawes, and Ward (2012), state that "few studies have investigated factors and processes that protect vulnerable or at-risk young people from engaging in antisocial behaviours" (p. 79). There also exists little research on the risk factors for mental health problems and the protective factors that counteract the effects of risk factors in the prevention of these problems among the refugee youth population in South Africa.

Although research relating to South African youth is on the increase,Van der Merwe et al. (2012), states that the vast literature that exists explains and points to several determinants of externalizing and internalizing problems that operate at different levels. These are the intrapersonal (individual), interpersonal (family, peer group, school) and the community (includes broader society) levels. The number and severity of risk factors are said to greatly increase the likelihood of externalizing and internalizing problems especially if sufficient protective factors lacks. The model is useful in exploring both the risk and protective factors that affect mental health, especially within the refugee youth population. Protective factors available to this particularly vulnerable group need to be understood and further strengthened to protect them from adopting and performing antisocial behaviour. Van der Merwe et al. (2012), further stress the need for more theoretically practical work to be done in the field of antisocial behaviour before researchers can attempt to understand the impact that protective factors have on risk factors and the outcomes they have on children and youth in the African and South African contexts. This is particularly true among the refugee youth population in the South African context.

A Historical and Pre-Migration Background of The DRC

The DRC has been considered as an arena for both internal and international violence and conflict since 1996 (Weiss, 2000). The country has been described as the host of Africa's world war (Coghlan et al., 2006; Weiss, 2000). The DRC has been caught in two waves of war - the first war lasted a few months from September 1996 and ended in May 1997. This war was motivated by the ending of President Mobutu's regime (Weiss, 2000). After former president Laurent Desire Kabila took leadership of the DRC in May 1997 his rebel opposition party, the Alliance des forces democratiques pour la liberation du Congo-Zaire (AFDL), toppled the Mobutu regime (Reyntjens, 1999; Weiss, 2000). The second war started in August 1998 and is still on-going, and this has been described as an international war made up of at least six nations who were anti-Kabila (Coghlan et al., 2006; Weiss, 2000). The wars had resulted in a cycle of violence that was characterized by extreme violence, widespread rape and sexual abuse of women and children, ethnic war/ cleansing, and militia children (Coghlan et al., 2006). The second war continues to destabilize Central Africa and as a result the conflict has had a disastrous impact on the country's civilian population (Coghlan et al., 2006). To date, the war has left 5.4 million dead and displaced hundreds of thousands more (Peacedirect.org, 2016). Coghlan et al., (2006) describe the war in the DRC as the world's deadliest war since the end of World War II.

The conflict in the DRC has led to a regular influx of Congolese refugees into South Africa since the early 1990's (Steinberg, 2005). In 1994 it was recorded that 155,414 asylum applications were made by Congolese refugees in South Africa; these refugees had fled the conflict back in their native DRC, which, had resulted in the death of millions of civilians (Amisi & Ballard, 2005). Since then the number of Congolese refugees has increased as the war with its political and economic turmoil seemed to never end. Many Congolese have come to South Africa to seek refuge. The DRC is among the top 10 refugee origin countries internationally and ranked fourth in the top 15 countries in Africa (Mashile, 2016).

According to Amisi and Ballard (2005), Congolese refugees (along with other African refugees) face considerable hardships in South Africa, including a lack of employment opportunities, the inability to access services (for example, health and education), and xenophobia among others on a daily basis. Xenophobia is experienced in the form of both interpersonal and structural violence and discrimination. Structural violence refers to how social structures disadvantage or harm people through economic, political and social

marginalisation, discrimination and exclusion (Farmer, Nizeye, Stulac, & Keshavjee, 2006; Galtung, & Höivik, 1971; Mujawamariya, 2013).

Post-Migration: Defining and Understanding Xenophobia in South Africa

Xenophobia is arguably a socially and politically located phenomenon. The phenomenon has been defined as a "hatred or fear of foreigners" (Branford, 1994). Xenophobia is commonly used to indicate an extreme dislike of foreign nationals (Harris, 2002). Xenophobia can be understood as a characteristic of citizens' negative attitudes (dislike, fear or hatred) of foreigners (Harris, 2002). However, xenophobia in the South African context is not purely defined by the citizens' hatred or dislike of foreigners. This causes stigma, when stigma develops into discrimination, negative feelings are often acted out in behaviour that is harmful to the other. Xenophobia is characterised by discrimination and tension, verbal and psychological abuse as well as violence; that is violent attacks that often cause bodily harm and damage to property (Harris, 2002). It is largely African foreign nationals that withstand the worst of such attacks. This has been evident in nationwide xenophobic attacks that took place in the years 2008, 2015 and 2016 (Harris, 2002; Neocosmos, 2008).

Xenophobia is often associated with the poor attacking African and Asian foreigners, however, literature has shown that xenophobia in South Africa occurs amongst members from different racial, socioeconomic, political, gender, educational, religious and age groups in the South African population (Dodson, 2010; Neocosmos, 2010; Sharp, 2008). Some politicians have been criticized for making xenophobic or anti- foreigner statements. Inkatha Freedom Party leader and then foreigner minister of Home Affairs, Mangosotho Buthelezi, was quoted in 1998 as saying, "*if we as South Africans are going to compete for scarce resources with millions of aliens who are pouring into South Africa, then we can bid goodbye to our Reconstruction and Development Programme*" (Neocosmos, 2008 p. 588). Neocosmos (2008), states that the former minister was given a bad name for his infamous xenophobic statements, such as those which he made that labelled all Nigerian immigrants criminal masterminds working in the human and drug trafficking industries; a statement still believed by many South Africans today. In 2015 the Zulu king, Goodwill Zwelethini, made a similar anti-foreign/immigrant statement, the statement is believed to have incited xenophobic attacks in several parts of the country (Ndou, 23 March 2015). In his speech, after addressing the Pongolo community members, the King was quoted as saying, "*We are requesting those*

who come from outside to please go back to their countries, the fact that there were countries that played a role in the country's struggle for liberation should not be used as an excuse to create a situation where foreigners are allowed to inconvenience locals. I know you were in their countries during the liberation. But the fact of the matter is you did not set up businesses in their countries" (Ndou, 23 March 2015). Interestingly wealthier South Africans, both black and white, resent African foreigners as they are obliged by government to pay taxes which are used by government for several services and shelter for African (im)migrants/ foreigners, who are pouring into the country fleeing from political (war) and economic hardships (Dodson, 2010; Sharp, 2008).

What Is Meant By Mental Health Problems- Externalizing And Internalizing Problems?

Mental health is defined by WHO (2014) as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". Mental health consists of a number of mental problems or states, for the purpose of this study mental health will be regarded in terms of externalizing and internalizing problems.

The term externalizing problems are described as expressions of psychological maladjustment that are outwardly projected in children and youth that present themselves through problematic behaviours that cause discomfort or conflict with others and are often done to harm them, these behaviours are also referred to as antisocial behaviours. These behaviours include aggression, criminal/delinquent behaviours, spreading rumours, fighting, stealing, bullying, verbal and non-verbal intimidation, showing of disrespect to one's parents and teachers, destroying other people's property, selling of drugs, unsafe sexual behaviours, sexual abuse, and humiliation (Dalton, 2010; Forns, Abad, & Kirchner, 2011; Kakavoulis, 1998; Mood, Jonsson, & Låftman, 2016; Nie, Li, Dou, & Situ, 2014; Ortuño-Sierra, Fonseca-Pedrero, Sastre i Riba & Muñiz, 2017; Rutter, Giller & Hagell, 1998; Ulu & Fışıloglu, 2002;Van der Merwe, Dawes & Ward, 2012).

Internalizing problems are described as low frequency internalized emotions, these problematic emotions generate distress within the individual; examples include anxiety, depression, shyness, social isolation, withdrawal, fear, anger, worry etc. (Forns, Abad, & Kirchner, 2011; Mood, Jonsson, & Låftman, 2016; Nie, Li, Dou, & Situ, 2014; Ortuño-

Sierra, Fonseca-Pedrero, Sastre i Riba & Muñiz, 2017; Ulu & Fışıloglu, 2002;Van der Merwe, Dawes & Ward, 2012).

What Is Meant By Prosocial Behaviours?

Prosocial Behaviour

Prosocial behaviour is the direct opposite of antisocial behaviour (Hinde & Groebel, 1991; Kakavoulis, 1998; Van der Merwe & Dawes, 2000). These behaviours are voluntary and intentional, characterised as socially desirable acts or positive social regards. Examples of these behaviours include sharing, inclusiveness, helping, volunteering, and cooperating and are seen as a hallmark of social competence throughout childhood, all of which are highly encouraged by society (Batson & Powell, 2003; Dalton, 2010; Greener, 2000; Hinde & Groebel, 1991; Kakavoulis, 1998; Wentzel, 2015). The terms prosocial and altruistic behaviour have been used interchangeably to refer to behaviours meant to benefit other people with no self-gain (Batson & Powell, 2003; Greener, 2000; Kakavoulis, 1998). Altruism however is a subtype of these prosocial behaviours – which include helping others selflessly and without being extrinsically motivated (no external rewards) to do so, such behaviours are again considered highly socially desirable actions (Batson & Powell, 2003; Greener, 2000). Batson and Powell, explain that altruism is a motivational concept, where a person sees the need and is motivated to increase the welfare of another person (social learning). The authors, however, argue that "there is no one-to-one correspondence between prosocial behaviour and altruism. Prosocial behaviour need not be motivated by altruism; altruistic motivation need not produce prosocial behaviour" (p. 463).

Mental Health Problems in South African Youth

Violence as A Predictor Of Mental Health Problems

According to Abrahams and Jewkes (2005), South Africans, particularly children, experience high levels of violent crime, making the age at which people are victims of crimes, especially violent crimes, younger than in most countries. The exposure to violence increases a child's risk for developing a number of mental health disorders such as depression, social withdrawal, anxiety, aggression, conduct disorders or delinquent/ criminal behaviours (Distiller, Theron, Martin & Ward, 2007). Globally children's exposure to community violence has been identified as widespread; this is especially true in South Africa where children are exposed to very high levels of violence in different spheres of their lives including family, school, peer and community domains (Clark, 2012; Distiller et al., 2007).

South African children and youth are said to be "victimised at twice the adult rate and at rates even higher for violent crimes" (Pelser, 2008 p. 2). This is supported by studies by the Institute for Security Studies National Victims Survey (ISS) and the Centre for Justice and Crime Prevention (CJCP) National Youth Victimisation Survey in the past decade. In 2003, 2.2% of assaults were experienced by adults as compared to 16.5% by young people in 2005; in 2007 the ISS report revealed that 1.3% of adults reported assault, as compared to 8.4% of young people, reported having been assaulted in 2008 (Leoschut & CJCP, 2009; Pelser, 2008). There were 0.1% of adults who reported having been sexually assaulted as compared to 4.2% of young people who reported having been sexually assaulted. Also, 4.4% of South African adults had reported sexual assault/rape in 2007 as compared to 2.2% of young people who reported the same crime in 2008 (Leoschut & CJCP, 2009; Pelser, 2008). Rape is the most frequently reported crime against children in South Africa, with 15, 796 rapes against children under the age of 18 reported in the 2015/16 financial year (King, Flisher, Noubary, Reece, Marais, Lombard, 2004; Wilkinson, 2016).

The 2005 CJCP report revealed that 19.6% of young people were assaulted at home (Pelser, 2008). Assault at home is between family members within violent households, where parents may use physically aggressive behaviour. This aggression takes the form of spanking, hitting or injury with objects such as belts, sticks, electrical wires, shoes, kitchen utensils or knives as a means of keeping control of partners' and/or child's behaviour (Amoateng, Barber & Erickson, 2006; Gustafsson, Barnett, Towe-Goodman, Mills-Koonce & Cox, 2014;

Pelser, 2008; Seedat, Van Niekerk, Jewkes, Suffla & Ratele, 2009). According to Pelser (2008), 39% of youth reported in a National Youth Victimisation Survey Study (NYVS) that they witnessed violent interpersonal conflicts amongst family members. Cluvera, Bowes & Gardnera (2010), state that children who are victimised in their homes or in their communities are most vulnerable to bullying compared to other children of the same age, and are more likely to be bullied than other children (see below). This suggests a cycle of violence that sometimes continues into adulthood. According to Van der Merwe et al., (2012), a national survey in South Africa found that 57% of parents smack and 33% beat their children, although a majority of parents disagreed with the use of corporal punishment as a method to discipline their children. The above statistics about the different types of violence to which children are exposed to in South Africa explain the strong link between both externalizing and internalizing problems present in the South African youth population. This is because children raised in highly violent families or exposed to high levels of conflicts between parents and youth and who come from communities with high levels of violence are argued to be at most risk of developing externalizing problems such as delinquency, substance abuse and conduct disorders and internalizing problems such as depression, anxiety and fear of attachment (Hawkins Catalano & Miller, 1992).

Substance Abuse Among South African Youth

Substance use and abuse among youths has detrimental effects on the health and well-being of South African youths (Department of Basic Education (DBE), 2013). According to Madu and Matla (2003), "substance use and abuse, especially among the youth, have been identified as important issues to be dealt with, in improving the health and economy of South Africa" (p. 122). Links have been made between substance use and abuse, and poor academic performance, absenteeism, and school drop-out, risky sexual behaviours (which result in unwanted and unplanned pregnancies and the spread of STIs), road accidents, criminal activities, violence and internalizing problems (DBE, 2013). Drugs such as alcohol, when taken in large amounts, reduces inhibitions as it distorts judgment and increases the chances of people partaking in forced sexual activities and other violent and delinquent behaviours (Jewkes, Sikweyiya, Morrell & Dunkle, 2011).

Youth are argued to be attracted to drugs because they help them cope with different risk factors in their lives, thus smoking cigarettes, using drugs and drinking alcohol are used,

as mechanisms to reduce tension and frustration, relieve boredom and fatigue (Amoateng et al., 2006; Madu & Matla, 2003). A study conducted by Madu and Matla (2003) on a sample of 170 high school students in the Northern Province, revealed that the majority of the participants who first used substances between the ages of 13 and 16 years was 75.9% for drug users, 80.3% for cigarette smokers and 68.8% for alcohol. A study conducted by Pahl, Brook, Morojele and Brook (2010) on a sample of 731 urban South African adolescents on nicotine dependence and problem behaviours, revealed that nicotine dependence was associated with high levels of youth violence, deviance, binge drinking, marijuana (dagga) use, and other illicit drug use. The study also revealed that nicotine together with the above-mentioned substances, were also closely associated with early and risky sexual behaviours (such as unprotected sex and multiple sexual partners).

Bullying Among South African Students

According to Liang, Flisher, and Lombard (2007), bullying is a serious problem in South Africa with 36.3% of all school students involved in this type of antisocial behaviour. Bullying can be defined as exposure to unprovoked negative physical or psychological actions perpetrated repeatedly by one or more persons (Liang et al, 2007; Olweus, 1994; Townsend, Flisher, Chikobvu, Lombard & King, 2008). This behaviour involves a range of aggressive behaviours - both physical and verbal, that are either "direct (hitting, kicking, threatening, extortion) or indirect (spreading rumours, social exclusion)" (Liang et al, 2007, p. 162). The prevalence rates of bullying in South African schools is alarmingly high and pervasive, several studies have confirmed this, where nationally 41% of high school students are bullied (Reddy, Panday, Swart, et al., 2003 cited in Townsend et al, 2008). This constitutes 61% of high school students in Tshwane (Neser, Ovens, Van der Merwe, Morodi, & Ladikos, 2003, cited in Townsend et al, 2008), 41% in Cape Town and 33% in Durban (Liang et al., 2007). These figures represent the percentage of students that have either been bullies, victims of bullying or bully-victims (these are youths who are both bullies and victims of bullying). According to Townsend et al. (2008), the pervasive nature of bullying in schools has adverse consequences which include anxiety, psychosomatic complaints, depression, suicide/ suicidal ideation, low self-esteem and even eating disorders.

Townsend et al. (2008), argue that bully-victims are the most likely to be involved in continued bullying behaviour. Bullying in school has adverse negative effects on students

such as the fear of being bullied in school, increasing absenteeism, poor academic performance, low school adjustment and low school bonding (Townsend et al., 2008). Although socio-economic, health (HIV/AIDS), and/ or other personal issues are major factors, bullying also plays a major role in the high dropout rates in the country. For example, the 2016 matric results revealed a very high rate of high school dropouts; this is because even before they reached matric, in the year 2014 where 1,100,877 had enrolled for grade 10, most students were found to have dropped out; this was apparent in 2016 where only 610,178 enrolled for Grade 12. This resulted in a dropout rate of 44.6%, these students are said to have either dropped out of the education system altogether or were held back in Grade 10 and 11 due to poor performance (Writer, 2017). Nationally the dropout rate patterns differed, however, the dropout rates remain extremely concerning. Figures per province for the number of grade 10 -12 students who dropped out of school between 2014-2016 illustrates the true matric pass rate as displayed in Table below.

