Continuous Traumatic Stress as Experienced by Residents of the Cape Flats: An Interpretive Phenomenological Analysis.

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Abstract

The South African population is well acquainted with issues of violence, victimisation and exposure to traumatic incidences. Exposure to violence and victimisation in South Africa has occurred both pre and post liberation, the struggle for freedom was fraught with politically motivated violence. Historical events such as the Soweto Uprisings in 1976 left citizens brutalised and traumatised. Despite the disintegration of the oppressive oligarchy in 1994 the South African context has remained a violent one. Violence, victimisation and exposure to trauma in post-liberation South Africa are now driven by issues of inequality, poverty, a lack of education and unemployment. Community violence occurs widely in low-income communities; poor communities are more likely to be exposed to multiple traumatic events as a result of social ills which plague the community. The current study sought to identify the unique experience of trauma within poor communities. Two focus groups were conducted in order to gain insight into the experience of trauma within a context of inequality, poverty and recurrent community violence. The data provided by the focus groups was analysed using the *interpretive phenomenological analysis* method. It was found that continuous exposure to trauma resulted in negative affect, loss of hope and nihilistic perceptions of life. The constant threat of danger resulted in hypervigilant behaviours and heightened arousal and anxiety. It was also found that socio-economic status and inequality played a role in the way in which participants experienced their personal agency and their living conditions.

Key words: Continuous exposure to trauma, community violence, victimisation, interpretive phenomenological analysis.

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Continuous Traumatic Stress as Experienced by Residents of the Cape Flats: An Interpretive Phenomenological Analysis.

South Africa's socio-political history has created a society characterised by violence, inequality and an escalating burden of injury. It was assumed that the violence and trauma would depart from the psyches of South African citizens after the rise of democracy. This may have been possible if violent confrontations had not been so effective in generating change. South African citizens have resorted to violence to communicate their frustration or aid their income as a result of poverty, unemployment and a lack of resources. Cities such as Cape Town have violent crime rates comparable to Detroit, with 5% of the population belonging to some 280 gangs. Impoverished Communities are exposed to unprecedented levels of violence, and trauma on a daily basis. (Shields, Nadasen, & Pierce, 2008; Kaminer, Grimsrud, Myer, Stein, & Williams, 2008). While research has honed diagnostic criteria to understand pathological responses to traumatic events it has overlooked the consequences of continuous exposure to traumatic events. PTSD has been unable to account for the characteristics of trauma occurring in environments with high levels of community violence. The continuous traumatic stress framework accounts for the characteristics caused by community violence (Eagle & Kaminer, 2013; Weierstall et al, 2013).

Background

Defining community violence

Community violence is defined as harmful acts that are either inflicted directly or indirectly upon an individual and it is pervasive within a community (Hong, Huang, Upton Patton, Golden, & Washington, 2014Is). This includes victimisation, witnessing violent crime, hearing gunshots or being exposed to gang culture and violence in schools (Isaacs & Savahl, 2014).

Community violence continually exposes individuals to traumatic incidents in the form of direct victimisation or secondary experiences i.e. witnessing violence, hearing gunshots and exposure to illegal activities (Eagle & Kaminer, 2013).

PTSD diagnostic categories: accounting for continuous exposure to trauma

A third of South African adults have been victims of violent crime and over 50% of South Africans have been exposed to multiple traumatic events (Atwoli et al., 2013; Kaminer et al., 2008). The DSM-5 diagnostic criteria for PTSD assumes the trauma is in the past and the response is pathological, given the statistics provided it would be plausible to assume that South Africans may exhibit a number of PTSD symptoms. However, PTSD diagnostic criteria focuses solely on circumscribed trauma of the past which intrudes the present; it does not account for trauma that is part of the present reality. It is focused on the re-living, re-playing and re-enactment of traumatic events and the overlay of the past in the present. PTSD cannot account for the contextual nuances of community violence, nor continuous exposure to trauma. (Eagle & Kaminer, 2013; Somer & Ataria, 2015).

The South African trauma context requires diagnostic categories to become more inclusive in its symptomology of the trauma response. For instance, trauma and the threat of danger are constant within communities with high levels of community violence. This means hyperarousal which is considered to be maladaptive and pathological in the PTSD diagnostic criteria, in this instance, may become adaptive. Hypervigilance and hyperarousal act as a protective factor to those who inhabit an environment which continually threatens their safety with sporadic violence. The primary focus shifts to current safety and whether there is a genuine threat to bodily Integrity. PTSD diagnostic criteria has not considered the consequence of hypervigilance as a safety measure, nor the impact this may have on the psychological wellbeing of the individual when the maladaptive response plays a protective role (Eagle & Kaminer, 2013; Somer, 2014).

PTSD diagnostic criteria also requires a negative affect or a continuously negative mood state, social withdrawal, markedly diminished interest and a reduction of positive mood states (DSM-5, 2013). Negative affect and reduced positive mood states have been positively linked with exposure to community violence. Singer,

Anglin, yu Song and Lunghofer (1995) reported that community violence accounted for a significant amount of the variance (R^2= 7%) in depressive symptoms even after controlling for other important factors. Social withdrawal as a result of continuous exposure to harm or trauma may serve as a protective measure. Children and adults are likely to withdraw from social activities in order to ensure their safety in dangerous communities. Parents have reported feelings of helplessness and fear thus they resort to withdrawing their children from extracurricular and play activities as safety precautions (Overstreet, 2000).

This does not mean the PTSD diagnosis has no importance in the South African mental health context, just that it is limited in its scope. In fact, in a study carried out by Seedat, Nyamai, Njenga, Vythilingum, and Stein (2004) it was found that 33% of the sample population experienced PTSD symptoms after exposure to community violence, and 14.5% of the population met the full symptom criteria for PTSD. These statistics and findings by Kaminer et al., (2008) which outlined the multiplicity of traumas within South Africa and their causal link with PTSD symptoms, proves PTSD has a distinct place on the map of the South African mental health context, however, it is not enough. The lexicon of trauma should include the non-pathological manifestations of CTS while taking into account the role of structural inequalities which aid the manifestation of community violence. The biomedical model created a diagnosable disorder for the negative consequences of exposure to a traumatic event, this situates the problematic nature of the trauma within the individual i.e. the pathological response. In the South African context, the issue of exposure to trauma should be jointly problematized at the societal level (Diamond, Lipsitz, & Hoffman, 2013). Community violence occurs as a result of socioeconomic and socio-political issues and this problem is situated beyond the individual (Stevens, Eagle, Kaminer, & Higson-Smith, 2013). The trauma response framework situates the problematic trauma response within the individual and fails to hold accountable the social structures which have caused it i.e. socio-economic inequality, structural violence, poverty and unemployment.