Province	**Grade 10 (2014)**	**Grade 12 (2016)**	**Drop-out rate**	**Grade 12 pass**	**Pass rate**	**'True' pass rate**
Northern Cape	22 034	10 041	54.4%	7 902	78.7%	35.9%
North West	67 734	32 045	52.7%	26 448	82.5%	39.0%
Free State	55 293	26 786	51.6%	23 629	88.2%	42.7%
Eastern Cape	154 220	82 902	46.2%	49 768	59.3%	31.9%
Limpopo	189 170	101 807	46.2%	63 595	62.5%	33.6%
KwaZulu-Natal	264 816	147 648	44.2%	98 032	66.4%	37.0%
Mpumalanga	94 528	54 251	42.6%	41 801	77.1%	44.2%
Gauteng	174 471	103 829	40.5%	88 381	85.1%	50.7%
Western Cape	75 791	50 869	32.9%	43 716	86.0%	57.7%
South Africa	**1 100 877**	**610 178**	**44.6%**	**442 672**	**72.5%**	**40.2%**

Table 1: Illustrating provincial and total dropout rates in South Africa. Reprinted from BusinessTech, by S. Writer, Retrieved from

https://businesstech.co.za/news/general/149291/shocking-drop-out-rates-where-in-south-africa-the-fewest-kids-make-it-to-matric.Copywrite (2017) by copyright holder. Reprinted with permission.

International Studies on Refugee Youth Behaviour

After the Second World War literature on the impact of war and violence on children in different disciplines including psychology, sociology, criminology, psychiatry etc. drastically increased (Masten & Narayan, 2012). This is particularly true in the field of mental health and behavioural research associated with the impacts of war, displacement, migration, and resettlement on refugee children and youth (Masten & Narayan, 2012; Posselt et al., 2015). International studies on refugee youth have mainly focused on the mental health of this group, however, more and more researchers are now focusing on the comorbidity between mental health disorders and antisocial behavioural disorders in refugee youth (Posselt et al., 2015). The authors argue that this is because very little is known about the prevalence or pathways to the development of comorbidity in young refugee populations globally. Refugee youth (especially very young unaccompanied youths) face a number of risk factors both during pre-migration and post-migration in host countries that make them prone to the development of behavioural, mental and psychological disorders (Posselt et al., 2015).

Refugee children and youth, especially those from war-torn countries, are highly susceptible to a number of behavioural, emotional and psychological problems such as alcohol abuse, drug addiction, delinquency, depression, post-traumatic stress disorder, anxiety, fear of recurrence, guilt, separation fears, grief, withdrawal, eating and sleeping problems, identity confusion, poor concentration, and desensitization to threats (Berthold, 2000; Derluyn & Broekaert, 2007; Lustig et al., 2004; Ma, 2002; Masten and Narayan, 2012; Montgomery, 2010; Mood, Jonsson, & Låftman, 2016;Ziaian et al., 2012). Ma (2002) adds that refugee youth in host countries are faced with several risk factors such as discrimination, cultural differences, racism, broken family systems, xenophobia, lack of acculturation, poor support systems, and low socioeconomic communities that are often characterised by violence and poverty. Furthermore, youths in new host countries often enter these countries having big dreams, plans and goals for themselves and their loved ones, unfortunately most refugee youth realise very early on that achieving their goals, dreams, and plans are often impossible or very difficult especially in terms of the host countries' immigration rules and regulations (Ma, 2002).

The risk of developing mental health problems is enhanced by a number of pre-immigration factors including loss; a fundamental characteristic of all refugees (Derluyn & Broekaert, 2007). Loss involves the loss of one's family, friends, belongings, home, cultural identity, status, power, school, values, and habits etc. Many refugees, including children and youth, experience violence in the form of war where they are exposed to physical or sexual mistreatment, witness brutal deaths of one or more loved ones which often leads to separation (Derluyn & Broekaert, 2007). Puvimanasinghe, Denson, Augoustinos and Somasundaram (2014), state that refugee youth use a range of protective factors as coping mechanisms to the risks they face in host countries, including family and community support, religion, and cognitive processes such as thought suppression. Theron (2017), states that family, peer, and religious support are types of protective factors that are relational networks of supportive others, who facilitate strong conditions for refugee youth to build and strengthen resilience, particularly in situations where they are dehumanized by structural violence.

A study conducted by Ma (2002), revealed that gender played an extremely important role in the prediction of both behavioural and emotional problems of refugee youth. Male refugee children were more likely to develop and present with antisocial behaviours such as conduct disorder, property offences, hyperactive behaviour as well as emotional disorders.

In their study of settled refugee youths and service providers in Australia, Posselt and colleagues (2015), revealed that there exists an interrelated nature of several risk factors in the post-migration (in terms of finding it difficult to adjust because of language barriers, cultural differences, lack of education or qualifications not being recognised in host countries and lack employment opportunities). The same risk factors were found during pre-immigration where youths experienced torture and conflict which increased their susceptibility to experiencing substance abuse disorders and mental health disorders. The research also showed how youths' maladaptive coping mechanisms and poor access to information and services in Australia increased their susceptibility to developing the above-mentioned disorders.

Derluyn, Broekaert, and Schuyten (2008) argue that migration is itself a major risk factor for the development of different externalizing problems and internalizing problems, particularly in children and youth. This argument was supported by findings from their research with 166 unaccompanied refugee children and adolescents in Belgium that revealed

that one-fifth to one-third of participants presented very severe symptoms of internalizing disorders such as anxiety, depression, PTSD and emotional problems. These were much higher than the results from their previous research conducted in 2005. The same research revealed that refugee adolescents had more peer problems than their non-migrant counterparts. They respectively scored 35.7% and 19.2% in their borderline or clinical scores. This can be explained by the level of violence and discrimination refugee youth face, compared to their Belgian peers, especially in school settings.

This is supported by a study conducted by O'Donnell and Roberts (2015), on a sample size of 943 high school students from the 10^{th} and 11^{th} grades in The Republic of The Gambia, with both 33 participants being refugees and 910 native Gambians. The findings from the study revealed that both groups were constantly exposed to school violence, with the refugee youth reports of exposure having been much higher than their Gambian peers. They also reported higher levels of post-traumatic stress reaction and delinquent behaviour compared to their Gambian peers. Many refugee youths live in areas with very poor socio-economic conditions, where there are high unemployment rates, high crime rates, and delinquency among adolescents. These factors influence both conduct and hyperactivity behaviour (Ma, 2002).

Predisposing Factors That Contribute To Mental Health Problems

There is no one single factor that can be used to explain the causes of either prosocial behaviours or externalizing or internalizing problems. There are several reasons why youths present with externalizing and internalizing problems and prosocial behavioural (Van der Merwe & Dawes 2000; Van der Merwe et al., 2012). Factors that impact on behaviour have been identified to occur at an intrapersonal, interpersonal and at a community level (Rimer & Glanz, 2005). The latter two levels are advocated by the SDM (Van der Merwe et al., 2012) as the main contributing factors for behaviours in children and as such many behaviour change interventions focus on these two levels.

The SDM states that children learn behaviours (which are anti and prosocial) from others whom they socialise within the developmental context (Catalano et al., 1999, Van der Merwe, 2012). These socializing agents include ones' family, peers, school, and community. The model states that socialisation follows the same processes of learning for both anti and prosocial behaviours (Van der Merwe et al, 2012). Van der Merwe et al. state that the model identifies two developmental pathways; with one pathway supporting the processes that lead to either anti or prosocial behaviours. The debate continues, however, the developmental processes that lead to either behaviour are similar, with each path having two dimensions that underline four constructs that are governed by youth's participation or involvement in an activity as well as their social interaction with others. The development process in which youths socialise is argued to have four key endogenous constructs that were borrowed from the SLT, SCT and DAT (Van der Merwe et al, 2012). These constructs explain the developmental process of the youth's socialisation with others in terms of the opportunities that are available for the youth particularly in their involvement in activities and interactions with others. These constructs also explain the degree or intensity of youth's involvement and interaction with those around them (Van der Merwe et al., 2012). In addition, the skills they possess in order to participate in activities and interactions, and lastly the types of reinforcements they receive from others when performing activities and interactions (Van der Merwe et al., 2012).

The Family

According to Van der Merwe et al., (2012) the type of people a child interacts with on a daily basis during their development, are said to be the most powerful socializing agents. Parents are critical in both the socialization of the child as well as helping them develop good values and behaviour (Millie, 2008). The family is a very important and the most powerful social environment (in terms of values, beliefs, morals, attitudes and behaviours) for a child. The effects of the emotional, psychological, religious and behavioural environment of the family continue throughout adolescence and adulthood (Van der Merwe et al., 2012). Hawkins et al. (1992), argue that families affect children's behaviour (both pro and anti-social) in a number of ways, as behaviours are learnt through socializing with others especially close socializing agents such as the family. Literature suggests that many risk factors for youth antisocial (including protective factors) behaviours have been located in the family (Van der Merwe et. al, 2012). Below is a list of family factors that are said to contribute to antisocial behaviours in children and youth.

Family Conflicts

Family conflicts occur over everyday issues such as non-compliance with parents' requirements and rule breaking (Smetana, 1989). According to the author, adolescent-parent conflicts occur over every day mundane issues such as disobedience, adolescent's choice of activities, friends and social life; home chores, school and the relationship between siblings. In terms of this type of family conflict Smetana's study (1989) revealed that conflicts occur over parents' expectations rather than their explicit rules. Her study further revealed that adolescents experienced conflicts with their parents over the regulation of their interpersonal relationships outside of the family.

Family conflict does not only occur on a bidirectional level but rather conflicts within the family occur at different levels. Conflicts between parents have been linked to antisocial behaviours in children and youths (Hawkins et al., 1992; Van der Merwe & Dawes, 2007; Van der Merwe et al., 2012). This type of conflict in a family usually takes the form of domestic violence (DV). According to Sprinkle (2007), DV exists across all social strata with male to female battering comprised of 85-90% of all DV incidents. DV is defined by Sprinkle (2007) as the "infliction of physical harm or injury on an intimate partner or family member" (p. 134). A survey conducted in 2013 by the World health organisation (WHO) found that

50% of South African women reported having suffered verbal and emotional abuse (WHO, 2013). South Africa has been plagued by high levels of abuse, in particular, DV (Cluver, Bowes & Gardner, 2010). DV has a direct and an indirect impact on children and adolescents as violence occurs against the child from the partner and from the mother, and in some instances children face violence from birth (Flach et al., 2011).

Intimate partner violence (IPV) is linked to a number of externalizing problems (including aggression), and internalizing problems in children (Gustafsson et al., 2014). In a meta-analysis of 118 studies, Kitzmann, Gaylord, Holt, & Kenny (2003) found that children (of all ages) exposed to IPV presented with internalizing behaviours (fear, social withdrawal, anxiety, depression, and somatic complaints) and externalizing behaviours (aggression, deviance, bullying, underage drinking, impulsive behaviours etc.) behavioural problems. This was supported by research conducted by Jaffee, Moffitt, Caspi, Taylor, & Arseneault (2002) on a sample of 116 pairs of dizygotic and monozygotic twins. Several studies have found that children and adolescents exposed to violence from an early age display aggressive behaviours (Litrownick, Newton, Hunter, English & Everson, 2003). IPV has a destructive impact on children's development; young children's early behaviour functioning is affected more especially in the successful transition to external socialisations environments (i.e. school) (Van der Merwe et al., 2012).

Intergenerational Conflicts Between Refugees/Immigrants And Their Parents

Migration is one of the most life-changing events for people and none more so than for refugee and immigrant families who are likely to experience physical and emotional risk factors (Choi, He & Harachi, 2008). Most of the research that exists today on intergenerational conflict among immigrant and refugee families is based in America among immigrants and refugees from Southeast Asia (Chung, 2001; Kwak, 2003; Lim, Yeh, Liang, Lau, & McCabe, 2008; Nguyen & Williams, 1989; Ying & Han, 2008). According to Choi et al. (2005), many "immigrant and refugee families face challenges to re-establish family roles and patterns in an unfamiliar society with a new language and sociocultural environment" (p.93). This causes a phenomenon known as intergenerational conflict in many immigrants and refugee homes between parents and their adolescent children. Intergenerational conflict occurs amongst immigrant or refugee families, these conflicts occur over cultural values and differential acculturation rates between immigrant parents and their immigrant adolescents

(Choi et al., 2008; Chung, 2001; Kwak, 2003; Phinney, Ong, & Madden, 2000; Sluzki, 1979; Ying & Han, 2007). The term acculturation has been defined as "the dual process of cultural and psychological change that takes place as a result of contact between cultural groups and their individual members", (Berry, 2005, p.698).

Adult refugees and immigrants are socialized in their own culture from their countries of origin and thus are usually prone to retain and model those values and thus acculturate less or slower to the culture of the majority of the host country (Kwak, 2003; Phinney et al., 2000; Lim et al., 2008; Ying & Han, 2007). This is worsened by immigrant parents' and elders' difficulty in learning a new language (Chung, 2001; Phinney et al., 2000). This is in complete contrast to their children who acculturate more easily and quickly because of their exposure to the majority of host culture, values and language through social environments such as the school and among peers (Lim et al., 2008; Phinney et al, 2000; Ying & Han, 2007). Ying and Han (2007), state that differential acculturation has been associated with intergenerational conflicts between immigrant parents and their children; this has been demonstrated repeatedly in the Southeast Asian families in American. Intergenerational conflict has been associated with a number of internalizing problems (depression, anxiety, stress, withdrawal etc.) and externalizing problems in both immigrant parents and their children (Ying & Han, 2007).

Poor and Inconsistent Family Management

The lack of maternal involvement in a child's activities (academic or sport) as well as the lack of or inconsistent parenting discipline, low parental (especially maternal) education and low maternal age are predictors for the development of internalizing and externalizing problems in children and youth (Hawkins et al., 1992; Resnick, 2000; Sivan, Koch, Baier & Adiga, 1999; Van der Merwe & Dawes; Van der Merwe et al., 2012). Hawkins et al. (1992), state that factors within the family including the degree of involvement by one parent and distance (neglect) or permissiveness by the other has a direct impact on a child's mental health, especially in relation to their behaviour. A study which observed the effects of the difference between mothers' and fathers' discipline techniques revealed that the techniques mothers use to control and discipline children were more important than parental techniques in relation to youth marijuana use (Brook, Brook, Gordon, Whiteman, & Cohen, 1990). Brook et al., (1990) emphasised that a mother's control patterns, which include clear set rules

for responsible behaviour, resulted in a lower percentage of youths who used marijuana, as compared to mothers' who used guilt as a control technique.

Parents who possess characteristics of warmth, affection and responsiveness in relation to their children's temperament and who teach and instil values of empathy towards people they have wronged, are argued to develop a sense of guilt in their children (Hoffman, 1998; Kochanska, Gross, Lin & Nichols, 2002; Van der Merwe et al., 2012; Walter & Burnaford, 2006). This prosocial attitude and behaviour are fostered by parents who adopt an authoritative parenting style (Van der Merwe et al., 2012). Parents who are characterised as either authoritarian, permissive or neglectful are said to inhibit their children's ability to develop guilt/guilty conscience. This is especially true in cases where children are neglected, are consistently criticised, blamed or lack praise for efforts as well as inconsistent, unclear behavioural limits and whose parents who have unrealistic expectations of them (Baumrind, 1983; Hoffman, 1998; Van der Merwe et al., 2012; Walter & Burnaford, 2006). In a study conducted by Shedler and Block (1990) on the quality of mothers' interaction with their children at the age of 5, revealed that at the age of 18 children became frequent users of marijuana. This was because of their mother's cold, under-responsive and unprotective nature with their children in their early years of development, this in addition to mothers were reported as being very forceful and pressurised children to perform at their ultimate best however gave very little encouragement (Hawkins et al., 1992).

Low bonding to family

According to Hawkins et al. (1992) when the interaction between a child and the parents is weak, particularly between a mother and a child, where there exists a lack of maternal involvement in the everyday activities (such as doing homework, cooking, doing household chores with children or even attending school or sport activities that the child is interested in). The authors described this as low family bonding which is said to be a risk factor for the development of mental health problems. Families with strong family bonds may inhibit youth involvement in antisocial behaviours (Hawkins et al., 1992). Brook et al., (1990), reported that parents who internalized traditional values and behaviours developed strong bonds with their children (attachments), these bonds led to their children's internalisation of their parent's values and behaviours which were later associated with lower drug use. Children who grow up in homes where either or both of their parents and/or

siblings are involved in antisocial behaviour (i.e. criminality, aggression) have been said to follow in their footsteps (Choi et al, 2005, Van der Merwe & Dawes, 2007; Van der Merwe et al., 2012). According to Van der Merwe et al., parents and siblings who are engaged in criminal activity are direct role models for the development of criminal behaviours in children and may give children access to their peers who similarly model and/ or reward antisocial behaviour.

Family Poverty

Poverty, especially in the family, influences a child's development (Van der Merwe et al., 2012). "The majority of South Africa's population live in underdeveloped, poverty-stricken and disorganised communities" (Zinn, 2011, p. 167). It is in these communities where many families and individuals live below the breadline. In 2015, Statistics South Africa revealed that 53.8% of South Africans are living in poverty, with 21.75% living in extreme poverty (Musgrave, 2015). According to Van der Merwe et al. poor women, in particular, are more affected by poverty as they're unable to access or get quality prenatal care and as a result, children's wellbeing is compromised. Children in poor households are poorly resourced and their needs are hardly met. These children are less likely to be ready for school (poor mental stimulation), partially because their mothers are less likely to have mentally stimulated them, due to their own poor education. Poor children tend to experience academic challenges at school, as educators tend to expect less from them (Van der Merwe et al., 2012).