Continuous Traumatic Stress: A Contextual Response to Trauma.

Continuous traumatic stress is a framework which views trauma as an ongoing occurrence. Continuous Traumatic Stress arose among South African research-practitioners in the 1980s, in an attempt to characterise the unique mental health challenges caused by exposure to trauma inflicted by the apartheid state. Understanding the effects of exposure to ongoing threat was important because of the political climate of the 1980s- 1990s. Despite South Africa becoming a democratic nation, there remains escalating levels of violence due to structural socioeconomic inequality (Atwoli, et al., 2013; Stevens et al., 2013).

Continuous exposure to community violence increases the chance of negative psychosocial outcomes for individuals within those communities. Escalating effects of community violence requires it to be deemed a public health issue as it is a risk factor for multiple mental health issues (Kelly, 2010; Savahl et al., 2013). It is associated with a lowered sense of self, apathy, depleted hope and declining academic performance (Isaacs & Savahl, 2014; Savahl, Isaacs, Adams, Carels, & September, 2013).

These constructs are important in developing and fostering resilience. The concept of hope plays an important role in shaping views of the future. Hope is the perceived ability to achieve a specific goal and the ability to navigate obstructions. When community violence impacts important constructs such as hope, it inadvertently impacts the educational and economic success of individuals within the community (Isaacs & Savahl, 2014).

PTSD diagnostic criteria was developed in western societies and exported to the rest of the world with unique patterns of exposure to trauma. The CTS framework attempts to redress the mismatch between the unique context in which continuous trauma exists and current critical literature on the trauma response i.e. PTSD. The biomedical stance adopted by the DSM-5 and the individualisation of the pathological trauma response does not recognise the incubatory role of a violent

social context. Therefore, the current PTSD diagnostic criteria are not a good fit for the South African context (Stevens et al., 2013).

The Cape Flats as an environment of CTS

The apartheid relocated entire race groups and communities to the outskirts of Cape Town, the Group Areas Act required that individuals of the same race be lumped together. As a result of this, large numbers of coloured and black citizens were relocated to high-density dormitories in an area known as the Cape Flats. These areas were populated by the predominately coloured community (Leggett, 2004). As a result of a lack of infrastructure, employment and inequality, crime and substance dependence flourished both pre and post 1994.

As a result of historic criminal elements the Cape Flats has become home to some of the most notorious street gangs, these street gangs peddle drugs and utilise violence to achieve maintain control of their respective communities. This has led to the normalisation of gun violence and knife usage (Still, 2004). This is in turn has led to exceedingly high levels of exposure to trauma on a continual basis. Children and adults are equally vulnerable to effects of community violence and it exposure is not limited to those who directly engaged in violent altercations. For instance, Shields et al., (2009) found that 48% of children in a research sample had witnessed a murder. This degree of exposure to trauma escalates the risk of developing common mental health disorders such as PTSD, depression and anxiety disorder.

Studies carried out in Mitchells Plain and Khayelitsha found that 40.2% of children in the respective sample had witnessed a murder (Shields et al., 2009). In a different study, it was found that 40% of children drawn from a high risk sample in Khayelitsha had one or more diagnosable psychiatric disorders (Lockhat & Van Niekerk, 2000). Research continually exposes the causal link between exposure to trauma & violence and an increased risk for the development of psychological disorders.

The Cape Flats and its escalating levels of violence are causing community members *continuous traumatic stress*; it adheres to all the criteria set out in the

CTS framework.

A gap in the qualitative literature

Quantitative studies have explored community violence and successfully correlated these with increases in negative affect, cognitions and the development of psychological disorders. What quantitative studies has been unable to do is explore the way in which individuals understand, interpret and make meaning of the effects of exposure to continuous trauma and violence. This exploration requires a qualitative approach.

The qualitative research in this area is sparse and literature concerning the effects of exposure to ongoing trauma focuses on trauma caused by political violence as a result of apartheid. Articles such as *"The Assumptive world of traumatized South African adults"* (Magwaza, 1999) is an example of a qualitative study which addresses the discourses associated with the effects of trauma caused by apartheid and human rights violations. Qualitative research in this area leans toward descriptive accounts of what community violence is and the underpinnings of the CTS framework but it does not provide in-depth accounts of the experiences and meanings associated with exposure to continuous traumatic stress. A comprehensive search of the *PsycINFO* database presented numerous quantitative findings positively correlating community violence and negative psychological outcomes. It presented descriptive articles relating to PTSD and community violence however it did not present qualitative inquiries of the understanding, interpretation and meaning making processes associated with the effects of exposure to continuous traumatic stress.

Aims and Objectives

Aim
The overall aim of this research project is to interpret the individual experiences and meaning making processes employed by those exposed to continuous traumatic stress as a result of community violence. Furthermore, it seeks insight into the daily lived experiences of participants who are exposed to community violence on a

regular basis.

Main Research Question

How do individuals who are exposed to continuous traumatic stress as a result of community violence, experience their daily lives?

Sub-Questions

- How do individuals living in a violent community make meaning of their exposure to multiple traumas?

- How has community violence shaped their current lives?

- What are their perceptions of their future?

Theoretical Framework

The interpretivist paradigm constitutes the theoretical framework for this research. The interpretivist paradigm claims the human sciences are fundamentally different from the natural sciences, the human sciences are purported to understand human action. This means a hypothetico-deductive approach would be unable to explore the nature of human action since its primary concern involves causal explanations of phenomena both human and non-human. The interpretivist paradigm claims human action is inherently meaningful; all actions contain meaning and intention, actions can be understood within a system of meanings to which they belong (Schwandt, 2000). Interpretivism emphasises the meaningful nature of human action and takes into account social contexts and practices. Therefore, understanding the meanings which create and are created by human interaction is a prerequisite to understanding the social world. The goal of the interpretivist is to understand the lived experiences of people (O'Donoghue, 2006; Ponteretto, 2005).

This research has taken into account a number of factors which mediate the meaning-making process, including context and the desires of the participant

(Schwandt, 2000). Context is an important mediating factor, interpretivism allows for the meaningful consideration of the society and the individual. Interpretivism considers society and the individual to be inseparable units, neither of which can be understood completely without the other (O' Donoghue, 2007). Accordingly, this research has interpreted the meanings associated with a specific context – in this instance, a low-income community characterised by high levels of community violence and continuous traumatic stress.

Methodology

Research Design

Two methods for interpretation are prominent in interpretivist literature. The first, which is *empathic interpretation*, involves the researcher attempting to understand the participant's experience by getting as close to the experience as possible. This method is devoid of external theory; it focuses solely on what the participant offers. It is not concerned with hidden or underlying structures; it only pays attention to accounts within the data and interpretation emerges through considerable engagement with the text. The aim of empathic interpretation is to gain a fuller understanding of themes within the data (Willig, 2013).

Another method is *suspicious interpretation*, this method relies on external theory. Its purpose is to expose hidden truths and underlying structures. The researcher occupies the role of the expert and does not accept accounts at face value (Willig, 2013). Concepts applied to data are informed by existing theory, which means that the suspicious interpretivist risks imposing theory on the data, causing the data to fit the theory in an unnatural way.

These methods of interpretation are not mutually exclusive instead they must be combined in order to achieve satisfactory interpretations (Willig, 2013). Since meaning is made and not simply given, researchers are required to adopt a standpoint in order to understand phenomena, which inevitably shapes the way in which things are understood. This is the hermeneutic circle (Willig, 2013).

Accordingly, this research will use empathic interpretation to understand the experience of continuous exposure to trauma. In addition, themes will also be informed by the theoretical framework of continuous traumatic stress theory, which posits that the experience of trauma associated with community violence is informed by certain structural processes (Eagle & Kaminer, 2013).

Interpretive Phenomenological Analysis

Interpretive phenomenological analysis (IPA) will be used to analyse the data. IPA inquiry takes into account that humans make meaning of their subjective realities through unique biographical stories (Brocki & Wearden, 2006). IPA explores the processes which allow subjects to make sense of their experiences by viewing these accounts through self-reflection. IPA is connected to the hermeneutic tradition and its approach is idiographic, the individual serves as the focus (Larkin, Watts, & Clifton, 2006). This research has focused on the experience of exposure to trauma in violent communities; in this context the experience of the individual community member is important. Individual experiences are able to shed light on the social issues which incubate community violence.

IPA gained relevance in health psychology when it was found that patient's accounts and perceptions of illness provided important information; for example, PTSD is informed by the biomedical model and is heavily reliant on quantification of symptoms but does not take into account subjective experience (Brocki & Wearden, 2006; Pringle, Drummond, McLafferty, & Hendry, 2011).

IPA will be useful in exploring the subjective experiences and meaning-making processes associated with exposure to trauma. IPA requires two elements: the first is phenomenological and involves the researcher allowing the participant to voice his/her account. The second element is psychological and requires the researcher to interpret the account in a meaningful way (Larkin et al., 2006).

Sampling Methods

As tends to be the case with IPA, purposive sampling was utilized in order to

choose a homogenous sample based on set requirements which aided the aims of the research. Since the research did not seek to generalise its findings to a larger population, purposive sampling allowed the research to engage with the lived experiences of the participants (Brocki & Wearden, 2006; Babbie & Mouton, 200&).

The sample consisted of 18 subjects who lived within communities characterised by high levels of community violence and low socio-economic statuses. Participants were aged between 18 and 50 years. Focus group 1 consisted of 8 females aged 22-65 and 1 male aged 45. Focus group 2 comprised of nine males between the ages of 19-50.

Data Collection Tool and Procedure

Two focus groups were conducted for the data collection portion of this study. Focus groups are a form of group interview which generates content through social interaction and participation (Kitzinger, 1995). The focus groups were conducted in Lavender Hill and The Overcome Heights Informal Settlement, both areas are characterised by high levels of community violence. The focus groups were audio recorded and transcribed after completion.

 IPA favours unstructured interviews, however, focus groups were chosen due to their ability to elicit rich accounts of experience and data through group discussion. The subject matter for this study was based on a social issue. Focus groups were utilised in order to prompt accounts which may not have surfaced in face to face unstructured interviews. (Brocki & Wearden, 2006). The social nature of community violence made it a viable topic for a focus group discussion.

Focus groups are positively associated with the purposive sampling method since specific participants are required to investigate the research issue. Random sampling may result in a group of participants who do not share lived experiences and the result will be data unrelated to the research topic (Liamputtong, 2011).

Data Analysis

This research is concerned with the subjective experiences of individuals living in

communities with high levels of community violence and the ways in which they make meaning in accordance with their environment. IPA facilitates the exploration of perceptions and experiences of participants; it does not regard the participant as a passive recipient of an objective reality. Instead it views the participant as the creator of a biography which is informed by his/her own interpretations and experiences of the world (Brocki & Wearden, 2006). IPA complements the interpretivist principles which assumes human action is inherently meaningful and everyday experiences are important (Brocki & Wearden, 2006; Larkin et al., 2006). IPA, through the phenomenological emphasis on experiential claims and meaningful interpretation, satisfies the principles of the interpretivist view and the aims of this research.

IPA distinguishes itself from grounded theory and other forms of qualitative methods through tolerance of theoretical constructs (Larkin et al., 2006). IPA requires close analysis of the data by the researcher in order to gain in-depth understanding; it also requires the researcher to make well-founded interpretations based on sound theoretical constructs (Brocki & Wearden, 2006). This framework supports the combination of empathic and suspicious interpretation which was employed in this study.

IPA is flexible in its methodological criteria for data analysis. Brocki and Wearden (2006) outline the analytic framework for IPA. (1) The analysis will begin with transcriptions of a focus group consisting of 8 participants. (2) There will be close interaction between the text and the analyst which will result in an in-depth comprehension of the text. (3) The researcher will apply interpretive resources to the text, these will be informed by theoretical constructs however if unrelated themes emerge these will also be interpreted. (4) The researcher is required to do personal analytic work at the end of each stage of interpretation. This is necessary so that the researcher remains unbiased in the chosen interpretations, IPA recognises the centrality of the researcher and recommends that unique guidelines be taken to ensure that original data and interpretation are not confused. Thus verbatim extracts will provide grounding in interpretation. (Brocki & Wearden, 2006).

In summary IPA moves from the descriptive to the interpretive and this is the methodological criteria which will guide the data analysis for this research.

Themes will not be chosen solely on the basis of theoretical constructs, instead, themes which arise and are able to express other aspects of the subjects account will also be included (Larkin et al., 2006).

Ethics

Good research practice ensures that no psychological or physical harm comes it its participants and all research must adhere to ethical guidelines.

Informed Consent and the right to withdraw

Participants were informed of the nature of the study and the research procedure prior to participating in the focus group. Participants were required written consent for their participation and the use of their data in this study. Each participant signed a consent form before the focus groups commenced. Despite providing signed consent, participants were informed that they had the right to withdraw from the study at any time (Willig, 2013).