Van der Merwe and colleagues continue by stating that poverty is more related to a continuous cycle of violence than to the onset of violence. As youth from poverty stricken homes are involved in violent and criminal behaviours because they are deprived of access to prosocial opportunities. This was explained by American criminologist Albert Cohen as he explained the motives of poor youths in relation to their engagement of violent and criminal behaviours (Zinn, 2011). Cohen (1955) developed the Delinquency and Status frustration Theory and in his book wrote:

> *In the status game, then, the working-class child starts out with a handicap and, to the extent that he cares what the middle-class persons think of him or has internalized the dominant middle-class attitudes toward social class position, he may be expected to feel some 'shame'* (pg. 110):

Zinn (2011), argues that South Africans live in a materialistic society where physical comfort and material possessions are prized by people far more than spiritual values. He continues to state that society status in the country comes from wealth possession, the majority of the population who are the poor and marginalized are treated as a social nuisance and thus are outcast from society, especially beggars and street children. For youth to gain access to wealth status in terms of financial independence, many youths from poor backgrounds have to commit crimes or get involved in illegal businesses in order to gain instant economic rewards.

The School

The school is seen as an important area in which children socialise especially as they move from childhood to adolescences (Catalano & Hawkins, 1996; Van der Merwe et al., 2012). Children's experiences of their school environment have been said to have a possible impact on their academic achievement (Pikó & Pinczés, 2015). Further, poor academic performance has been identified as a predictor for drug use (Hawkins et al., 1992). Pikó and Pinczés (2015) argue that the interaction between the teacher and the student has a particularly lifelong impact on a child's personality, value systems, and how they view social life. A teacher's teaching methodology may influence a student's wellbeing and health in terms of their emotionality and behaviour. Controlling behaviour by teachers (such as frequently directing students or not allowing room for critical and independent opinions) causes anger, anxiety, a lack of motivation, talking back, attention seeking behaviour, skipping school or classes by students (Pikó & Pinczés, 2015). This directly leads to poor academic achievement which further impacts on the child's commitment to school, ultimately resulting in low educational aspirations, increasing the likelihood of youth to engage in antisocial behaviours (Van der Merwe et al., 2012). Hawkins et al (1992), state that student's low commitment to school is argued to be related to drug use by youth.

The school setting involves interactions between students from different class levels, more especially classmates (Peter & Dalbert, 2010). The way in which students experience their everyday school life is partly dependent on the climate of the classes they're in. This is determined by the interactions between classmates, and the interactions with their teachers (Peter & Dalbert, 2010). Van der Merwe et al., (2012), states that many South African schools are chaotic and challenging environments, as a result of the legacy of the apartheid

regime. After 22 years of democracy schools that served predominantly white students under apartheid remain functional, while on the other hand the majority of schools (both high and primary), which served black students still remain dysfunctional (Spaull, 2013). The time that teachers at these schools are meant to spend teaching is often required to perform other functions, spending only 46% of school time teaching (Van der Merwe et al., 2012). The violence (corporal punishment) modelled by teachers and principals on students in South Africa is a major concern (Van der Merwe et al., 2012). Violence modelled by school teachers and principals takes the form of corporal punishment, despite the practice being illegal in the country (Van der Merwe et al., 2012). Another form of violence children experience in school is bullying (see section on mental health problems in South African youth).

Peer Groups

During adolescence, one of the key socializing influences is the peer group (Van der Merwe et al., 2012). The peer group is said to be a training ground for antisocial behaviour, including delinquency and substance abuse (Patterson, Debaryshe, Ramsey, 1989). Youths who associate with antisocial peer groups or siblings who engage in delinquency and violence are more prone to antisocial behaviour, while affiliation with peers who disapprove and reject antisocial behaviour lowers the likelihood of replicating and performing antisocial behaviour (Arthur, Hawkins, Pollard, Catalano & Baglioni, 2002, Choi et al, 2005.; Hawkins et al., 1992; Resnick, 2000, Sivan et al., 1999; Van der Merwe & Dawes, 2007; Van der Merwe et al., 2012). Young people who associate with antisocial peers are said to believe that their friends and peers admire and approve of their antisocial behaviours and perceive them to be 'cool' and this belief increases the likelihood of a youth's involvement in these behaviours (Arthur et al., 2002; Choi et al., 2005; Van der Merwe et al., 2012).

Largely peers are thought to provide youth with certain attitudes, motivations, and rationalisations which support antisocial behaviours, whilst providing opportunities for youth to engage in delinquent acts (Patterson et al., 1989). Peer groups act out and reward deviant and criminal behaviours, this enables youth to develop self-efficacy for behaviours which are considered as the set standards that are approved by gang members (Van der Merwe et al., 2012). Peer rejection is another major factor in the development of internalizing and externalizing problems in youths. Youths who feel rejected and/ or disliked by their peers

have been described by Arthur and colleagues (2002) as vulnerable to substance use and abuse and participant in violent and criminal behaviour.

According to Hawkins et al., (1992), a youth's alienation from dominant societal values, low religiosity, and rebellion are productive of antisocial behaviours. The authors explained that previous studies had shown that interpersonal alienation at an early age, had a significantly high effect on a child's tolerance for deviance and their need for independence, which, were linked to substance use. These are characteristics of youth who have low social bonding. According to Van der Merwe et al., (2012), youths who engage in extra-mural activities after school such as sports, homework or tutoring are less likely to engage in substance use or antisocial behaviours.

The Community

Communities that are socially disorganised are often characterised by poverty, marginalization, poorly managed neighbourhoods with deficient infrastructures and poor socio-economic conditions (Zinn, 2011). Because members of these communities are unable to share or realise common prosocial values, this subsequently results in their inability to maintain social controls (Van der Merwe et al., 2012). Van der Merwe et al. argues that "even if children's own home (parents, siblings, caregivers) encourage prosocial norms, they encounter different standards of behaviour in different neighbourhoods venues- the values of their own home are less likely to be upheld in their schools, in their friends' homes, and at the local park" (2012, pg. 75). The authors continue to argue further that it is difficult for youth who are not given the opportunity to develop a consistent set of prosocial values and morals by different socializing agents to model prosocial behaviours which they can later use to assess their own behaviours. The longer a child lives in a neighbourhood the greater the likelihood of them being influenced by it (Van der Merwe et al., 2012). Parenting is affected by social disorganisation, as living in large disorganised communities paves the way for antisocial youth behaviours. Van der Merwe et al., (2012), states that child abuse and neglect has been associated with living in a socially disorganised community; these communities have also been characterised by high rates of suspension and dropout of adolescents.

The Media

A major socializing agent that influences behaviour for most young people is media (Van der Merwe et al., 2012). Several authors have explained how mass media affects youth behaviour in several ways including the promotion of risky sexual behaviour, substance abuse, and the promotion of violent and aggressive behaviour (Anderson et al., 2003; Browne & Hamilton-Giachristis, 2005; Gunther, Bolt, Borzekowski, Liebhart, & Dillard, 2006; Brown et al., 2006, Klein et al., 1993). The media produces long-term effects on behaviour and attitudes in children via different types of learning processes which lead to the acquisition of automatic and lasting scripts, interpreted schemas and beliefs that support several types of antisocial behaviours (Anderson et al., 2003). Anderson et al., (2003) argue that these learnt scripts, schemas, and beliefs reduce an individual's natural and normal negative responses to violence and guilt over having 'unlawful' sex.

A study conducted in South Africa found that families' exposure to media content (such as films, soap operas, and drama) on television, DVD, video and cinemas results in a number of antisocial behaviours that are often idealised and re-enacted by children and youth (Van der Merwe et al., 2012). The author states that exposure to sex, nudity, violence, and foul language via the media is a major concern for parents. This concern is heightened by their struggle to imprint their own value systems onto their children who are bombarded by different and conflicting values. As careful as parents may be, especially in trying to control what their children watch, children often find ways to watch films or programmes that are prohibited by their parents (Brown et al., 2006).

Protective Factors

Protective factors are defined as factors that mediate or moderate the effects of risk youth are exposed to in their different environments (internal and external) and which ultimately encourage resilience (Hawkins et al., 1992; Resnick, 2000; Van der Merwe et al., 2012). Resilience is the ability to have persistent positive outcomes in situations where one faces severe stressors (Van der Merwe et al., 2012; Ziaian et al., 2012). Masten and Narayan have also defined resilience as "the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (p. 231, 2012). Similarly, Cherewick, Tol, Burnham, Doocy, and Glass (2016), define resilience as a

dynamic process that involves the interaction between risk and protective factors, external and internal to the individual, used to modify the effects of adverse life events.

Hawkins and colleagues (1992), state that vulnerability denotes an intensified susceptibility to risk whereas resiliency is the ability to survive the risk. This viewpoint suggests that protecting oneself from risk means increasing one's own resilience to risk factors/exposure. Protective factors are hypothesised to actively reduce an individual's susceptibility to risk factors and increase their resiliency to these risk factors by protecting them from developing internalizing and externalizing problems and promote prosocial outcomes (Hawkins et al., 1992).

According to Van der Merwe et al., (2012) protective factors serve two purposes; one being to decrease risk of developing problematic internal and external outcomes. These are the risk/protective mechanisms; this is explained as the exposure to risk which is buffered by protective factors present in the life of the individual. It is where a child's attitudes towards prosocial behaviours, having peers in gangs, and who use drugs are being buffered by strong attachment to parents and good communication between the youths and their parents, coming from a family with good management practices and high levels of bonding between siblings and teachers.

The second purpose being the protective factors available to the child, where one protective factor has a direct impact on another protective factor. Protective factors include the presence of adolescents internalizing symptoms (worrying, anxiety, withdrawal, nervousness) that protect the adolescent from developing externalizing behaviours. In conjunction with a strong level of attachment between the youths and their parents, it includes positive maternal characteristics, harmony between parents (which can be in the form of either marital, cohabiting or co-parenting), engagement in religious activities – especially those practised in private (praying in private and scripture reading), extramural school activities, attending community meetings and cultural events etc. (Brook et al., 1990; Hawkins et al., 1992; Resnick, 2000; Van der Merwe & Dawes, 2000; Van der Merwe et al., 2012). Religiosity as a protective factor is important as it helps one reflect and see how one's actions either negatively or positively impact on others, especially in terms of altruism. Protective factors make up a very thin section of contributing factors to behaviours because very little work has been done focusing on protective factors as compared to risk factors and behaviour (Van der Merwe et al., 2012).

CHAPTER 3

METHODOLOGY

Introduction

This chapter describes the nature of the study; this includes the chosen research design, research participants, research site, sampling procedure, data collection methods, ethical considerations and the trustfulness of the study. This chapter also describes how the data are presented and analysed.

Qualitative Research Approach

The study adopted a qualitative research design. According to Golafshani (2003), qualitative research is a naturalistic (real-life) approach used to understand phenomena in their context-specific settings, that is, the real world setting. The researcher's role is to try and understand the phenomenon without making an attempt to change or manipulate it. Qualitative research is a broad term that covers a wide variety of methods and philosophies, which draw on different disciplines including social psychology, sociology and social anthropology (Denscombe, 2003; Hennink, Hutter, & Bailey, 2011). Researchers attempt within the qualitative approach to study human activity as a product of symbols and meanings of members of social groups and to make sense of these things (Denscombe, 2003; Babbie & Mouton, 2001). The goal of qualitative studies is located in the participants' description, understanding and interpretation of a social phenomenon in the world around them rather than explaining the social phenomenon (Babbie & Mouton, 2001). Researchers often study people on their "natural settings, to identify how their experiences and behaviour have shaped the context of their lives; i.e. their social, economic, cultural or physical context in which they live" (Babbie & Mouton, 2001). The research design seeks to understand and embrace the different contextual influences of research issues.

Qualitative research design utilizes a set of interpretive, material practices that explain a phenomenon in an open and discursive manner; represented by various methods such as field notes, interviews, recordings, photographs, conversations, and memos (Ritchie, Lewis, Nicholls & Ormston, 2013). Qualitative studies rely on approaches from interpretive and critical social sciences which are concerned with understanding the meanings which people attach to a particular phenomenon (rituals, traditions, relationships, decisions, beliefs, values etc.) within their social world (Ritchie, et al., 2013; Neuman, 2006).

The research approach was selected due to its appropriateness to the research questions to provide a rich, detailed and an in-depth account of the participants' risk factors they experience on a daily basis in South Africa and the protective factors they use to cope with these risks. The strength of the qualitative approach lies in that the data and the analysis are grounded in the participant's reality (social reality) (Denscombe, 2003). This is ultimately what I wanted to explore as a researcher.

Interpretive Paradigm

A paradigm is an approach used when observing or trying to understand a phenomenon which is shaped by what we see and how we understand it (Denscombe, 2003). The study used the interpretivist paradigm/ tradition. The paradigm is interested in understanding human behaviour/ and actions (Bryman, 2012). The study aims to provide an in-depth understanding of risk and protective factors experienced by refugee youth from the DRC and their impact on the mental health and behavioural outcomes of the group.

According to Bryman (2012), when a researcher assumes an interpretative stance, they do not simply explain the world as interpreted by members of a social group; they also place these interpretations within a theoretical framework. This leads to a double interpretation where the researcher provides an interpretation of participants' interpretations; whilst on another level make interpretations which are interpreted in terms of the research concepts, literature and theoretical framework (Bryman, 2012).

Participants and Sampling

The research participants consisted of eight refugee youths from the DRC living in the Durban area. These participants consisted of both male and female participants (three male and five female). Participants varied in age and education, ranging from grade 8 and 12, with one participant enrolled at a tertiary institution.

Both purposive and convenience sampling were utilized to identify target youth from the larger project - Creating spaces for voice, agency and social support through participatory research involving authoring life stories and reflexivity with youth from the DRC refugee community in KwaZulu-Natal [**HSS/0879/015D**]; see Annexure A. Participants who had participated fully in the workshops conducted during that research, who showed a keen interest, and who were available for in-depth interviews were chosen to take part in this

study. Consent and information sheets were provided and signed by all participants (see Annexure B).

Participants[1] name	Gender	Current age	Age of arrival	Year of arrival in South Africa	Level of education	Place of origin in the DRC
Anto	Female	15	Born in South Africa	Born in South Africa	High school- grade 10	Not stated*
Samantha	Female	16	8 months old	2001	High school- grade 11	Not state*
Ester	Female	20	16	2012	High school- grade 12	Not stated*
Victoria	Female	16	7	2007	High school- grade 10	Bukavu
Louis	Male	20	13	2009	Tertiary institution- 1st year	Sud-Kivu
Aimee	Female	20	10	2007	High school- grade 10	Bukavu
Jake	Male	13*	3	*	High school- grade 8	Not stated*
Leo	Male	18	5	2003	High school- grade 11	Not stated*

Table 2: Demographic profile of participants

According to Tansey, "non-probability sampling techniques involve researchers drawing samples from a larger population without requiring random selection" (2007, p.767). The advantage of these sampling techniques is the researcher has better control over the

[1] Participant names have all been changed to pseudonyms to protect the identity of participants

selection process, based on subjective judgments of the sample, as they decide which units of the population they include in the study (Tansey, 2007).

Purposive and convenience sampling techniques are types of non-probability sampling technique (Tansey, 2007; Feild, Pruchno, Bewley, Lemay, & Levinsky, 2006, Neuman, 2006; Babbie & Mouton, 2001). Purposive sampling is used when researchers want to study a particular population with unique identifiable characteristics with which they have knowledge of the populations appropriateness in terms of nature of the research objectives (Neuman, 2006; Babbie & Mouton, 2001). Convenience or availability is a type non-probability sampling; the primary criterion for selecting participants is that they are readily available, convenient and easy to reach (Babbie & Mouton, 2001).

Non-probability sampling has its limitations like many methods in research, the limitations of the technique lie in the fact that "there is no way of estimating the probability that each element has of being included in the sample, and no assurance that every element has some chance of being included" (Feild et al., 2006, p.567). According to Feild et al., (2006) the estimation of sampling errors is impossible when using the method, as this inherently limits the extent to which valid inferences to a population can be made. This will be further discussed in the section on validity and reliability.

Data Collection Procedure

The study received ethical approval from the Humanities and Social Science Ethics Committee of University of Kwa-Zulu Natal (see section 3.6). Data collection took the form of individual semi-structured interviews with eight refugee youth from the Democratic Republic of Congo (DRC) currently living in Durban. The participants were all interviewed at a church which was also the venue for research workshops during the principal research and where focus groups were held prior to the one-on-one individual interviews. The method included a step by step procedure for approach data collection. The interviews were conducted by two researchers at the church. After welcoming participants, a clear explanation of the reasons for the research was given including that the researcher was attempting to get a better understanding of their challenges and the support systems they have in place to help them cope with their daily challenges. I also explained that I wanted to find out how the challenges they face affect their behaviours. I felt it was important to explain the research as we (including the principal researcher of the entire project) had gained some knowledge of

some of the challenges they face, and through the youth group (that runs on a monthly basis) we had built rapport with the participants. The need for this specific type of research was also explained to the participants, in that there is a huge gap in the current literature. The participants were told that the interviews would be conducted by myself and the principal researcher. They were also told that the interviews were going to be recorded. Written and verbal assent and consent were obtained from the participants and their guardians for those under 18 beforehand.