Confidentiality

The researcher ensured that the data collected remained confidential. The data was accessed by the researcher and her academic supervisor only. The structure of the focus group provided participants with autonomy over the amount and depth of information they chose to share during this study.

The identities of the participants have been protected, pseudonyms were used throughout the final write-up.

Harm to Subjects

The researcher ensured the participants were not harmed during this study. This encompassed psychological harm as a result of emotional distress and physical harm through physical confrontation. Participants were informed of the nature of the research prior to participating in the focus group. This was done to ensure in

order that participants were comfortable with the subject matter before the data was collected.

The data collection process occurred in a neutral space that was deemed safe, where no harm could come to the participants or the researcher.

Debriefing

Participants were informed of the aims of the researcher before and after their participation in the focus groups. Participants actively reflected on their contributions after the focus groups. Participants were also provided with the contact details of organisations specialising in trauma assistance.

Significance of the research

Community violence is a burgeoning issue in South Africa, children and adults are exposed to trauma on a daily basis. Exposure to community violence is positively correlated with mental health disorders. The current shape of the literature quantifies the effects of exposure to community violence but it does not address the discourses associated with the experience of continuous exposure to trauma. Conducting this research will give theoretical insight into the daily lived experiences of individuals who live within these communities.

Results and Discussion

Two focus groups were conducted and three themes emerged from the data. The first theme consists of the participant's daily experiences of community violence. This theme assimilates the way in which the participants experience exposure to violence and trauma, in the townships of Lavender Hill and the Overcome Heights informal settlement. The second theme integrates the experience of stark inequality alongside the experience of violence and trauma. The final theme highlights the participants' experiences associated with the local police and their ability to eliminate community violence and crime.

Exposure to community violence and trauma.

All participants lived in Lavender Hill and the Overcome Heights Informal Settlement at the time of this study. Lavender Hill and the Overcome Heights Informal Settlement are two communities which form part of the Cape Flats. Participants discussed their experiences of exposure to community violence and direct victimisation. The participants have been exposed to violence and traumatic incidences on one or multiple occasions. The direct and indirect exposure to community violence left participants with indelible scars and distressing memories.

Direct and indirect exposure to community violence.

According to the crime statistics provided annually by the South African Police Service (SAPS), the Western Cape presented the highest homicide rate in the early 2000s. In years 2002/2003 the Western Cape reported the highest homicide rate in South Africa, the provincial average was 85 murders per 100 000 individuals. This rate was approximately 1.8 times the national average, the national homicide average for the years 2002/2003 reported 47 murders per 100 000 individuals. (Prinsloo, Matzopoulos, Laubscher, Myers, & Bradshaw, 2016; Leggett, 2004). A large proportion of community violence occurring in the Cape Flats region is attributed to warring gang factions. Street gangs engage in violent altercations as a result of the competitive drug trade. Crystal methamphetamine, also known as TIK is a popular street drug and various street gangs distribute it among impoverished communities. Community violence occurs largely as a result of territorial disputes between rival gangs (Kinnes, 2000; Goga, 2014; Still, 2004).

According to these statistics, it is evident that the Western Cape faces an alarmingly high injury and mortality rate.

The participants told of their experiences with homicide, violent crime and victimisation within their communities. The statistics have provided an important basis for the quantitative review of homicide in the Western Cape, however, the excerpts provided by the participants indicate the trauma of their daily lived experiences in these violent conditions.

MA: In my case now, last Friday my son was shot to death and that has caused

my   grandchild to not want to go to school. I struggle with him, I struggle to get him to go   to school and he is still at home.

RA: Like the other night, as I was coming on down the road. I looked at this brother   and he was gun-pointing his girlfriend just like that.

GL: Like me, I am raising a child that watched how they murdered his mother and he   is only turning 9 now. He is getting counselling at school but he is doing things that is   not… It is not allowed in my house but I must keep an eye on him outside. He will tell   the teacher in the class that he does not want to do the thing she has told him to do.   between the children. Like in this year when they shot my children's cousin to death   on the field, Kyle. It happened early in the morning, in the morning hours when kids   were still on moving to school

ME: Every time there is a shooting then it is almost like my nerves are finished. Sometimes I get so emotional, I'll say it straight. When I am told that someone was   shot or there was a shooting then I say I can't take this anymore!

These excerpts discuss exposure to continuous traumatic experiences as a result of community violence. Rival gangs regularly engage violent altercations and the community bear witness to it. The experience itself is a traumatic one, the trauma permeates throughout the family and across contexts. The first excerpt describes the experiences of a mother whose son was murdered only days prior to the focus group. Her experience indicates that community violence affects individuals and families in multiple ways. While dealing with the trauma of sudden loss, the participant also experienced other emotional difficulties as a result of her son's death. Her son's death rendered her the sole caregiver for her grandson. Similarly, participant GL experiences the effects of community violence indirectly through the child to whom she is a caregiver. While causality between exposure to violence and behavioural difficulties is not assumed, it is clear that the participant believes the experience of the child's trauma to be the cause of his behavioural difficulty. Community violence affects the day to day lives of South African citizens in a profound way. It forces the family structure to change as shown in the experiences of the participants and it produces multiple

sources of psychological distress.

Experiences with community violence whether direct or indirect created and sustained emotional distress. In the final excerpt, a participant describes her distress when she hears about an instance of violence, injury or death. Ward et al. (2007) indicated that indirect exposure, such as hearing about violent crime, resulted in psychological distress. In this excerpt, the experience of indirect exposure to community violence has manifested in emotional distress.

Children's exposure to community violence.

 Participants highlighted the experiences of their children in violent communities. Most participants were parents, grandparents or caregivers to young and adolescent children. There were expressions of concern regarding the effects of children's exposure to trauma & possible victimisation.

Children in South Africa find themselves exposed to a context fraught with violence. Ward, Flisher, Zissis, Muller and Lombard (2001) found that children's exposure to violence was as high as 82% across four high schools in Cape Town. Similar findings were reported by Shields, Nadasen and Pierce (2008) The study had a total of 247 participants, 40.2% of children reported that they had witnessed a murder, 60.8% of participants reported witnessing somebody being shot at and a staggering 83.3% indicated that they had witnessed a fight. Previous research has extensively outlined the risks associated with children's exposure to violence, these risks included but were not limited to psychological distress and increased the risk of aggressive behaviour (Lockhat & Van Niekerk, 2000; Shields et al., 2008; Ward et al., 2001).

Participants indicated that their children's exposure to trauma is a serious concern for them.

> ME: We have seen many different things, even our children have seen how the gangsters run with guns and that is not good for children. They see there the man lay dead, now what must I do? Then they ask who shot him? Then the

gangsters hear them, then you must say "keep your mouth" and that makes you scared. It makes you very scared because the child doesn't care what they ask.