Eight separate in-depth interviews were done and each interview lasted between twenty to thirty-five minutes depending on the response of the participants. The interviews started with asking the participants about their background (that is where they are from; when they arrived in South Africa, how they arrived and about their families). Probing questions were used to further understand some of the statements made by the participants. Participants were asked to describe some of the challenges that they faced in their everyday life as teenagers living in South Africa. These questions were probed more deeply in accordance with the participant's responses. In addition to the challenges that they reported they were further asked if they faced any other challenges or risks such as lack of family support, economic hardships, and any family difficulties. Once the participants had stated the challenges they faced, they had to describe how the challenges affected them. Participants described the types of support they received to help them deal with the challenges they faced; this included the youth workshops that were conducted by the principal researcher.

The interview questions were semi-structured and these questions ranged between historical questions related to participants' experiences of structural violence and social support structures (see Annexure D). According to Denscombe "interviews involve a set of assumptions and understandings about the situation which is not normally associated with a casual conversation" (2003, p.163). Individual interviews involve the meeting of one participant and one researcher (Denscombe, 2003). The use of in-depth individual interviews is justified by fact that the research topic was a very sensitive one and thus participants were meant to feel comfortable to speak about their experiences to researchers without the fear of being judged and to prevent their responses to research questions being influenced by other participants. The data collected provided in-depth and rich accounts of participants risk and protective factors, which explained their mental health state and behavioural problems. Participants were selected from the larger research project; as they had shown the willingness to share their experiences with the researchers. However, because the larger research project

was based on focus group interviews to collect data, some participants were reluctant to discuss or reveal much about themselves in the group setting, although they felt comfortable to discuss shared experiences (such as xenophobia, which were already well spoken about in the larger group, and some difficulties in school). The individual interviews allow the researcher to work with one source of ideas, views, and opinions; which the researcher is able to interrogate, grasp and even guide through the interview agenda (Denscombe, 2003). This was the reason for the use of individual interviews; that were semi-structured. This type of interview is flexible especially in terms of the manner in which research topics have been arranged, as it allows the participants to develop ideas and the ability to speak both more openly and deeper about key topics raised (Denscombe, 2003). This is extremely important when interviewing young people, especially when they have previously been exposed to 'group' ideology and peer influence when responding to research questions. This type of interview is also relatively easier to control than a focus group interview, and probing more deeply into statements made by participants is also made much easier.

One of the disadvantages of conducting individual interviews has been acknowledged by Denscombe (2003) as involving the use of audio-recorders. He argues that audio-recorders can act as inhibitors for the research informant, as the interview is an artificial setting/ or situation as participants speak on record which can cause anxiety in some participants. Denscombe (2003) further explains that the use of audio-recorders, in addition, can be seen by some participants as an invasion of their privacy. This did not appear to be a problem for the participants as they freely consented to the use of recorders and were used to being recorded as part of the principal project. All participants were comfortable with the researchers especially in sharing their experiences and personal stories as trust building had been part of the overall project.

Data analysis

The aim of this study is to address the gaps that currently exist in literature today. Therefore it was decided that the research would focus on themes that were identified by participants in their accounts of their experiences and their understandings of these experiences. For this reason, thematic analysis (TA) was used to analyse the data collected. According to Braun and Clarke (2006), thematic analysis is a method used to identify, analyse, and report on the most emergent themes within the data. According to Gibson and Brown (2009), there are three aims for conducting a thematic analysis:

1. To examine commonalities, by finding themes across a data set that can be categorised and then subjected to further analysis and subdivision (themes and subthemes).
2. To examine differences, whereby researchers look for differences in addition to similarities as a way to analyse the peculiarities
3. To examine the relationship between the various elements of the analysis. Researchers examine how different codes and characteristics relate to one another and to that of the study's general themes.

According to Lichtman (2012), data are information which are collected as part of a researcher's research study, which takes the form of words or pictures in qualitative research. These forms give rise to the emergence of key concepts or themes working within a particular phenomenon (Lichtman, 2012). A theme can be referred to as a specific pattern that is found within one's data (Joffe & Yardley, 2004). What counts as a theme is something that shows an important link or relation to a researcher's research question/s and which represents some level of patterned responses or meaning (Braun & Clarke, 2006). The authors state that TA is used to obtain a rich or detailed account of the data, which allows the reader to get a sense of the predominant themes. The process of identifying themes, codes and the analysis of themes and codes is important for providing a precise reflection of the contents of the entire data set. Alternately, the process provides a detailed description of a particular theme or group of within a data set (Braun & Clarke, 2006). I decided on using a deductive or theoretical thematic analysis approach in coding my data, which paid special attention to the SDM and my research questions. The themes were derived from a latent level which means that the themes that are developed involve interpretative work with a rich description of the themes along my chosen theoretical framework - SDM.

This paper takes on a contextualist epistemological position that is the paper is positioned between realism/essentialism and constructionism (Braun & Clarke, 2006). This is because as the researcher, I have the desire to describe and explain the different individual experiences of the participants and the meanings they attach to these experiences. However, I also wish to understand the wider social context of these meanings. I wish to explore the realities of the participants' experiences of different personal risk and protective factors that impact on their mental health state and the meaning they attach to them. Whilst at the same I

wish to incorporate the broader role that society plays in contributing to and in shaping the participants meaning and subsequent understandings.

The data collected were from all eight participants and were transcribed by the researcher. During this process I gained initial ideas and thoughts of the data and the links to my chosen theory. I began to make notes of these thoughts and ideas that were essential for analysis. I read and re-read the transcribed data several times and, in addition, I listened to the recordings, initially separately and then later together whilst reading the transcripts. The transcripts were added to one document to help me when I listened to the recording which I had labelled in order of the interview sequence. This allowed me to ensure that the transcripts were accurately transcribed. The process of repeatedly reading the transcripts or data and listening to recordings is referred to as data immersion (Braun & Clarke, 2006). The purpose of transcribing the data myself, greatly increased my understanding of the data set and participants as well as recalling various aspects of the one-on-one interviews, such as body language, facial expressions and hand gestures of the participants.

Following on from this initial stage, initial codes were generated. These initial codes for themes were theory driven and guided by the research questions. The table shows data extracts and the initial codes.

Data extract	**Coded for**
*Ja and you can't even speak your own language because they say you not allowed to speak your own language in South Africa it's only either English, Zulu or Afrikaans, no other language (*Samantha*)*	No freedom to speak own language
In like when come here to church I travel by taxi all the time and when I'm in the taxi I can't. I usually switch off my phone or I put it on silence coz when my mom calls she usually speaks in Swahili so I can't speak in Swahili in the taxi. I'm afraid to speak in Swahili (Anto)*.*	Fear of speaking Swahili in (taxis)

You know even children have a fight and you are trying to stop them, the parents come there and get involved instead of making the children stop fighting, they just they also get crazy and they get involved in this thing here and they start fighting with us and parents start fighting in the whole building and they call us names, kwerekwere, this and that. Ja like it's just tough it's been tough and I'm scared like I'm afraid …Ja it doesn't really bother me that much anymore, but when it comes to xenophobia that's when I get so scared (Aimee) *I saw on TV or heard is that some of my friends flew (used hand gestures to show that they went down {by land}) for their own safety because they just couldn't feel safe here in South Africa. So they had to go away for a while just to wait for the storm to calm, so that's what I saw and what I heard. And I saw people like killing each other and all that stuff it was bad super bad* (Louis).	Safety is concern for refugee youth of living in South Africa
Even at school, I do have people who call me names, let's say we were friends and we had, we have an argument and the she she calls me names like oh you just a kwerekwere, you're a foreigner, this and that. And you know I don't really say much that I just leave it like that. (Aimee) *Uhm I face a lot of challenges especially at school, when we in class, maybe when a teacher brings up a topic about Congo or foreigners they always pick me (drops her head, her voice cracks a bit), they always laughing at me, teachers are always making examples of my name and that's so bad. Sometimes I cry in class because everyone is always teasing me asking me why I came to South Africa (Samantha looked like she was about to break down and cry), that I must go back to my country, I'm ugly. Even in break time too, you find like groups refugees* (Aimee) *Samantha: … when she she, when you sitting down and she tells you, hey you Congo stand up and she calls you like that. I tell her ma'am my name's Samantha, not Congo and she's; like well aren't you from Congo and it's like so bad, Zulu's, Indians it's not cool.* (Samantha). *Yes, I am afraid of school because we do see these fights at school between foreigners and Zulus fighting and it's crazy because some crazy, some uhm Zulu kids bring knives and stuff… you just have to be quiet, you know and make sure that you don't say anything wrong, that's gonna piss someone, you know.* (Aimee)	School an unsafe environment for refugee students Emotional abuse by teachers and learners Survival in school means accepting situations for what they are

Let's say …I go to university, I study. I study on whatever job career I chose then example after my studies I get a degree I get everything and now I'm going to look for a job, like I got all the qualifications everything which I need for a job but then they look at my status where I'm from, they like, okay they see everything is right but for them to offer me the job it's not easy it's not easy at all. (Leo) *With discrimination in every part of the way coz uhm there is always that fear that aah, I mean this country as a foreigner its very hard to get a formal job, basically government jobs those are, I don't think theres a way that a foreigner usually gets into government jobs because they look at you. They want someone who is a citizen someone who speaks the language, so for me have that fear that I'm never gonna get a job tha fits my career what I studied in tertiary.* (Loius) *there's another thing where there's a limited amount of foreigners who can work in a certain company. (*Ester) *Ja. coz my father use to be a teacher in Congo and then when he came here, he couldn't become a teacher due to, coz he was a foreigner and he didn't know English and so he just gave up like that.* (Anto)	Future employment insecurities in South Africa
he opened up a salon in a tent and he started cutting hair and I grew up like that … and my mom she doesn't work so it's very hard... it's very hard for my father to pay all of our school fees.(Anto) *Like even at the moment as we are speaking now my mother is at home she is not working also like getting money to go to school, getting money, money like to feed the family. It's not easy it's just by the grace of God that we are managing* (Leo) *Ja financially and my mom she, she like works she sells stuff at the flea market and on days like this (it was a very cold and rainy day) she does not sell stuff because it rains she does not go. And now there's a loss of money and like transport for school is hard and things like that.* (Victoria)	Parents' financial difficulties
I mean there are times where I cannot have money to pay transport to go to school aah also the one I spoke about lunch, that also affects me also I would go to school hungry, so it's hard to pay focus when you're hungry, so most times I would sit at the back of the class and just sleep for the entire period and then I tend to go home early coz I'm hungry I can't concentrate focus in school you, my body's drained so I just go home so that I can find something that I can eat, just to get through the next day and the next day. So it's aah I'm usually bored I don't feel the strength to talk or to hang out with people because I am tired I and hungry I need to go home. (Louis)	Youth's personal struggles with financial difficulties
You know when you pay your school fees, when something goes wrong in school you want to speak out but when you haven't paid your school fees there's nothing you can say, you just have	Impact of financial difficulty on mental health and

to keep quiet about whatever like is going on. You just have to keep quiet and just stick to it you just can't give your opinion coz you haven't paid your school fees. (Victoria) *As I have said before I don't allow anything to affect me so affect things. You know when something comes like I always try to look on the lighter better side of things and I will never let anything whether bad or good to affect me negatively.(Ester)* *I wouldn't do my assignments on time and my grades just goes down like very bad. I mean I have to explain to my parents why my marks are so down… and it hurts me that I have to tell them that it's because you know you didn't do this and this for me…. So I would just tell them that you know what I try to you know to pay attention and this and that or whatever you know, coz I I (Louis stutters), the thing is that I don't want to put so much burden on them because I know that they are paying for my school fees and also paying for my siblings so they have other you know responsibilities that they have to.* (Louis) *I don't really hate anyone ja I don't really hate anyone for doing that.*(Aimee) *well, my peers they get into trouble a lot especially with drugs aah basically well aah cops, police here police police ja are there's this concept that foreign people sell drugs to students or citizens here. So they would aah and aah so they would go to uhm busy intersections in town where there is lots of foreigners hanging around and aah they would bust them out and aah search for drugs, aah they are mostly faced with aah drug problems ja, that I know of.* (Louis) *That's why you see most of the people here, some people study hard like they study really hard to make it in life but they will get all the which they need but when it's time to get a job they can't get a job now, some of them it leads them to becoming drug dealers, drug addicts like criminals things like that.* (Leo) *Uhm, aah when I'm done with matric I would like to get good results so I can get into university. And hopefully get a bursary so to get a bursary in matric, to study hard and get a good job in the future and to help my family.* (Anto)	behaviours Lying to protect parents No negative feelings towards South Africans Criminal activity by peers The need to help other family
Ja we still getting support from the government. Ja the SASSA grant, so my mother goes there to collect it, Uhm every month and it help my family to buy food stuff and pay rent and stuff like that, coz my father does not have enough money to like, he pays our school fees, he does everything so we need the support from the government. And it helps us a lot. (Anto) *Aah, I use to get support from SASSA are like monthly funds where like they would pay a certain amount of money towards me*. (Louis)	Government financially supports foreigners

Leo: *Yes it is a big factor, it has a big impact to my life, because without church ey things are bad, things really are bad…there was no one at home so I was the only one at home, taking care of my small brothers and the pastor tried to support us like there was no food in the house. He helped us with the food and ja. (Leo)* *Ja. Every Sunday like I come here and talk to pastor and he helps me like. I talk to him about what I am going through like my daily schedules, like Ja I talk to him all the time. (Anto)* *Ja I use to go there, there was really good people there, I would talk to them about this things and and ja they made me feel better and ja they just supported me throughout.*(Aimee, as she talks about her old church)	Church supports youth and their families
Ja. It like pushed me, it's like it inspired me to work hard, especially as a foreigner to work hard and just reach my goals. (Anto) *…you get to meet new people like plus you also mix with South Africans. So now it's like now sometimes I see them like they are different coz I see them like we are one, like we are one family like we do… we like share love and everything and we get to about our problems. Like even here we speak about xenophobia and they help they try give ideas and all that stuff.* (Victoria)	The impact of the youth workshops
Oh family, aah well my family are just there hahaha. (Aimee) *aah I do speak to my aunt about aah my financial problems and she will help me here and there you know if she can.* (Louis) *Ja, my father really tries hard to support us…he just comes home with lil food and he doesn't eat. He gives us to eat and that really touches my heart because I know that there is someone that's by my side. A person that really cares for us, even when he goes to town with nothing, he tries to bring food on the table for us to eat.*(Samantha)	Family as a source of support
There's no one I can talk to, there's no one that I really trust. (Samantha) *Ja when I face a certain problem, or like how we did that thingy that trust issue, so you know when I meet someone I will try get him or her to trust me and I will trust him.* (Ester)	Issues of trust
Africa, like we all from Africa, ja. It doesn't matter like Black,White, Indian, we all one culture, we all have the same blood type, not blood type, our blood is all red, all have eyes same thing, we the same people, not dogs	The need for unity

Table 3: Data extracts, with codes applied

The third stage of the data analysis involved searching for themes to explain larger sections of the data set. I combined different codes that were similar to form overarching themes. I kept my theory and my research questions in mind when combining codes to form my themes. I then developed my initial themes in the thematic map below.