WA: Its's not a nice thing for the younger children, how can I say before you know it they do the same stuff because of what they saw, what is happening in our communities.

MA: There are gangsters at the taxi rank in the road where our school children move they (gangsters) will not mind if they want to shoot someone dead they will shoot.

GL: Makes you worry about the safety of the children also.

Participants discuss the difficulties associated with rearing children in violent communities, there are concerns associated with the psychological and physical well-being of their children. Parents and caregivers are aware of the risks of exposure to this type of violence and aggression, participant WA communicates his fear of children being privy to violence and then going on to emulate those behaviours. Multiple research efforts have found evidence for this phenomenon, exposure to community violence is a risk factor for the development of aggressive behaviour and substance abuse (Shields et al., 2008; Ward et al., 2001).

Congruently, participants fear for the physical safety of their children. are often injured by et(Shields et al., 2009). A participant discusses his experience with this reality.

ME: At the end of the day we get a sad story, your child is dead, shot on his way to school. What can we do?

In his excerpt, ME poses the question, "what can we do?" Participants described what it means when their children's safety is not guaranteed in their communities and at school.

GA: We have to adapt to the situation when the shootings rise, we have to adapt to the shooting. We've got to get our children early from school Uhm worry at our workplace is our children safe. I have to fetch my children from school but then I can't feed my family because I have to run from work to make sure my children are safe.

LE: It's taking the children's play away also. The children can't play in the courts, every   time there is a shooting.

(Courts refers to the low-cost, high-density, government housing which characterises areas such as Manenberg and Lavender Hill among others).

The imminent threat of community violence has propelled parents and caregivers to take precautionary action in order to ensure the safety of their children. Children are escorted to and from school and play is restricted to areas which have been deemed safe. Parents are required to adhere to a continuous process of adaptation in order to ensure the safety of their children. Worry and distress infiltrate the work-place. In some cases parents and caregivers compromise their employment in order to ensure their children are safe. This, in turn, has a negative impact on the financial security of the parents and the household.

Negative affect associated with continuous traumatic stress in the context of community violence: fear and anxiety.

Exposure to trauma can have detrimental outcomes for the psychological well-being of those who have experienced a traumatic incident. In the South African context, many individuals experience multiple traumatic events in their lifetimes. (du Plessis, Kaminer, Hardy, & Benjamin, 2015; Straker, 2013).

The effects of exposure to prolonged stress have different outcomes compared to the effects of a more circumscribed exposure to trauma (Straker, 2013).

In the following subtheme, an interpretation of the participant's individual experiences to their context will be provided. Participants discussed their emotional experiences associated with their daily exposure to violent crime and trauma.

Researcher: How do you feel living in your community?

ME: Look it's not nice, let me explain to you like I told them about the lady who they shot last night. Look she was on her way to the shop in Lavender Hill and then she was shot. Now she is dead. So to live in a violent area in other words you have one foot   on the ground and one in the grave. You don't know if tomorrow will

still be here,   understand? The thing is, if you get up you don't know if the bullet is going to get you,   especially at night, you must sleep with one eye open and one eye closed.

SY: You're traumatised.

ME: Lady, our lives are in danger every moment of the day. Whether you are in your   house or you are in your road.

Participants are communicating their perpetual fear. There is a constant state of perceived danger, this is in line with the CTS framework which describes the threat of danger as imminent and pervasive (Eagle & Kaminer, 2013). Participants are hyper-vigilant about their surroundings even within their own homes, safety is not guaranteed in the spaces they inhabit. These perceptions are mirrored in research by carried out by Somer and Ataria (2015) in the town of Sderot, which is situated along the Israel-Gaza border, where participants described their lives as an unrelenting state of unpreparedness and fear. In the present research there is an ethos of fear and anxiety which permeates participant's daily lives.

RA: We can't even go out; we can't even take a taxi. If you drive through Lavender Hill, then they might shoot through the taxi. They'll stop the taxi and ask where you live. If you say Overcome Heights, they'll shoot you. I am tired of this place, you   can't walk anywhere.

ME: There is no safety, not in your house, not in the shop, not in the church. You must   always be one eye open and one eye closed.

MA: And even if you go to the shop you must spin around and around to see where the bullets might come from.

The participant's daily lives are affected by fear, anxiety, hyper-vigilance and uncertainty about their physical safety. The participant's experience with community violence led to them feeling unsafe even within the confines of their homes, public transport and their general community environment. The sporadic and unpredictable nature of community violence left the participants feeling fearful and estranged within

their own communities. Simple tasks such as visiting a shop could result in injury or death and participants have found ways to adapt to this reality. Hypervigilance has begun to serve as a coping mechanism for the participants instead of a maladaptive state, just as previous research has suggested and contrary to the problematized view of hypervigilance outlined in PTSD diagnostic criteria.

Participants are restricted from engaging in normal day-to-day activities. Public transport routes move through multiple rival gang territories, for this reason it is deemed dangerous to use public transport. Participants are aware of this danger and therefore adjust their normal routine activities in order to ensure their safety.

Negative cognitions: loss of hope.

The CTS framework suggests that continuous exposure to trauma may result in nihilism, apathy and a loss of hope. Community violence, as a form of continuous exposure to trauma impacts constructs such as hope (Savahl et al., 2013). Remaining cognizant of the violent context, participants discussed their hopes future and the way in which community violence has influenced it.

> Researcher: What are your hopes for your future?

> RA: Most of us don't even see the future because we die quick. Here you can't even open a business because they'll shoot you.

> KY: We don't hope for future; we just hope we don't die.

> RA: I'm already dead I'm just waiting for a bullet.

> GA: It has become a normal thing because we have begun to expect somebody is going to die, how do we deal with it?

Participants shared feelings of hopelessness, these feelings and cognitions were associated with their experience of community violence and continuous exposure to trauma. The perceived inescapability of death, violence and crime in their daily lives has resulted in nihilism and apathy, participants do not anticipate a future. This experience is typified throughout CTS literature. Eagle and Kaminer (2013) discuss hopelessness, passivity and nihilism throughout the CTS literature, the literature

suggests that in a context which is infused with anxiety and fear there is difficulty dealing with the world which seems fundamentally unjust and cruel. The experience of the world as inherently bad and dangerous may result in hopelessness and passivity. Individuals resign themselves to situations they deem rigid and unchangeable resulting in a disinvestment in living. CTS, therefore, instils a degree of nihilism and hopelessness in those it affects.