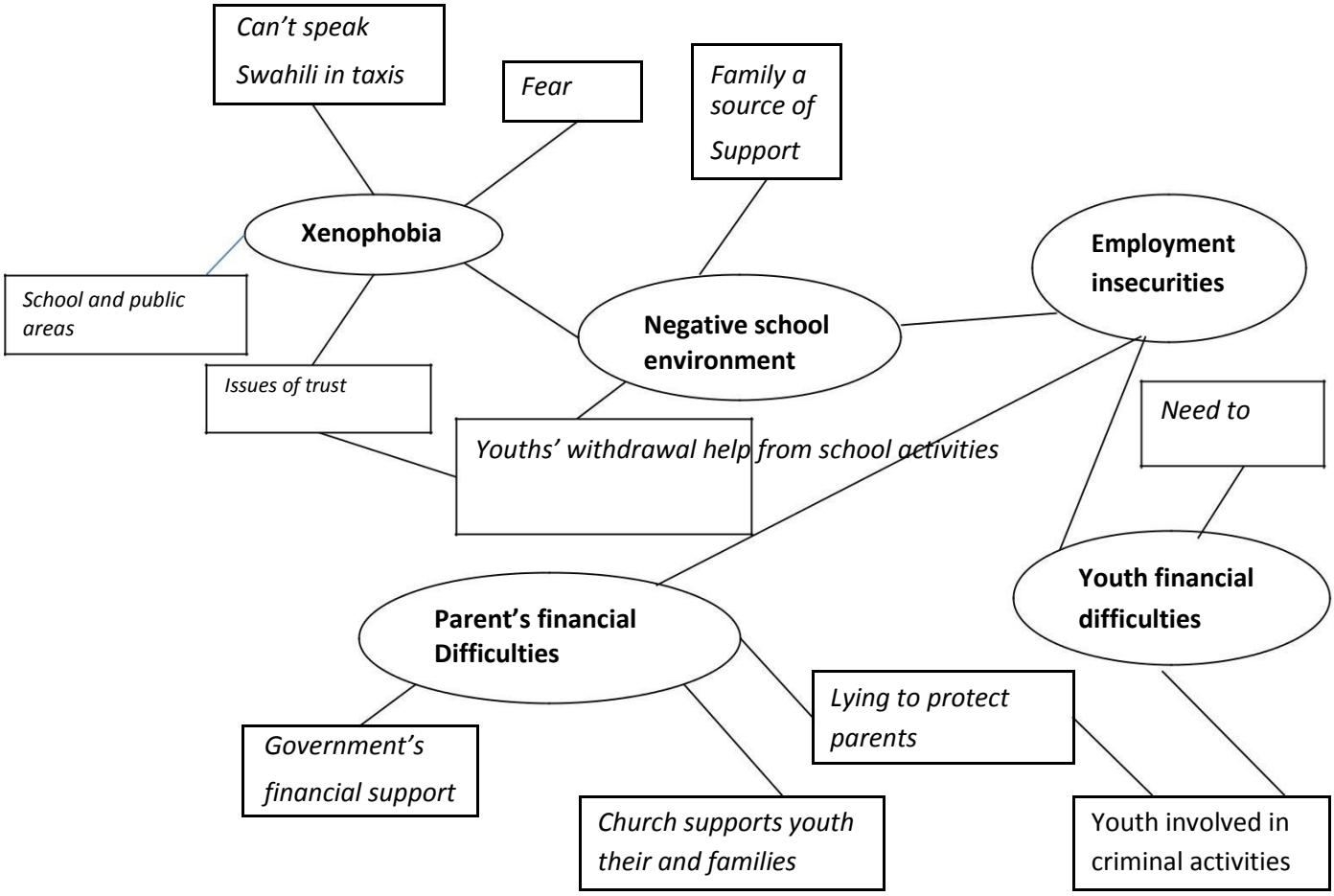
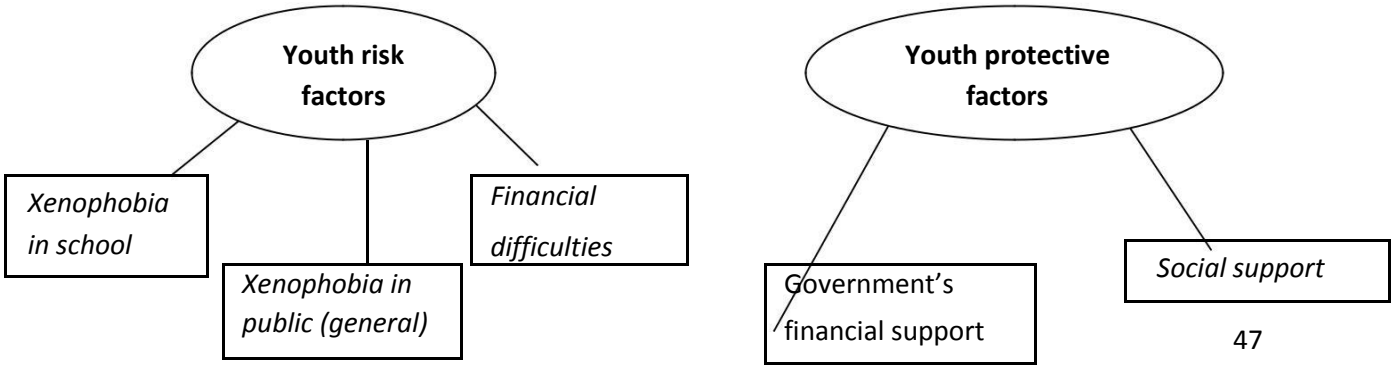


Figure 3: Initial thematic map, showing five main themes

I studied the thematic map and decide to place the five themes I had initially developed into the themes; I knew I needed to adjust them according to my chosen theory and my research questions. I considered the themes and the relationships between the themes and subthemes. At this point, I collated all the similar themes and subthemes into one of four themes that are directly linked to the SDM and my research questions.

The fourth stage as described by Braun and Clarke (2006) is the reviewing and refining of themes. At this stage I went through the data again, paying special attention to the themes that I had developed and their links to the theoretical model and the research questions. I made sure that the themes were meaningful in terms of their relation to theoretical model and the research questions, whilst at the same time ensuring that they were clear and identifiable as distinct themes. This involved two levels, the primary and secondary level. In the primary level I went through the extracts I used to code for themes, to check if they formed coherent patterns. Once I was satisfied with the initial codes and themes, I moved on to the second level. In the second level I used the same process as that mentioned above, however, instead of checking for coherence with the extracts I looked at the entire data set. In doing this I considered whether the themes accurately reflected what was evident in the data set. I concluded that the themes were accurate representation of the data set in relation to the approaches chosen (theoretical thematic analysis, within both realist and constructionist paradigms).

To further confirm the accuracy of the themes, I did further coding of the extracts and the data set at this stage, to ensure that no codes were missed in the earlier stages of analysis. Once I was satisfied with the thematic map I had developed and finalized I moved on to stage five. This stage involved defining and refining themes. Here I refined and defined the themes as a way to identify the essence of what each theme was about as well as to capture different aspects of the data in relation to my research questions (Braun & Clarke, 2006). Two of the themes (that is youth behaviour and youth attitudes) both had sub-themes, these sub-themes were useful in that they allowed me to give structure to the above mentioned themes that were large and complex. Each individual theme was accompanied by a detailed analysis, in terms of the story it told within the individual theme, but as well as the story it told within the broader overall story of refugee youth in Durban. In addition, in terms of naming the themes, I developed names that were concise, immediate and punchy to give the reader a sense of what each theme is about (Braun & Clarke, 2006).



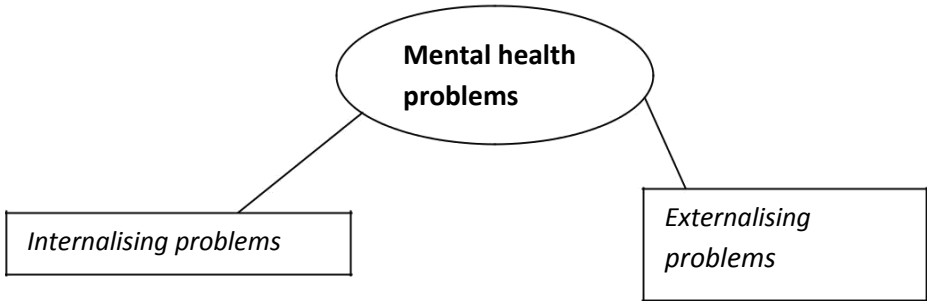


Figure 4: Final thematic map, showing final three main themes.

Following this stage Braun and Clarke (2006), state that the final stage is producing the report (results). In this stage, I chose to use extracts from the transcript to explain each theme. The extracts help provide adequate evidence of the themes within the data and illustrate the prevalence of the theme (Braun & Clarke, 2006). I do this in chapter 4, where I describe and thoroughly explain each major theme and subtheme of my analysis in detail.

Ethical Considerations

Being ethical is said to be a confirmation that one has accepted the professional practices of a research project, especially when a project uses and affects the lives of participants (Bryman, 2012; Symthe & Murray, 2000). These ethical principles include whether there is any harm to research participants, a lack of informed consent, the invasion of privacy and the use of deception to collect data (Bryman, 2012). To transgress on any of these principles will result in the research project being deemed unethical. To protect participants from any unethical practices within the study, I kept the above-mentioned principles in mind and accounted for them.

The research project had already received ethical clearance from Humanities & Social Science Ethics Committee for the principle researcher. The researcher had sent informed consent forms home with participants. The forms that informed both participants and their parents of the purpose of the study were translated into Swahili (parent's home language). All the participants that participated in the study gave written consent to take part in the study given (See Annexure B).

This paper developed from the need of both researchers to gain a deeper understanding of the issues raised by the participants and to understand how the issues raised in focus group discussions affected participants' behaviour. I obtained a protocol reference number from the

University of KwaZulu-Natal's Humanities & Social Science Ethics Committee, as the project had already been ethically approved, this number was necessary to obtain for the completion of my master's degree. I received this protocol reference number on the 16th of August 2016 (See Annexure C). In terms of protecting participants from harm, I assured anonymity and confidentiality. I did this by safeguarding the raw data obtained from participants, in both transcripts and the research report. I did this by replacing all the participants' names with pseudonyms.

The trustworthiness and dependability of the study

Like all qualitative research studies, the most important test of the study is its quality (Golafshani, 2003). The quality of the study can only be guaranteed by its truthfulness in relation to findings and the discussion. According to Shenton (2004, p.63) "the truthfulness of qualitative research is generally questioned by positivists, perhaps because of their concepts of validity and reliability". However, these two concepts cannot be addressed in the same manner as in a quantitative research study. Babbie and Mouton (2001) argue that the qualitative equivalent of reliability is dependability, whilst that for validity is truthfulness (Guba, 1981). These two concepts are considered to be key aspects of all research, especially if a research study is to be considered good and to be accepted by fellow researchers (Brink, 1993). The term truthfulness is concerned with the accurate and truthful representation of one's findings and the phenomenon that it was intended to describe, explain, explore and theorise. The study ensured truthfulness by ensuring its credibility. Credibility is the researcher's ability to demonstrate the truthful value between the data of an inquiry and the phenomena that the data represents. I did this in this chapter (data analysis chapter) as well as the findings and discussion chapter, where I used extracts from the raw data to support themes and statements made in the findings chapter. To further ensure I report high-quality findings, I used both realist and the constructivist approaches to analyse the data, this in addition to the interpretivist paradigm.

Dependability, on the other hand, is concerned with a study's consistency and the repeatability of participant's accounts, along with the researcher's ability to accurately collect and record the information (Long & Johnson, 2000; Brink, 1993; Guba, 1981). We (this includes the principle researcher) accomplished this by using the same interview schedule for all the participants in the one-on-one interviews; this schedule consisted of 10 semi-structured questions. Participants were all asked similar questions at different points of their interviews.

This was necessary to check for accuracy to improve the researcher's interpretations as well as understanding. To further ensure a better understanding and to get a rich description of a phenomenon, we asked probing questions.

CHAPTER 4

RESULTS

This chapter presents the results from the thematic analysis process conducted on the transcripts. The transcripts bring about key themes that were evident in the data, and are essential in understanding the experiences and realities of all the participants. I identified three main themes; each theme was accompanied by subthemes. These themes were: "*Youth risk factors*", this theme was accompanied by the subthemes 'xenophobia in school, xenophobia in public (general) and financial difficulties'; "*Youth protective factors*", this theme was accompanied by the subthemes 'nuclear familial support, social support, government financial support'; and "*Youth behaviours*", this theme was accompanied by two subthemes 'antisocial and prosocial'. These themes overlap, and cannot be viewed in isolation but are rather relative to each other. For this reason the first two themes are discussed under separate headings below, with the third theme relating to the behaviours that result from the experience of risk or protective factors, integrated into these results and discussions.

Youth risk factors

This theme is defined by various intersecting risk factors that have been shown to influence the participant's behaviour in terms of the context in which the risk factors occur. Participants all identified **xenophobia** as the major risk factor they face as teenagers living in South Africa. Xenophobia was experienced by participants in different settings, more specifically at school and in public settings. The degrees to which participants' experienced xenophobia in the above mentioned settings differed.

Most participants explained their individual experiences of xenophobia, in relation to their South African classmates. All but one of the participants revealed that they were bullied in two ways, prejudicial and verbal. Verbal bullying occurs when people use words to emotionally hurt another person, this type of bullying includes name calling, threatening, insulting, taunting, mocking and intimidating of others (Gordon, 2016). Prejudicial bullying is based on stereotypical prejudices that people (children and youth) have towards those that are considered different from them. Bullying is usually focused on those who are from a different race, religion or of a different sexual orientation (Gordon, 2016). In this case the

participants were bullied because of the fact that they came from a different part of the African continent.

Anto*: Mmhh in school in primary actually they use to call us kwerekwere and all those things and they use to tease us a lot and I didn't use to feel comfortable like in class they use to touch my hair like wow you got nice hair are you a Zulu or Congolese as soon as I tell them that I am I was a foreigner. They like step back and they look at me like ooh she's a foreigner let's stay away from her and it made me to feel bad.*

Aimee: *Even at school I do have people who call me names, let's say we were friends and we had, we have an argument and the she she calls me names like oh you just a kwerekwere, you're a foreigner, this and that.*

Leo*: in school let's say you're in class and the teacher asks a question and you putting your hands up and you want to reply, at the back you hear someone saying ey Kwerekwere this guy like talking too much something like that. You just keep quiet but in your heart it hurts you when someone calls you a name which you don't like, but then you just ignore it but it touches you in your heart.*

Jake: *because like the other kids will make fun of us and no-one likes getting laughed at other kids, 'cos you feel like, …you're like totally different, you're gonna feel bad, you're gonna feel like they don't, they treat you as …for three months the school keep talking about it and they'll keep calling you kwerekwere, a foreigner, stuff like that ja.*

Xenophobia in the form of bullying in school also took on a physical form. Aimee explained this in her interview.

Aimee: Yes I am afraid of school because we do see these fights at school between foreigners and Zulus fighting and it's crazy because some crazy, some uhm Zulu kids bring knives and stuff…hen there is a fight they bring knives out, they don't use hands, they don't they have to bring equipment to fight with. Knives they carry knives to school, so I'm afraid… I almost had a fight with another girl like, someone told her that I was gossiping about her. Well there's another girl that never liked me so she knew this girl who like fighting a lot and she went and told her that I went and said something about her which is not true I had no idea what she was talking about. (voice changes she smiles) And that girl came for me… Ja she wanted to fight swith me, ja well she was fighting with me you know self-defense, and all of a sudden she pulls a knife, I don't know someone gave her a knife ja and she wanted to fight with me. And my other friends were like you just have to go coz you just gonna get hurt and you'll die you know, just go and I just left. Like this thing happens every day, every day at school.

In addition to victimization (bullying) from students, two participants explained that their teachers also contributed to their victimization in the form of verbal and prejudicial bullying. Participants explained how teachers in the classroom setting called them names; which led to further name calling, mocking and insults from their peers both in the classroom and outside the classroom. Samantha experienced this more than Victoria, as she was victimized on a daily basis by teachers and students alike, whereas Victoria's victimization from her teacher only occurred in her Geography class, in which a topic on population geography brought about the victimization.

Victoria: *Uhm, like I wouldn't say I face attacks or anything like that. But in most cases I would say I face emotional attack and not physical attacks. Coz for me I am like the only foreign national in my class and at the moment for Geography we are doing ahh a subject on Geog, uhm ahh population geography and it also does on illegal immigrants so there's this teacher who teaches on that he always has to comment on us Congolese coz he know like I'm a Congolese and like he has to talk about Congolese coming into the country with no documents or something like that… after that the class would like laugh… it affects me a lot sometimes.*

Samantha*: In class, maybe when a teacher brings up a topic about Congo or foreigners they always pick me (drops her head, her voice cracks a bit), they always laughing at me, teachers are always making examples of my name and that's so bad. Sometimes I cry in class because everyone is always teasing me asking me why I came to South Africa (Samantha looked like she was about to breakdown and cry), that I must go back to my country, I'm ugly. Even in break time too, you find like groups refugees, Zulu's, Indians it's not cool…when you sitting down and she tells you, hey you Congo stand up and she calls you like that. I tell her ma'am my name's Samantha not Congo and she's; like well aren't you from Congo and it's like so bad… they always laugh. actually my nickname is like Congo in school and that's so bad …every time I go they always call me that name…every time I got to school I'm like shit I have to go face, that there in school… And always I can't wait to get back home because school is not safe and a place I would like to be.*

All participants except for one (Louis) explained that they also experienced xenophobia outside of the school setting, in the general public. Leo like most of the participants' explained how xenophobia, in this country, is the main risk factor for him. He further went on to question whether this phenomenon will ever come to an end.

Leo: *The main difficulty and risk which we facing now I won't lie, we spoke about it before and I will still include it now still you know xenophobia is something that has never ended I don't think that it will ever end.*

Aimee*: Ja. hmm you know with the about… (voice increases) I'm afraid of this country number one coz of all the xenophobia things.*

The degree to which participants' experienced xenophobia in public settings, varied from participant to participant; they reported physical assault and victimization.