The participants shared experiences of direct exposure to violence and a pervasive fear of their surroundings. Their responses to questions based on the hope for a future conveyed their experiences within this volatile environment. The loss of hope is pertinent, just as CTS literature suggested, participants display an inordinate degree of nihilism. Their experiences have collectively aided in shaping their views concerning the longevity and possibilities of their own lives.

The gendered experience of community violence

The focus groups revealed that community violence may also be associated with gender. Participants experienced gender as a risk factor for victimisation, this was particularly true for younger males.

> ME: There is always something among the youth. Now look I'm over the hill but today I must say this and I say it from the heart, it is not nice to be a young man because you never know where the danger lies. I mean they will maybe say that's an old man, he's too old. Shut up old timer they will say.

> RA: Ja uh there is no safety for us, I could be dead anytime. I want to leave Overcome so badly but I am so careful. They'll say oh you are Funky? Just because I am a young man (Funky is the name of a local street gang i.e. Junky Funky Kids)

A participant reflects on the experience of his younger counterparts, he is aware that his age affords him some protection. He expresses empathy for the difficulties which the younger participants experience as a result of their gender and age. The younger male participants aged between 19 and 25 years indicate that their gender and youth impose further restrictions on their lives in relation to community violence. The

younger participants discuss having to be home before sunset or run an increased risk of being victimised or mistaken for a gang member.

A dominant feature of violence in South Africa is the disproportionate role of males as perpetrators and victims of violence. The highest homicide rates occur amongst males aged 15-29 years (Still, 2004). In Cape Town's townships, the statistics indicate that male homicides are almost double the national average. Deaths of men outnumber females by 7:1 and men are also more likely to be incarcerated for violent crime than women (Shields et al., 2009; Matsuku, 2002). Given these research findings, it is clear that young males in South Africa and particularly the Cape Townships experience escalated threats of violence based on their gender.

Socio-economic status and its association with community violence.

This theme will address the experience of inequality and poverty amongst the participants. Inequality and poverty have played key roles in the escalating levels of community violence. in this theme, participants discuss their experiences with inequality, low socio-economic status and poverty and the way in which it impacts their daily lives.

The term continuous traumatic stress will be used to refer to both a societal and an individual condition interchangeably. The term lends itself to more than just a mental health agenda. Continuous Traumatic Stress integrates a mental health and a political strategic agenda. The experience of community violence is an undeniably political one, consider the underlying issues of inequality, poverty and the lack of basic resources many of these communities face (Eagle & Kaminer, 2013; Straker, 2013). The way in which trauma is experienced in poor communities such as Lavender Hill and the Overcome Heights Informal Settings are directly associated with the current political situation. It is for this reason that CTS will be applied to the context and the individual response to trauma.

Income inequality, poverty and its association with community violence

"Where there is great inequality there is likely to be great anger and frustration" (Shields et al., 2009, p. 1015). This quote embodies the current economic situation facing the residents who live within Lavender Hill and the Overcome Heights Informal Settlement.

The Western Cape has been reported as being the most unequal province in the country: there is a great large disparity between the rich and poor. The Western Cape had the worst GINI coefficient measurement in South Africa. The consequences of socio-economic inequality   escalated levels violent crime and homicides and violent property crime (Shields et al., 2009). In literature compiled by the Institute for Security Studies, it was found that the Western Cape has the highest murder rate and the highest rate of illegal firearm possession in the country. The Western Cape, despite being one of the most developed provinces in South Africa has the highest rates of violence in the country. One explanation may be provided by the GINI Coefficient, the GINI Coefficient measure income inequality and the Western Cape has the worst GINI Coefficient measurement in South Africa. The average income for a white household in Cape Town in 2014 was R365 134, the average income for a black household was R60 613 (Goga, 2014; Legget Western Cape has escalated levels of Violent property crimes such as commercial burglary, residential burglary, common theft and malicious damage to property are also escalating in the province (Goga, 2014).

Participants disclosed their experiences with inequality, poverty and they highlighted the way in which these social dynamics are associated with community violence.

> TO: Ja, the people are frustrated they're looking for better ways to make money but you can't leave your house to make money because they break into your house and hurt your people.

> GA: What contributes to the senseless killings is poverty, unemployment Uhm I don't condone it but uhm if I am hungry and I want something in my stomach. This person is maybe wearing a nice pair of takkies that I can sell, I don't condone what they do but it adds to the senseless killings

In these excerpts, two different perspectives on the experience of inequality, poverty and community violence are brought to the fore. One participant experiences community violence as a barrier which prevents him from finding formal employment. Another participant understands that the experience of poverty drives individuals to commit crime in order to survive. The participants present varying accounts, however,

the same social dynamics govern their experiences. These experiences expose the overlap between inequality, poverty and community violence. Inequality and poverty are the social dynamics which belie community violence. These dynamics may result in an increase of profitable illegal activities such as; violent property crime, joining gangs and involvement in the drug trade. The allure of financial gain in a poverty stricken community is strong, many individuals fall victim to their circumstances, joining gangs and the drug trade as a means for survival.

> GA: My son is 17 years old and I maybe put pressure on him as a parent. The local authority puts pressure on me to pay a certain amount of rent so I put pressure on my son to help me. Somebody then says to me son here is R5000 to kill someone and my son thinks okay this is R5000 to save my house I might as well do it.

High levels of unemployment are a characteristic of communities such as Lavender Hill and the Overcome Heights Informal Settlement, as a result these communities have become anchored around the criminal drug trade. Gangs and the drug trade serve as informal employment for many individuals, with a special emphasis placed on young males (Goga, 2014). The criminal economy in the Cape Flats provides a means for income and survival. Participant s highlighted issues around poverty and unemployment which exert pressure on individuals to provide for their families.

> ME: Look they see that the guy on the corner didn't have on that new pair of Jordans (popular shoe brand) earlier and now he does. He drives two or three cars. They go and stand with them, their father is not at home and he works all the time, and they know he loves them very much but he needs to work. So what do the gangsters give? They give family and comradery.

> AY: Uhm Ja they buy you shoes and food, they make you feel welcome. When they find a target they say "Here's a gun show me what you're made of". What are the children going to do?

In these excerpts, participants convey the way in which their economic status has led or could lead to adolescents' involvement in gangs and community violence. There is an

element of financial gain, the provision of material resources has been known to result in undue loyalty toward gang members. Kinnes (2000) described the way in which gang leaders in the suburb of Manenberg won the community's loyalty through the provision of basic household necessities, groceries and small loans to assist struggling families. Those in positions of illicit power have continually continuously exploited the needs of poor community members in order to ensure the influx of new gang members and community.

Low socio-economic status and involvement in gangs' overlap in many ways, participants in the group indicated that being employed was non-negotiable. Participants indicated that they work excessive hours and children are then left alone for extended periods. Participant MA describes how the need to work resulted in an oversight in her son's involvement in gangs.

> MA: I had to work day and night, look I was not there. My one son is a gangster now; I never knew Romano (Romano is the participant's recently deceased son) was a Mongrel (Mongrel refers to a street gang in Cape Town).

Individuals with low socio-economic statuses often have to commit to low-paying jobs with excessive working hours. This element creates a situation where children are lured into gang activity as a result of minimal parental supervision, a lack of extracurricular activities and meagre finances.

Personal Agency in Relation to Socio-Economic Opportunities in Violent Communities.

In addition to this, community violence stifles participant's personal agency. For instance, ambitions of owning businesses are stymied by the threat of intimidation and violence.

> RA: It is the same thing with starting a business, they tax you. You must pay them to   have a business and if you don't pay they kill you.

Goga (2014) discussed the ways in which state institutions have failed to reduce criminality at the level of spaza shops, these are informal businesses operated by community members as a source of income. In Manenberg gangs used coercive

tactics to extort money from small businesses. Gangs extort money from shopkeepers and small business owners, these are known as *"protection fees"*. The community is exposed to self-appointed providers of illicit justice and security. When community members resist this form of protection they are likely to be victimised, as some of the participants have experienced.

It is this degree of intimidation and victimisation which is the driving force behind the lack of personal agency. Participants are fearful of what may happen if they decided to become entrepreneurs in their own communities.

Housing, safety and its association with community violence

Inequality refers to more than disparities in income, inequality also refers unequal access to basic human needs and rights. Some communities are still deprived of access to basic amenities such as safe affordable housing, running water, sanitation and electricity. There is a pressing need for housing in South Africa. Informal settlements and backyard dwellings have provided shelter for a large proportion of South Africans who cannot afford homes or are on the government housing wait lists.

The lack of structural facilities in informal settlements i.e. corrugated iron shacks, lack of electricity and unmaintained pathways, make informal settlements susceptible to crime. Participants living in informal settlements described the increased impact of living in an informal settlement which is also a violent community.

> ME: Everybody has a right to housing we just spoke about this problem yesterday. The problem is this; we are forgotten about. If you look at Hillview, Montagu Village and Lavender Hill all those places, look at how they are shooting people. They have brick houses. What you see here they'll shoot you dead thrice. We don't sleep we can't sleep because the bullets come through the zinc wall. Family men when the bullets come through the shack then they must put their children under the bed.

Informal settlements present serious safety concerns for the participants, much of community violence occurs in the form of sporadic gang shootings. Informal

settlements do not provide protection for participants, bullets are described as penetrating shacks with relative ease. A previous theme discussed the absence of safety within homes, this is a key reason for participants' feelings of unsafety. Families are tasked with protecting their children in subpar shelters. This lived reality has resulted in participants feeling as though the South African government has forgotten their needs and concerns, they are isolated in homes which do not provide safety from societal violence.

The experience of community violence is exacerbated by a lack of safe shelter, the issue of housing is about more than just inequality it extends to issues of physical and psychological wellbeing.

Participants experience with policing, law and order.

Contexts of CTS are products of violent perpetration and the breakdown of social systems which includes systems of protection and justice. A significant element of CTS communities is the premise that there is an absence of protection from threat and danger. The usual systems of law and order which serve to protect communities are considered to be ineffective. This breakdown of the usual systems occurs for a number of reasons. During the apartheid regime, those who were tasked with enforcing the law and ensuring safety were advocates of oppression and violence, this resulted in a breakdown of the law and order systems and allowed a context of CTS to flourish. Political oppression has come to an end but communities experiencing endemic community violence may experience a similarly broken system of law and order. At best it may be the result of overworked and ineffectual law and order systems at worst it may be the result of collusion and corruption. This mismanagement of the systems which are supposed to provide accountability and minimise harm to citizens results in apathy and distrust among the individuals who rely on them (Eagle & Kaminer, 2013).

Inadequate policing.

Participants communicated varying accounts of their experiences with policing within their communities, a common experience among participants was the inadequacy of the South African Police Service (SAPS). Participants discussed violent incidences that

have gone unsolved and a shortage of police during gang shootings.

> RA: Monday when they were shooting, I was walking to Lavender Hill with Ling(Ling is the nickname of the participant's acquaintance) you see. While they were shooting the police were driving. They were shooting on that side but the police were driving here. The police are scared; they must stop the stuff but they are scared they drive away from the stuff.

> GA: They catch all the young people with one or two packets of TIK, they know who the big merchants are but they don't arrest them The small fish gets caught while the big one goes free but that is because they are on the payroll. If I am SAPS I get paid maybe R4000 or R5000 per month and here the merchant offers me R4000 per week for information.

The structures which are meant to protect these communities are underperforming according to the participant's accounts. It may be as a result of a lack human and monetary resources or collusion, whatever the reason, participants are left vulnerable when there are incidences of violence i.e. gang violence. Participant's experience of policing has caused feelings of distrust and there is apprehension about who the police serve in the community. Eagle and Kaminer (2013) state that this apprehension is to be expected among individuals in a society where these systems are misused or inadequate. The act of gangs paying off police personnel in order to achieve their criminal agenda is not uncommon. Kinnes (2000) found a significant level of corruption within the police force. The police force was found to be conducting a number of tasks with regard to the drug trade, this included, the buying and selling of drugs, distribution of intelligence information to gangs and drug kingpins, the selling of weapons and the issuing of firearm licenses to gangs.

Inadequate policing can be traced back to the apartheid era when policing of non-white areas was not a priority for the apartheid government. The conditions created by the state in the Cape Flats after the group areas act resulted in a distinct pattern of criminal governance. The apartheid measures worked to isolate the coloured population from the state and economic opportunities which led to the entrenchment of criminal

governance socially, economically and spatially.

Reflexivity

Reflexivity requires the researcher to become aware of personal biases which may impact the research process and the outcome. Reflexivity compels the researcher to be aware of the way in which the research findings are co-constructed by researcher and participants (Finlay & Gough, 2003).

Within qualitative research the reflexive process must be ongoing since the researcher is in control of which excerpts are chosen to be interpreted and the way in which these excerpts are presented (Finlay & Gough, 2003). Furthermore, IPA are products of choices made by the researcher during the write up process. These choices can be mediated by reflexive questions, before an excerpt is chosen the researcher must ask:

- What would the result be if another excerpt were chosen?

- Why was this one chosen, how does it support the research aims?

These questions play a role in ensuring participants views are fairly presented while acknowledging the role of the researcher and the implications of their choices in the final write-up.