Leo*: Now while we were coming back there was a group of guys, they were so many we were only three they were like ten or something. They stopped us and asked us to give them our phones they took our phones and they took the small money which we had in our pockets and then after that coz when tried to take our phones we tried to defend our self coz we couldn't just allow them to take our stuff, like we couldn't just allow them to rob us. We tried to defend our self, while we tried to defend our self like I got pocked (Stabbed) that day over here (shows interviewer scar) and I think this is the same shirt I was wearing that day , it was here (continues to show researcher) you see.*

Aimee*: we moved out of that flat just after a few months, but it still hasn't been good because we still got people there that, they never use to like us at all Zulus… we were living there for 8 years, … and it hasn't been easy coz people there never use to like us…Ja South African's, they're mixed Zulus and coloured in that building. You know even when children have a fight and you are trying to stop them, the parents come there and get involved instead of making the children stop fighting, they just they also get crazy and they get involved in this thing here and they start fighting with us and*

parents start fighting in the whole building and they call us names, kwerekwere, this and that. Ja like it's just tough it's been tough and I'm scared like I'm afraid.

The recent (2015) xenophobic attacks, affected the participants' in similar and yet different ways. Some participants' explained how they were too scared to go to school during the attack period and weeks following the attacks. Language and having a foreign profile during that period were also major factors in the possibility being attacked, so most had to refrain from speaking Swahili and one pretended to be of a different race (Aimee). Louis explained how some of his friends fled South Africa, during the attacks to places of safety.

Aimee: *Ja we, we were not going to school because we were afraid because they were busy telling us that if you inside the taxis oh these taxi drivers and conductors are going to ask you if you are foreigners you know. Actually I was not staying, actually my dad and my siblings we like we moved to thingy aah what you call this place to Port Shepstone, you know South Coast.*

Anto*: Oh ja, like in the taxi I'm afraid to pick up the phone coz I'm afraid to speak my language. Uhm, In like when come here to church I travel by taxi all the time and when I'm in the taxi I can't. I usually switch off my phone or I put it on silence coz when my mom calls she usually speaks in Swahili so I can't speak in Swahili in the taxi. I'm afraid to speak in Swahili. Uhh due to safety purposes coz I'm scared of the South African citizens, what if they start pushing me and it might cause maybe a fight and Ja I feel scared. You remember that xenophobia time… It was hard for us to speak our language in the taxi… we never went to school… we were very afraid.*

Louis: some of my friends flew… for their own safety because they just couldn't feel safe here in South Africa. So they had to go away for a while just to wait for the storm to call … We didn't go to school for a long time like a whole month we didn't go to school… Ja for a whole month. We was afraid, we was afraid that if we leave the house then something is going to happen. And these things were happening we were seeing people walking in the road and they would ask you this question which is very difficult to answer. They've asked me before but I pretended to be a coloured. You know, like I pretended I was a South African coloured and I do not know Zulu that's the only way to get you know.

Jake: Ok like how I feel uncomfortable, I feel uncomfortable when like my friends from my country come and we wanna speak in our language, like if my friends are like they are newcomers, they hear, they don't know English and they trying to communicate with me and we are in a taxi where there like Zulu's around, like I have to tell them not to speak their language because like they're gonna get angry, so like I don't feel comfortable when I'm not allowed to speak my language my mother's tongue language… like my mother phones me, like she doesn't know where I am, so she has to phone me and I'm in a taxi or I'm surrounded by people, Zulu's, like at the workshop, and I have to speak in English because if I have to speak in Swahili they gonna shout and be like, they call us kwerekweres then like they gonna maybe try taking me in a taxi, take me far away, get beaten up like how during the xenophobia they used to burn Zulu..uh… foreign people, they burned them like they tie them up, they take a tyre they burn the tyre and they pull around uh like they pull like around the kids, so like they get burnt and they put petrol around them, ja.

Unlike Aimee and some of the other participants that explained their experiences of the 2015 xenophobic attacks, Louis did not experience the attacks in the same manner. He was able to carry on with his daily routines during that period. He attributed this to his physical appearance. It is worth noting that foreigners are identified by two main features; these being

their physical appearance (skin colour, facial and body structure and individuals dress code); and the second feature is a person's ability to speak the local language (South African languages).

Louis: *aah it affects us in aah so many ways Uhm; one in particular aah okay thing is aah. Okay aah personally I'm light skinned; I'm light skinned so when the xenophobia thingy happened it didn't really affect me that much or my family. I could go to school, go to church, I could go into taxi even and I would get to where I wanna go because I do not have that stereo… Ja that stereotypical look, of a foreigner you know, so yeah that didn't personally affect me.*

The experience of xenophobia has a direct impact on the participants' behaviour. This was made evident by participants who experienced prejudicial, physical and verbal bullying at school, and reported that xenophobia has negatively affected them. Internalised problems have been reported by participants at school; these behaviours were presented in the form of social withdrawal from peers in school and from academic activities for those who reported being bullied (victimized) by their teachers.

Anto*: Because in school sometimes I'm just quiet and I just. I'm always lonely sometimes.*

Samantha*: My behaviour in school is so like bad, sometimes you just find me like sitting on the corner alone and thinking. Sometimes I just sit in the corner and someone just comes and asks me what's wrong and I'm like nah it's nothing. Because I am not open to everyone and I always think, I keep everything to myself, Ja. That's just so bad. There's no one I can talk to, there's no one that I really trust…Ahh (sighs) I'm always sad, not happy. Even if something is funny I'm just like mxm, hmmm. Ja I'm quiet, in person I'm not really a shy person I'm like a fun person, in church they know me as a crazy girl at home they know me as a fun person (she says with a huge smile on her face). But at school everyone knows that I'm always shy, always crying always angry (she drops her head low once more).and it really hurts.*

Victoria: *Like, the only problem, well I don't really have a problem like in all lessons it's just Geography. Coz whenever he starts teaching I just keep quiet and I just, sometimes I just sleep coz I think that he's going to come up with that topic again. I just keep quiet, I just sometimes I just keep quiet. I don't talk to anyone in class coz maybe he might come up with that topic again…Ja. I just sleep, while he's teaching coz whether he comes up with the topic or not maybe I might not hear it and I won't have to endure people laughing at me and all that stuff.*

Jake: *Ja I really feel afraid*

Xenophobia in the form of bullying at school also affected participants' ability to concentrate in the classroom.

Leo*: It can affect you it can affect …ja it can affect you at school and you know like if you are trying to study, when your heart is not so not happy like every thing you try to do it won't work out, you are trying to study it's gonna come in and just goes out like, ja (Leo shows the interviewer how words go in one side of his hear and comes out the other)…Ja you can't concentrate at all.*

Two participants presented with moderate antisocial behaviour in the form of fighting; this was in response to physical attacks by, in the case of Aimee in her response to a knife attack, and in the case of Leo when a group of thieves targeted him and his friends.

Under the theme risk factors a subtheme emerged which was financial difficulties. All the participants reported that their parents, especially their fathers were unable to find employment in South Africa for the professions they had qualified for in the Democratic republic of Congo. Participants' parents had to find alternative employment in South Africa to support their families. They link the lack of employment opportunities for their parents to xenophobia in the form of discrimination.

Anto: Ja. coz my father use to be a teacher in Congo and then when he came here, he couldn't become a teacher due to, coz he was a foreigner and he didn't know English and so he just gave up like that. And he opened up a salon in a tent and he started cutting hair and I grew up like that (participant drops her head, she looks sad and somewhat sorry for her father) and my mom she doesn't work so it's very hard.

Aimee*: Of course, they still calling us, even though it is over there are still those people who don't like us, who still don't want us here and we know coz they always saying it every day, they always saying it ja, coz we have people complaining and saying that oh only foreigners are only here to still our jobs and things like that. And it hasn't been easy for my dad because he's working as a car guard ever since he came , coz he is a foreigner, when he wants to find a better job they tell him, you don't have papers this and that so ja and my mom... And it's not easy for her to get other work, in some other places unless she's a Zulu they'll take her, ja*.

Louis: *So that's something I feel for my parents and it will also uhm, it also bothers me coz I know how will I get through this degree. My parents don't even work so, you know obviously. Also there's discrimination, you know we're foreigners; they look at you differently everywhere you go, different.*

One participant reported that he was being raised by a single mother, after his father had left them. He reported that his mother's financial situation became very difficult from that point onwards.

Leo: *My father left he went to Zambia he was doing business like, he use to sell cars, you know Japanese cars...import them from Japan and go sell them in Zambia, but then from that time he left he has never came back that why I feel from the time he left till now he has never came back so ja. That's why for now I'm just living with my mother, my mother she's like single mother and we four in the family... four boys, four in the family ja... that time she was pregnant in the year 2007 she was pregnant for my fourth brother who was born here in South Africa. So she couldn't go to work coz she was pregnant... Even if she could work she couldn't find a job that could support herself and us so they were trying to help but the help she was getting there it wasn't good enough. It wasn't good enough... hardships, risks like like even at the moment as we are speaking now my mother is at home she is not working also like getting money to go to school, getting money, money like to feed the family*

Participants' financial situations at home had negative impacts on their mental health especially at school.

Anto: *Yes. Because in school sometimes I'm just quiet and I just. I'm always lonely sometimes. My friends are like why you always I just nothing it's fine, it's because of family problems. I just tell them family problems. Because my father he cuts hair and, it's just.*

Victoria: *Well the thing that affects me the most is that right know I am owing school fees like at school. So like it's very embarrassing because the teacher has to remind you for school fees, school fees, school fees. And your friends in school are like my friend I'm finished paying school fees when you gonna pay? And you just, you just don't have anything to say you just keep quiet about it…You know when you pay your school fees, when something goes wrong in school you want to speak out but when you haven't paid your school fees there's nothing you can say, you just have to keep quiet about whatever like is going on. You just have to keep quiet and just stick to it you just can't give your opinion coz you haven't paid your school fees.*

Louis:*, I mean there are times where I cannot have money to pay transport to go to school aah also the one I spoke about lunch, that also affects me also I would go to school hungry, so it's hard to pay focus when you're hungry, so most times i would sit at the back of the class and just sleep for the entire period and then I tend to go home early coz I'm hungry I can't concentrate focus in school you, my body's drained so I just go home so that I can find something that I can eat, just to get through the next day and the next day. So it's aah I'm usually bored I don't feel the strength to talk or to hang out with people because I am tired I and hungry I need to go home…very bad very very bad, coz I wouldn't do my assignments on time and my grades just goes down like very bad*

Leo and Louis both identified antisocial behaviours, which are performed by their peers in the form of selling illicit drugs in the community in which they live.

Louis: *well my peers they get into trouble a lot especially with drugs aah basically well aah cops, police here police police ja are there's this concept that foreign people sell drugs to students or citizens here. So they would aah and aah so they would go to uhm busy intersections in town where there is lots of foreigners hanging around and aah they would bust them out and aah search for drugs, aah they are mostly faced with aah drug problems ja, that I know of.*

Leo: *It makes you feel like you wasted your own time going to school and studying. Like aiming for something that one day you wished to achieve now when it's time for you to achieve your dream it's like they are taking you back it can also affect like you in a lifetime something that you can keep in your heart and it can affect you. That's why you see most of the people here, some people study hard like they study really hard to make it in life but they will get all the which they need but when it's time to get a job they can't get a job now, some of them it leads them to becoming drug dealers, drug addicts like criminals things like that. What leads to that is when you're working so hard and you can't get what you needed at the end it changes your mind, the way you think too many ways.*

However, participants' experiences of their parents' financial hardships has positively impacted their behaviour in a prosocial manner. Participants reported altruistic behavioural tendencies as well as future behaviours both toward their parents and the larger community.

Anto: *Uhm, aah when I'm done with matric I would like to get good results so I can get into university. And hopefully get a bursary so to get a bursary in matric, to study hard and get a good job in the future and to help my family.*

Samantha: *short term I am praying to God that I must finish matric Ja. Long term I wanna study, but I don't think that will be possible because you know my father doesn't have a good job. You know he's only cutting hair. I would really like to go and do nursing so that I can work and help my parents out*

Ester: *Well in the short term I hope that I got a B (Bachelor pass) for my matric and long I hope to be a role model, although I don't have a role model. I hope to be a role model to other people and helpful to my society.*

Louis: Aah no that cash will not be just for myself but also it will be also it will play part in aah with aah to better aah my community that I came from Congo, coz I also wanna pass on my skills to people coming I mean the coming generations I wanna go back start something that will, I will give back to my community yeah. I will start aah a company or something which will also get people get in touch with what's going on so that they can also make something of their lives.

It was evident that the struggles the participants' parents are faced with have negatively affected the youths' perceptions about their futures. Participants reported insecurities in terms of their future job prospects, as a result of the 'discrimination' that affects many refugee job seekers.

Louis: *Ja I think it has to do with discrimination in every part of the way coz uhm there is always that fear that aah, I mean this country as a foreigner it's very hard to get a formal job, basically government jobs those are, I don't think there's a way that a foreigner usually gets into government jobs because they look at you. They want someone who is a citizen someone who speaks the language, so for me have that fear that I'm never gonna get a job that fit's my career what I studied in tertiary.*

Ester: *We can and there's another thing where there's a limited amount of foreigners who can work in a certain company.*

Youth protective factors

Youth protective factors was a theme that was generated from both the research question and SDM, as a way for me to find out what support structures the participants had/have in place that helped/help them cope with their everyday challenges (risk factors). This theme has two subthemes within it; social support (family, youth workshops, church); and government support. When asked to describe the types of support participants receive to help them deal with the problems they face and faced in the past, most participants began by describing the financial aid they receive from the South African government in the form of the child support grant provided by South African Social Security Agency (SASSA).

Anto: *Ja we still getting support from the government… the SASSA grant, so my mother goes there to collect it, Uhm every month and it help my family to buy food stuff and pay rent and stuff like*

that, coz my father does not have enough money to like, he pays our school fees, he does everything so we need the support from the government. And it helps us a lot.

Victoria: *Like here in South Africa there's this thing call uhm ahh social grants…So we got status and then my mom went not apply so now they give us R300 per month for each month.*

Louis: *Aah I use to get support from SASSA are like monthly funds were like they would pay a certain amount of money towards me. But now I don't get that money any more coz you know the age group has pyuww gone up.*

Participants also reported that they had support structures in the form of their nuclear family members as well as the church that helped them through their financial difficulties. They also reported that in terms of xenophobia in school and in general, they could turn to the above-mentioned support structures.

Aimee: *Oh family, aah well my family are just there hahaha, aah my school teacher too, ja. And aah uhm eish my family, ja they do support me too my family ja and who else. Even my old church that I use to go to… I have people I have my parents, like my parents are my biggest support right now, ja.*

Jake: *like if my father didn't have money he waits like, he gets money by I don't know, maybe three days later he gets money then he buys food. Ja and like the church also supports him, the church supports him a lot, ja, like gives him money sometimes for the hard work he does…*

Anto: *Uhm on Tuesday's, the church, pro provides bread for us. Bread with peanut butter or bread with polony. It's like lunch for the whole week for us to go to school with, Ja every Tuesday, and it's really helping.*

Leo: *Yes it is a big factor, it has a big impact to my life, because without church ey things are bad, things really are bad.*

Samantha: *Ja, my father really tries hard to support us. I really appreciate that, coz sometimes he just comes home with lil food and he doesn't eat. He gives us to eat and that really touches my heart because I know that there is someone that's by my side. A person that really cares for us, even when he goes to town with nothing, he tries to bring food on the table for us to eat.*

One participant explained that his family received financial support from his maternal aunt residing in the United States of America, this was true for many of the participants

Jake: *ja, from family members or my mother's sister, my mother's sister who stays in the USA…, in Washington DC, sends my mother money, like say 300 dollars, 500 dollars*

The participants all stated that the youth workshops conducted in terms of the principal project played a supportive role in their lives. These workshops were part of a participatory action research project to offer psychosocial support to the youth. A narrative, reflexive methodology was using including exercises involving the sharing of experiences and strength building. The workshops helped connect with other refugee youths as well as their South African peers. The findings suggest that the workshops provided an important role in improving participants trust in each other. Prior to the workshops participants had trust

problems and they felt that they could not trust any people with their problems, other than their parents. For some, even talking to their parents was not an option as they felt that their parents had too much on their plates. They therefore felt it was best for them not to talk to their parents about their personal challenges. Participants felt that the workshops were a place where they were heard, and where they could speak their minds, a place where they could interact with their peers who understood where they were coming from and were people who shared similar life experiences, especially in terms of xenophobia.

Anto: *Ja. It like pushed me, it's like it inspired me to work hard, especially as a foreigner to work hard and just reach my goals.*

Samantha: *That was so amazing, meeting new people, telling people our story. Telling them what we feel and how they can help us with this problem we are facing in South Africa. That was a big relief coz I had no one to talk to all these years and this thing came out (she speaks with a smile). And I told everyone, now like okay cool, I know that there are some people out there that cares about us and they love us.*

Ester: *I will say that it will help me in the future. Ja when I face a certain problem, or like how we did that thingy that trust issue, so you know when I meet someone I will try get him or her to trust me and I will trust him, you which is the product of the workshop.*

*Jake: Ja I got like by telling, by coming here like getting to express my feelings, like sharing it with other people made me feel a bit better, because like I'm like kind of a static person, like doing things myself but when I came by the workshop it taught me that I must learn how to like share my feelings, like 'cos keeping my feelings will be like I'm getting no support but telling it to people it will help me in a way that they will support me, they'll be there for me, understand my pain and stuff like that ja…*sit *happened at the workshops, yeah, and also my dad, I don't really tell him stuff 'cos I don't feel comfortable but ja now I do.*

Aimee*: Youth group to aah, it is a greater support too coz we learn a lot and we give each other you know like those thoughts about things …well it helps me understand myself, how to deal with life also, stand up for myself, stand up for what is right, uhm speak out and all those things…Yes that is what I learnt from here, a lot of things like speak out, stand up for myself a lot of things.*

Louis: *Aah the workshops that we did here was very helpful, aah I got the chance to, to to speak about my problems to my peers and it also boosted my confidence and we chatted about things that that are affecting us. So it gave me a platform to express my feelings and to be heard and also we connected. Ja so it was really fun…I can honestly aah sit and trust someone with my problems, like I can speak to them and trusting that this persons opinion or whatever advise that they give me is gonna help me and aah right now, aah I do speak to my aunt about aah my financial problems and she will help me here and there you know if she can…*

Victoria: like the workshops have started I've been getting more hope everyday like I and, from when we went to the conference they were like two Zulu speaking people and they were actually giving good comments and it has been quite a while since xenophobia and I think things are actually improving and I feel that well I mean the welfare and things like that. I feel that the thingy the south African government is going to try something since we've been talking and all the videos are going somewhere else maybe things are going to change.

Leo: *It also help me to understand people and cooperate with them and work in a good way… it brought people together and once people come together you get to share different ideas and it opens also your way of thinking to understanding the way they are …we made a nest and we took an egg and threw it from the nest, aah we had to trust if the nest is strong enough to hold, support the egg to hold. So that you can compare, you can compare the nest to your friend like if they are strong enough to hold you when you fall if they can lift you back up, so you mustn't give up on life.*

When participants were asked if they would recommend the workshops to their friends, they all stated that they would.

Samantha: *Ja I would, my foreigner, no my friends they must come here to see how to see how we cope with difficulties in life, to come and share our stories, Ja I would love my friend to come and experience this, maybe there's my friends who hold things in their hearts and have no one to talk to, but if they can come here, they can find help, they can find solutions to their problems. Ja I would really like my friends to come here.*

Ester: *Of course and I would like this to be done in other churches as well and if possible Call other youth from other churches and that they must get together.*

Victoria: *You get to meet new people like plus you also mix with South Africans. So now it's like now sometimes I see them like they are different coz I see them like we are one, like we are one family like we do...Like even here we speak about xenophobia and they help they try give ideas and all that stuff.*

Leo*: Ja I would invite some of my friends. They should come down here and experience what we learn and what we go through maybe it will help them if they are going through bad situations in life.*

Louis: *Yes I would recommend the workshop to my friends my foreign friends and my citizen friends, coz you know my citizen friend like my South African friends they've they they they know so little about what we foreigners are going through, coz they just think that lives just great, but then we don't get much opportunities as they get. And also when xenophobic attacks happens like they they basically they just…They are just chilled about it, they just see what's happening on TV but it also affects us so if they come to the conference or this workshops and then they will be able to learn about what we go through. And also ja ja also to help them gain that knowledge and hopefully go home and speak to their parents about it coz you know it starts with small change, it's contagious.*

CHAPTER 5

DISCUSSION

The chapter above highlights some of the important research findings on the life experiences of the research participants, especially in relation to our understanding of the different influences of risk and protective factors and the interactions between these factors and their mental health status. The study used the SDM to provide a detailed understanding of the pathways that lead to the development of mental health problems with which young refugees are particularly vulnerable to (Marshall, 2017) and prosocial behaviours. An important outcome of this study was that it found differences in the way mental health problems presented itself between males and females. Females tended to keep the stress inside themselves which presented itself as high levels of anxiety and depression while males tended to respond to the stress through aggressive behaviour. Females presented with internalized problems while males presented with both externalized and internalized problems. Both sexes explained that they experienced the same risk and protective factors. This finding is supported by various authors such as Mood and Jonsson (2016) and Ortuño-Sierra, Fonseca-Pedrero, Sastre i Riba, & Muñiz (2017).

Xenophobia in School

The key finding in this study was that participants, but for one participant, were negatively influenced by xenophobia at school. Perumal (2015), states that refugee children in the South African context are marginalized and more so in the schooling systems. Refugee youth were bullied in school as they were seen as different and less than South Africans. The bullying was both physical and verbal. Participants, who reported being bullied at school, explained the personalized distress made them feel estranged. School was portrayed as an unsafe or dangerous environment for participants. Similar findings were reported by O'Donnell and Roberts (2015), in a study which revealed that refugee students faced bullying and social exclusion at school which made them feel unwelcome. In their research of 144 Khmer refugee youths in Canada, Hyman, Vu and Beiser (2000), found that refugee youth's ability to adjust to the new school system in Canada was affected by their experience of marginalisation. Their research revealed that participants felt estranged from their Canadian classmates, which was influenced by their experiences of intimidation by their Canadian peers. Similar findings were also found by Sivan et al., (1999).

It was noteworthy that teachers also contributed to the victimization that participants' experienced. Two participants reported being verbally abused by their teachers, both participants further reported that the victimisation they endured in classroom, transcended to their peers who used their teachers' behaviour as an added advantage to bully them. This finding is very unique to the study as most studies on refugee youths experiences in school with teachers depict teachers as protective agents as they help to ensure adjustment to the new school environment and system (Hyman et al., 2000; Naidoo, 2008). This directly impacted the participants' mental health, as they displayed internalized problems, including actively withdrawing themselves socially from their peers (especially in relation to South African peers), fear, poor or selective concentration, anxiety and for most mentally ignoring situations. The two participants who identified their teachers as perpetrators, presented with internalized problems such as withdrawal in the form of sleeping or day dreaming as avoidance coping strategies for not engaging with their teachers and classmates. These strategies are explained forms of a paradoxical protective factor, which produce the opposite effect of what participants wanted to happen in class (Korkmaz, 2017). Other participants reported externalized problems in the form of fighting in school. Not all participants experienced or stated victimization from their teachers; however they all said they had experienced bullying from their peers.

Xenophobia in Public Spaces

Xenophobia as a risk factor in general public spaces was presented by participants as the inability to express themselves in public; a right enshrined in the South African constitution (Chapter 2, section 36) for all living in the country. Participants felt unsafe and fearful of settings outside their homes, specifically in taxis' where they felt that they were not 'allowed' to speak their home language as they feared being attacked if locals discovered that they were foreign youth. This finding was most prevalent when participants explained their experiences of the 2015 xenophobic attacks that took place in March and April of that year. Participants related stories of their inability to attend school during that period and the weeks that followed. One participant reported having to pretend to be from a different race (South African coloured) in order to stay safe during that very traumatic and tense period, another participant reported that he was free to walk the streets during this same period and was completely safe to do so because he does not look like a foreigner. This finding was also another distinctive finding to the study, particularly as other studies discuss and explain the

importance of acculturation of refugee youths and their ability to adapt, function and adjust socially in the host country (Andriessen & Phalet, 2002; Shimoni, Este & Clark, 2003; Tempany, 2009; Ziaian et al., 2012; Puvimanasinghe et al., 2014). This study shows how a foreigners' physical appearance during times of xenophobic violence or in general 'normal times' has an impact on how they are viewed and sometimes treated by some South Africans.

Financial Difficulties

Participants' parental financial difficulties were another major risk factor that led to mental health problems. The data revealed that the financial difficulties faced by the participants negatively affected them both at home and at school. When high levels of poverty intersect with xenophobia it creates a greater chance of developing mental health problems. Participants' reported their parents' struggles in paying school fees resulted in unpaid fees. Teachers would humiliate them in front of other students by telling them they have to inform their parents to pay the school fees. This left them feeling helpless particularly in terms of complaining or speaking out against the different kinds of injustices they experienced. At home their financial struggles meant that food was often hard to come by, largely because of their parents underpaying jobs and their large family sizes. Most parents (particularly fathers) were reported as not being able to feed nor provide for the other basic needs of the family without external financial assistance, for the group.

Rossiter and Rossiter (2009) argue that family poverty among young refugees is a major problem for many, especially newcomers, as parents may be unemployed or have difficulty finding well paid employment to provide for their families. This is because many parents looking for employment in host countries lack credentials, marketable skills or competence in local languages and therefore find themselves unable to provide basic needs for their children. As a result youths may develop poor perceptions about themselves and their parents (Rossiter & Rossiter, 2009), however participants in this study did not present with poor perceptions of their parents. The financial difficulties faced by one participant in particular manifested itself in the form of his inability to concentrate in class; this was a direct result of hunger, which in turn affected him academically.

A method used by many participants to protect their parents from feeling incompetent in not being able to provide for the basic needs of their families, was concealing or lying to their parents about the challenges they faced daily due to their financial difficulties. Lying is considered an externalizing behavioural problem referred to as conduct disorder; however in

this instance one participant explained that lying to his parents was a way for him to protect them from the realities that he faced as a result of them not being able to provide what he needed. Viewed in this light it can be argued that this type of behaviour can also be seen as prosocial (paradoxical protective factor) as the participants intend to reduce any emotional and/or psychological impact that the truth might have on their parents.

Both male and female participants reported internalized problems such as anxiety, sadness, and fear for the future. The young men reported externalized behaviours by their peers within the community in which they live in the form of selling and using of illicit drugs. This was discussed widely in the bigger group during focus group discussions where some of the male participants openly explained their involvement in youth gangs, where they sell illicit drugs and stolen phones to survive their financial difficulties which they face at home. Being part of a gang served as a protective factor against xenophobia and from other gangs which also be seen as a type of paradoxical resilience (Korkmaz, 2017).

Participants reported prosocial attributes, which presented themselves as altruistic behavioural aspirations, empathy and sympathy for their parents' financial difficulties and those in the same financial situation. It was evident that participants' had an elevated level of fear for the future, particularly in regards to their employment prospects as refugees. They strongly believe that their prospects are extremely low; especially in relation to the labour laws in the country surrounding non-South Africans. As a result participants revealed their need to study further and attain university degrees, particularly in specialist fields as this would slightly increase their chances of gaining employment in the country or abroad. Studies by Shimoni et al., (2003), Hemson (2011) and Earnest, Mansi, Bayati, Earnest & Thompson (2015) reported similar results. Participants reported having the need to complete their education (secondary and tertiary education) as a way for them to gain employment and social status in the community. A study conducted by Clark-Kazak (2014), on unaccompanied DRC refugee youth, similarly revealed that youth actively worked hard to achieve their hopes and dreams, something they ascribed to excelling academically to achieve white-collar employment, class and socio-political status. Education is important in the lives of refugee youth as it gives them a sense of hope in their futures, a hope which most doubt during migration (Mosselson, 2006).

Participants stated that they would use their salaries to financially support their families and the community. They also reported feeling empathetic and sympathetic to the violence, health and poverty problems that Congolese people are faced with back in the DRC and

spoke of going back to financially support these people as well. These prosocial behaviours and attitudes were reported by all participants and such attributes in refugee youths have also been cited in other studies (Puvimanasinghe et al., 2014; Earnest et al., 2015).

External Protective Factors

External protective factors such as parents, friends (peers) and the church were widely reported by participants. Social support networks such as those found in this study were found in several other studies including Earnest et al., 2015; Tempany, 2009; Puvimanasinghe et al., 2014; Schweitze, Greenslade and Kagee, 2007; Thabet and Vostanis, 1999 and Ziaian et al., 2012. Participants identified their parents as vital support structures that play an important role different aspects of their lives, including providing financial support to them as best as they could as well as emotional support to them especially in relation to their experiences of xenophobia both at school and in public. Parents provided a safe space for participants to speak openly about the challenges they face in relation to xenophobia, and were comforted and encouraged to persevere past challenges.

The South African government, through the social grant agency SASSA programme which provides child support grants to refugees children, was acknowledged by participants as an important financial support structure to their parents as the grants reduce their parents' financial burdens.

The church where the study took place represented a physical support structure that provided participants with both financial and emotional support. The pastor was said to have actively assisted participants and their families during difficult times (financial hardships, family disputes, personal struggles and so forth). Participants reported being spiritual and believed in God and in His divine plan, this was said to keep them hopeful and optimistic about Gods intervention in the challenges they face daily. Other studies that reported on spirituality explained how participants placed all their problems in the 'hands' of God and were hopeful about His intervention (Betancourt & Khan, 2008; Earnest et al., 2015; Khawaja, et al., 2008; Puvimanasinghe et al., 2014; Schweitzer, Greenslade & Kagee, 2007; Tempany, 2009).

The church was the place where the youth workshops were held and as a result, participants identified the church as a place that provided them with support. The workshops included several trust building activities that were held in focus groups, and used a narrative

reflexive methodology consisting of several discussions exercises. These reflexive discussions helped some participants to speak up about some of the challenges they all faced (such as xenophobia). The fact that participants had common challenges resulted in the workshops (church) having been identified by participants as a place where they gained the ability to confide in others outside the church, including their parents, particularly in terms of disclosing challenges and other aspects of their lives such as relationships. The workshops ultimately increased their ability to trust others and open up more than they were able to do prior to them.

An interesting finding was that participants found it difficult to confide or communicate certain aspects of their lives to their parents outside of xenophobia (in school and in public settings), especially after describing them as the major protective factors in their lives. It is not clear whether this phenomenon is caused by intergenerational conflict between the youth and their parents or by some other prevailing factor/s between the youth and their parents or in the household. More research needs to be done to find out more about this phenomenon and its impact on refugee youth behaviour and their overall mental wellbeing, especially in determining if this phenomenon is common among refugee youth from different parts of the world, including the DRC living in South Africa. This is because as the researcher I cannot make conclusions or assumptions about the reasons behind this phenomenon and I strongly believe that more research needs to be conducted to understand the phenomenon.

The findings of this study reveal the interaction between the two main risk factors and their associated protective factors which are important in the promotion or inhibition of mental health problems in terms of internalizing and externalizing problems on refugee youth. The SDM explains how different people (family, peers, the church and the wider South Africa community) serve as role models for the youth and who impact on their daily experiences which directly affects their mental health. The findings reveal the need for government and educational institutions to find ways to protect refugee youths in the country, especially in terms of addressing the issue of xenophobia in school among both teachers and South African students, as well as the wider community. This study has implications for our understanding of the risk factors that refugee youths face in different spheres of their lives, including the impact that these factors have on the overall wellbeing of this particular group of youths. Additionally teaching staff can also be trained to identify potential mental health problems in refugee youth, particularly in terms of how these problems present themselves differently in males and females.

The study's findings correlated with previous international and local literature on refugee youth in terms of the different risk and protective factors, these similarities were discussed in this chapter. Very important and interesting findings in this study need to be understood further through more research.

CHAPTER 6

SELF-REFLEXIVITY: THE REFUGEE YOUTH WITHIN THE RESEARCHER

Introduction

Although this paper is based on the lived experiences of DRC refugee youth, I felt it's vital that I share some of my own experiences as a refugee youth having arrived in South Africa at the age of seven. I added this chapter because I felt that it was important for me as the researcher to illustrate the similarities that I found with my participants, as I identified with them having grown up as a refugee in South Africa. This chapter is not meant to be part of my data nor the data analysis; I used reflexivity to keep a check on my subjectivity during the study and found that drawing on comparisons with my own experiences led to deeper insights of the participants' experiences and understandings, and this effectively enabled me to probe the data more deeply. This, with both an awareness of my own subjectivity and the need to properly portray the participants' experiences, was one of the main reasons for the sample size being small. Additionally I wanted to explore my own experiences and the impact these experiences have had on my both my mental health and behaviour, growing up as a refugee in South Africa. This way it was also possible to identify and compare differences as well as open questions regarding similarities that can be drawn between refugees from different parts of Africa. This is particularly because the risk factors experienced by refugees are often communal risk factors and not simply experienced by refugees from a particular group or country, this is very true in the South African context (Marshall, 2017).

I have lived in this country which I now consider to be my home, yet at times I continue to feel like a stranger in another persons' home. This chapter will reveal some of my own personal experiences as a refugee, of which I share similar and different risk and protective factors to those of my participants, and how these factors impacted on me both positively and negatively throughout my development as a human being. This section is important as it reveals strong experiential similarities as well as differences with my study participants.

According to Gilbert and Sliep (2009), contemporary social science literature uses reflexivity in different contexts including research, professional practice or therapy as it highlights the process of coming to an understanding of how one's actions are formed by and from the world and others. The authors state that reflexivity has given a voice to historical

silences in the humanities and social sciences. I feel that this is especially important in this research paper, where, I as both a social sciences researcher and as a refugee youth, this reflexivity chapter allows me to develop a deeper understanding about myself and my position in the world (in South Africa) and to better understand the social realities of my participants (Marshall, 2012). This is called self-reflexivity as I am able to understand the way in which I position myself and the way in which my position and actions reflect dominant discourses and practices. This is essential in that as the researcher I place myself as a refugee youth working with fellow refugee youth, and that there are a number of differences in terms of our cultural and religious contexts, and economic and gender backgrounds (Gilbert & Sliep, 2009).

Presently I am a permanent resident of South Africa with a green barcoded ID, and a masters candidate at one of South Africa's leading higher learning institutions (University of Kwa-Zulu Natal). Despite my legal status my journey has not been an easy one, this is also true for many of my refugee childhood friends who are now considered to be successful in society today. I was born in Burundi in 1991, a conflict torn country in the great lake region in East-Central Africa, much like that of my research participants. Like some of my participants I (aged seven) fled Burundi due to the unrest in the country. We followed my father who had already moved to South Africa, for the safety and economic pull factors the country promised. I came with my mother and younger brothers (three and one years old respectively); and we have since been living in South Africa for the past 19 years. My life in South Africa paralleled similar experiences (risk factors), to that which my participants experienced. I have been exposed to different intersecting risk factors at the same time from my early development in South Africa; this in addition to the traumatic events I witnessed back home.

Like my participants I have experienced xenophobia countless times, so much so that it has just become a part of life for me and many foreign nationals throughout the country; it's just one of those things. I experienced xenophobia in school particularly in the first few years in the country, in the form of bullying in primary school, especially the first two years of primary school. In addition to being bullied because of my foreign status, my inability to neither speak nor understand either English or isiZulu, made me a very easy target for some of my classmates.

Unlike some of my participants who experienced prejudice from their teachers, especially my grade 2 teacher (Mrs. J) was very encouraging and supportive. She helped build my self-confidence and as time passed my ability to both speak and read English improved, something my teachers especially Mrs. J noticed and showed great pride in. She would encourage me to continue improving, the school principle and many of the other teachers were equally encouraging and showed pride in the achievements of both myself and my friends (three sisters who were Rwandese, who performed very well academically and showed great improvement). Although teachers and the principle were welcoming, encouraging and understanding, some of the students were not so welcoming or understanding. I was often teased by my classmates for not being able to speak English or isiZulu (especially isiZulu) and was often called derogatory names such as Kwerekwere (a name reserved for African foreigners), and teased about my weight. I began seeing myself as the other and consequently I closed myself off from anything that had to do with the South African culture, especially Zulu culture. I felt that I was being forced to accept a culture that wasn't mine and thus mentally blocked learning the Zulu language, this has resulted in my inability to speak the language to date.

My exposure to violence equipped me with the ability to mentally isolate myself from threatening situations or trauma inducing situations. By the time I was in grade four I had made friends with most of my classmates, however there were still a couple of boys that were taunting and bullying me. The challenges I faced greatly affected my academic performance and my mental health where I developed internalized problems like anxiety, withdrawal (in certain situations) and depression as well as externalized problems such as histrionic personality disorder (a personality disorder characterised by being overly dramatic or displaying attention seeking behaviours) and an avoidance coping mechanisms which led to an eating disorder .

Another risk factor that I faced which was similar to what the research participants experienced, was that of parental underemployment and unemployment. My father, who like some of the participants' fathers, is a qualified pharmacist but he could not find work in his area of expertise because of institutional work regulations and his lack of proficiency in either English or isiZulu. As a consequence, he worked as a street barber, until he found enough money to buy and sell shoes at a night market in the Durban CBD.

When we arrived, my father's basic income could not support the family of five and my parents decided they should both work in markets: in Durban on Sundays (Sunday car boot flea market), in Madeni (96km from Durban) on Fridays, and Esikhawini (138km from Durban) on Saturdays, selling second hand clothes and shoes. The work which they still do today to make ends meet, required them to leave home between two and three am to travel to Mandeni and Esikhawini. They returned between 9:00 and 10:00pm, except for the Sunday flea market, when they left home at 4:30am and would reach home at 16:00pm. This was particularly difficult for me as I would always be absent from school as I became the main caretaker of my younger brothers on Friday which heavily impacted on my academic performance as I missed out on work and tests. However I still passed every grade.

After a build-up of emotional problems (including feelings of loss), adjustment difficulties, anxiety and depression, in the second term of grade 4, I had decided and chosen not to be a victim of bullying any more. This decision was made after I was emotionally exhausted from the constant verbal and psychological abuse I received from my peers. I stood up to my bullies, however, in doing so I ended up bullying some of my former bullies, as I had realized I was older and physically bigger and stronger than them even though they were boys. I realized that this was not the person I was and thus opted to be friends with them instead, eventually they became some of my closest friends in school. During this period my academic performance greatly improved. By the time I entered high school I was extremely confident and was doing well both academically and socially. This was when my histrionic symptoms were most prevalent. It was in High school that I experienced identity confusion and denial, this was because as much as I was an African, I was not considered black enough in the South African society. In addition my religious background was not the same as the majority of black South Africans. Being Muslim, made it difficult for me to be considered black enough as the majority of Muslims in Durban and South Africa are of Indian decent and as such Islam in South Africa for many black people is considered an Indian religion. Many Indian Muslims, in my experience, seem to think African Muslims to be beneath them and charity cases. In this case religion is a strength but also a risk factor. Many Muslim refugees, especially girls and women, who by Islamic law must wear the hijab which identifies one as a Muslim, fear further victimisation and was the reason why I refused to wear the hijab. I also refused to wear any African attire (characterized as colourfully printed material dresses or two piece outfits) which could identify me as a foreigner. I actively denied both my religious and foreign identities so as not be victimized and to fit in with society, yet

consciously denying any attachment to a South African identity. Subconsciously, by rejecting and denying my true identities, I accepted the identity of a coloured; I chose this identity because of my physical features, and my ability to change my accent.

This acted as a protective factor especially in public spaces, specifically in life threatening events such as the 2008 xenophobic attacks, where I was able to move freely, when most of my family members were forced to stay indoors to stay hidden and protected. This same sentiment was resonated by two of my participants who explained that physical appearance and changing their identities as refugees helped shield them from the xenophobic attacks of 2015. One of the foremost protective factors I have, as much as I initially denied acknowledging and appreciating it, was my religion. As I grew older I realized the importance religion has played throughout my life, and thus I adhered to many of the religion's codes of conduct, including wearing the hijab. As much as religion is a protective factor, it's also a risk factor especially being Muslim, I realized this in the 2015 xenophobic attacks, where I was chased into a shop along with my mother and aunt, mostly because of the way we looked, we have that 'foreign look'.

My family and my community are another protective factor I have that not only helps me cope with the challenges I face on an everyday basis, they are also the reason why I have this altruistic need to help others, particularly those in similar situations. This aspiration includes giving back to my parents especially as a way to thank them for all their hard work throughout the years. In saying this I think that a person's own moral agency which is the ability for one to reflect and use their own mental cognitions and judge between what's right and wrong promotes emotions and behaviours such as sympathy and empathy. I argue this because of my own personal experiences, I have had to think about not only the actions of other people towards me, but the impact that my actions will have on others. I use what I learn from my religious beliefs and observations of what has happened in the past in terms of the effects that conflicts, discrimination and victimisation has on victims and perpetrators alike. These cognitive and moral processes have allowed me not to generalize all people from the same or similar backgrounds and place labels on them, however I have learned the importance of getting to know different people with their own personal and human attributes through interactions. This has greatly helped connect me with different people, especially South Africans, whom I consider to be great friends and confidants (protective factors).

This research reminded me of the shared hardships that refugee families, especially refugee children and youth, face on a daily basis and that these challenges may also vary per individual. However, refugee children who grow up in the country find different coping mechanisms that are often detrimental to their mental health and the health of others. In saying this, I have seen many youths who grow up in South Africa develop a number of prosocial behaviours that positively impact on those around them.

CHAPTER 7

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

The study examined the risk factors that impact on the mental health and behavioral problems in DRC refugee youth living in Durban, and the protective factors that were in place to help the youth mediate and moderate the effects of risks that they are exposed to as refugees living in Durban, South Africa. Participants reported xenophobia and financial difficulty (family hardship) as the main risk factors. Xenophobia was a major risk factor that had multiple dimensions as it was reported that some participants suffered from discrimination at school because of their refugee status by their teachers; most participants also reported being bullied in school by fellow (South African) students. In more public environments outside of the home and school participants stated being fearful to speak their home language (Swahili) in fear of being victimized by locals in taxis or public spaces especially during the recent 2015 xenophobic attacks. The physical appearance of the participants was also reported as a risk for victimisation. Participants reported internalizing problems such as social isolation, anxiety, fear, refusing to talk to teachers (discriminative teacher) or speaking in class, withdrawal in the form of day dreaming in class, and externalizing problem behaviours by two participants in the form of fighting in which they argued was for self-defence.

Financial difficulty was another major risk factor as this factor affected participants as parents were unable to gain access to jobs that they had qualified for back in the DRC, which resulted in them being underemployed. This has consequences on their ability to fulfil some of the basic needs of the home, such as paying school fees, providing food etc. as care givers and parents. Participants reported lying to their parents as a way to protect them from additional financial stress. Participants also reported having friends or knowing fellow youths involved in gang activity and selling drugs to provide for themselves financially. Financial difficulty also contributed to poor academic performance in some participants and resulted in social isolation in most participants. Participants presented several other internalizing

problems including fear, worrying, and anxiety for the future as a result of their experiences and the experiences of their parents.

The study revealed a number of protective factors that were characterized as support structures. These structures included participant's families, friends, church (pastor) and the government (in terms of the SASSA child grant), as important coping mechanisms to buffering the external risks they encounter on an everyday basis. Participants reported the positive values and morals that they learnt from the abovementioned protective factors as having motivated them to work hard towards being socially responsible, successful and productive members of the South Africa society. This positive future self-image was a result of both the challenges they faced and the support they received from various sources. Participants described their risk and protective factor as motivations for current and future altruistic behavioural aspirations.

Recommendations for Future Research

One of the most significant recommendations for this study would be to do more research using both qualitative and quantitative methods to validate and test for generalizability of the study findings. In addition specific psychological traits such as attitudes could be tested as this was beyond the scope of this study.

Xenophobia was revealed as one of the major risk factors that study participants are exposed to. The findings show that there could be a repetition of mental health problems in refugee youth if the structural violence that presents itself in the form of violence is not disrupted through interventions. Therefore it is extremely important for social structures to improve the standards of living for people and the risk factors that encourage them to engage in structural violence as opposed to shifting blame on refugees.

Furthermore I would like to suggest refugee youth groups or programme interventions by researchers and NGOs that will act as supportive structure to this group of very vulnerable youths. There is a strong need for behaviour change interventions to be conducted by different governmental sectors, NGO's, the private sector and UN agencies to decrease xenophobia among the majority of the South African population particularly those from poor

socioeconomic backgrounds in terms of increasing awareness of human rights as stipulated by the South African constitution in hostile communities.

Schools should be one of the main targets points for anti-xenophobia/anti-discrimination interventions as schools are where children spend most of their socializing time. The aims of these interventions should be to promote social cohesion, non-violent and peaceful conflict resolutions and good citizenry in schools. Teachers should also be incorporated into these interventions as awareness tools to illustrate to them how their behaviours and attitudes towards students directly impact on the lives of students, particularly in terms of the mental health of both refugee and local students.

Limitations of the Study

The study has provided some new information to fill in the gaps that exist in literature. The main limitation of the study is the small sample that was used. A total of eight youth were interviewed and selected through purposive and convenience sampling. This group was not representative of the larger DRC refugee group. As the participants had gone through the workshops, their responses to questions in the interviews might have been affected by their exposure to interventions through the workshops, and the international conference that this particular group had attended. Perhaps if the study were to be done on other refugee youths from either the DRC or from other African countries the responses to questions might be different. Thus findings of the study cannot be generalized to the entire DRC refugee youth population living either in Durban or in other parts of the country, or even to other refugee youths from different parts of the continent or the world living in Durban or other parts of the country.

The gender of the participants was also a limitation as the ratio of female to male participants was five to three, which, influenced the findings. As mentioned above, although participants reported experiencing the same risk and protective factors, results revealed more internalizing problems by the female participants and externalizing problems by the males.

This study has provided some insight and a better understanding into the topic. The aim of the study was not to generalize the findings to all DRC youth, nor to refugee youths living in South Africa. I argue that the study points to the importance of having larger studies conducted in South Africa. It would be useful to conduct such studies, on a broader scale with varied samples (religious background, socioeconomic status, and differences in countries of

origin). In relation to data collection and data analysis limitations each chosen method were criticised in chapter three.

The SDM theory used in this study also had some limitations. This theory focuses on identifying factors that lead to the development of behaviours which are seen as either anti or prosocial behaviours. The theory focuses solely on externalizing problems and the risk factors that influence the development of these problem behaviours, it does not focus on internalizing problems even though the two mental health problems share the same risk factors. The fact that participants reported more internalizing problems show the importance of using a theory that takes into account different mental health problems in relation to behavioural, psychological and emotional problems and the protective factors that are act as coping mechanisms.

Lastly, an interesting observation in terms of being a study limitation, is that of xenophobia which, was very topical and present during the time that the data was collected. During this time the country experienced another wave of xenophobia. Due to it being a real threat at the time, the participants spoke about and focused on xenophobia during the interview as the main challenge that they faced as refugee youth living in South Africa. They failed to discuss other challenges that they may have been experiencing on a more personal and integrated level. Other than financial difficulties which was also mentioned frequently, challenges that closely relates to them and which are more impactful to their mental health may have been masked by the phenomenon and as a result did not come up in the data.

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APPENDIX A

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

17 November 2015

Ms Lyn M Norton 831837667
School of Applied Human Sciences – Psychology
Howard College Campus

Dear Ms Norton,

Protocol reference number : HSS/0879/015D
Project title: Creating spaces for voice, agency and social support through participatory research involving authoring life stories and reflexivity with youth from the DRC refuge community in KwaZulu-Natal

Full Approval – Full Committee Reviewed Protocol
With regards to your response received on 07 October 2015 and 13 November 2015 to our letter of 06 August 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

Supervisor: Professor Yvonne Sliep and Professor Steve Collings
Academic Leader Research: Dr Jéan Steyn
School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
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Website: www.ukzn.ac.za

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APPENDIX B

INFORMATION SHEET

Project title: Sharing life stories with refugee youth living in EThekweni, KwaZulu-Natal

Dear Participant

Thank you for your active and useful participation in the above project and agreeing to be part of this research. For the project you agreed to the recording of workshops and discussions, including photographs and filming, for research purposes. As part of the process of continuing the life story project we have made a short film and would like to show the film and some of the photographs at research conferences and in other settings to the public to promote and grow the programme. We would also like to start a website which will include material from the workshops to further promote the youth programme. All material used in this way will first be shared with you and you will be included in decisions regarding the use of visual material that you appear in.

If you agree to take part in the continuing programme and to the use of audio and visual material for the purpose of the research and promoting an ongoing youth programme, please sign the attached consent form and return it to Pastor Buhendwa. If you are under 18 years, please ask your parent/guardian to sign the form as well.

If you would like to receive further information or have any questions, please contact:

- Lynn Norton – 0837871477 (PhD student)
- Peter Buhendwa – 0766629899 (Research Assistant) ○ Yvonne Sliep – 0824989343 (PhD supervisor)

Thank you for your ongoing interest and participation.

INFORMED CONSENT FORM

Name: _____

Age: _____

I have been informed about the use of audio and visual material that may be used publically for the life story project. I understand everything that has been explained to me and freely agree to take part in the continuing programme and for the use of the material as set out in the information sheet.

Signature: **Date:**

If under the age of 18 – Consent by Guardian

I have been informed about the use of audio and visual material that may be used publically for the life story project. I have read and understood the information provided and agree to the terms set out.

Signature (Parent/ Guardian): **Date:**

APPENDIX C

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

17 August 2016

Ms Kassa Barakamfitiye 212502022
School of Applied Human Sciences
Howard College Campus

Dear Ms Barakamfitiye

Protocol reference number: HSS/1271/016D (LINKED TO HSS/0879/015D)
Project Title: Understanding the influence of risk and protective factors on the behavior and attitudes of DRC refugee youth living in Durban, KwaZulu-Natal

Full Approval – No Risk / Exempt Application

In response to your application received on 16 August 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Professor Yvonne Sliep & Mrs Lynn Margaret Norton
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Ayanda Ntuli

APPENDIX D

Interview schedule

First interview phase: Biographical information

[1] Please give me some background information about yourself.
(Probe: Migration history and current circumstances of interviewee)

Second interview phase: Risk factors (silence, helplessness, despair)

[2] Please can you describe some of the risks you face on an everyday basis as a teenager living here in South Africa?
(Probing questions in relation to source and type of risks: migration, xenophobia, family difficulties, lack of support, economic hardships)

[3] Can you explain how these hardships affect you?
(Probe: Impact of risks on how participant feels and his/ her behavior and attitudes)

Third interview phase: Protective factors (building hope)

[4] Can you describe what kind of support has helped you to deal with your problems in the past or is still helping you now in your life?
(Probing questions in relation to source of support: family, school, community, church, youth groups)

[5] Can you tell us about your experience of the youth workshops?
(Probe: Whether interviewee became more hopeful and what made this happen. Also ask about their experience of attendance at the international psychology conference and the experience of speaking out and being listened to by others)

[6] Can you tell me more about your own skills and strengths that you use to help you to cope with the problems in your life?

[7] Please explain whether you think your ability to face your problems has improved after you attended the workshops and in what ways this has happened?

[8] What do you hope for yourself in the short term? What do you hope for yourself on the long term?

[9] If you could attend more workshops what would you like to be included in the workshops?

[10] Would you recommend these workshops to your friends? Motivate.

End: Thank you for your participation.