Power imbalances inform the reflexive process, focus groups minimize the power imbalance through disseminating power amongst participants, however, power may be held by one or two subjects within the group who dominate the discussion (Kitzinger, 1995 Willig, 2013). To address this the researcher may weigh in and address subjects who have not been allowed to comment.

During the focus groups it was clear that seniority took precedence amongst participants, middle-aged to elderly participants dominated the discussion. The researcher engaged younger participants with questions tailored around their age and experiences as young adults living in violent communities. This line of engagement

resulted in unique data associated with age specific issues within violent communities.

During the focus groups there was a perceived language barrier, participants assumed the researcher would not understand Afrikaans or vernacular commonly utilised by residents of the Cape Flats. The perceived language barrier made participants reluctant to engage the researcher. Participants addressed each other in Afrikaans and addressed the researcher in English. On multiple occasions participants found it difficult to engage in English and it caused repeated disruptions. In retrospect the researcher should have informed participants that Afrikaans was an acceptable medium to use.

The researcher is a resident of the Cape Flats, her owns lived experiences encouraged this study. Her identity as a coloured female from the Cape Flats may have aided in a more fluid, open discussion with participants. However, shared lived experiences did not guarantee a shared understanding their current situation. In fact, there was turmoil between the researcher's identity as a coloured female resident of the Cape Flats and her identity as an English speaking female student pursuing a post-graduate degree. Participants were equally cautious of her role as a researcher and welcoming of her shared lived experiences.

Limitations of the study

 The subject matter this research addresses is dense and it demands repeated focus groups, perhaps even a joint quantitative and qualitative inquiry given the small samples size (n=18) this will not be possible at this stage. The consequences of community violence encompass more than the interpretations this research aims to uncover therefore it is limited in its ability to shed light on the risks and effects of community

violence. There is a unique relationship between structural inequality, violence and poverty and mental health illness, this research is unable to explore the full extent of this relationship in this instance.

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Appendix A

Informed Consent Form

THE UNIVERSITY OF CAPE TOWN

DEPARTMENT OF PSYCHOLOGY

1. Invitation and Purpose

You are invited to participate in a research study which seeks to understand the subjective experiences associated with community violence. The research seeks to uncover the effects of continuous traumatic stress on individuals who live in violent communities.

2. Procedures

A. Upon agreeing to participate in this study you will be required to attend one focus group discussion. The issues addressed in the focus group will concern experiences of trauma as a result of community violence.

B. Participating in this study is voluntary.

C. Although you have volunteered you will be allowed to end your discussion at any time, if you no longer want to proceed with the research.

3. Risks and Harms

A. The study poses minimal risk of harm to you. The focus group setting will allow you to control the information you share.

B. You will be exposed to the accounts of the other participants.

C. You will be provided with the contact details for organisations who specialize in dealing with trauma, should you feel distressed.

D. There will be a period for individual questions and concerns after the focus group.

E. The study will take place at an appropriate time for the participants however the focus group will last for one and a half hours.

4. Benefits

A. This study will allow you to voice your concerns regarding issues of community violence. Given that community violence has a negative impact on communities, you will have the ability to voice your concerns and experiences in a meaningful way.

5. Privacy and Confidentiality

A. The focus group will be confidential and pseudonyms will be used in the research. The researcher requests that all information remain confidential however the researcher cannot guarantee that the participants will adhere to this outside of the focus group. It is important that participants are aware of this before committing to participate.

B. The focus group will be recorded and transcribed. These recordings and transcriptions will only be accessible to myself and my academic supervisor.

C. If you feel that you do not want a specific portion of your data to be recorded or used you are welcome to request that it be deleted.

7. Researcher details

If you require any clarification or have suggestions or complaints you may contact myself:

Laura Lee Fortune, email frtlau005@myuct.ac.za or Dr Wahbie Long at the Department of Psychology, University of Cape Town (UCT), phone number 021 650 3429.

You are also advised to contact the postgraduate secretary Rosalind Adams should you wish to speak to the chair of the Research Ethics Committee.

 Email address: Rosalind.Adams@uct.ac.za

Telephone number: 021 650 3417

8. Signatures

Investigator's Signature and Date

 I the undersigned participant {Subject's name} _____ have been adequately informed of the nature of the study and I consent to voluntary participation and the use of my data. Any questions I had, have been answered in a satisfactory manner.

Subject's Signature and Date

I the undersigned participant {Subject's name} _____ have also consented to the recording of my participation in the focus group.

Subject's Signature and Date

I the researcher confirm {Researcher's name} _____ the undersigned participant has been appropriately informed of the nature of the study. Possible harms and risks have been explained to the undersigned individual. The individual has agreed to participate in the study and will allow for the use of his/her data. Any questions pertaining to the research process have

been answered and the individual has complete understanding of the study.

Researcher's Signature and Date

Referral Information Leaflet

Should you feel that the participation in the study has caused emotional distress the following organisations provide assistance with trauma related issues.

The Trauma Centre for Victims of Violence and Torture

Address: 126 Chapel Street, Woodstock
Phone: 021 4657373
Website: http://www.trauma.org.za

RAPCAN (Resources Aimed at Prevention of Child Abuse and Neglect)

Tel: 021 712 2330
Fax: 021 712 2365
Website: http://www.rapcan.org.za
Email: shane@rapcan.org.za

South African Red Cross Society

Tel: 021 797 5360
Fax: 021 797 4711

Mosaic, Training, Service and Healing for Women

66 Ottery Road
Wynberg
Tel: (021) 761 7585
Website: http://www.mosaic.org.za

Participants are also encouraged to visit New World Foundation if they would prefer the aid of a social worker. New World Foundation also partners with all the above organisations. New World Foundation can be reached at:
Grindal Avenue, Lavender Hill, Cape Town
Tel: +27 21 701 1150
Fax: +27 21 701 9592

UNIVERSITY OF CAPE TOWN

Department of Psychology
Research Ethics Committee
Rondebosch, 7701
Tel: 27 21 6503414 Fax: 27 21
6504104

APPLICATION TO CONDUCT PSYCHOLOGICAL RESEARCH

1. All applications must be submitted with the documentation outlined in the attached form.

2. All documents should be submitted electronically.

3. The University of Cape Town's Department of Psychology actively supports research as an essential academic function. It is essential that all applicants consult the UCT Code for Research involving Human Subjects (available from the UCT website).

4. In the case of research involving clinical populations, drug trials, neuroimaging, and recruitment from Groote Schuur Hospital or any affiliated medical institutions, approval must also be obtained from the Faculty of Health Sciences Research Ethics Committee (FHS REC).

5. Final responsibility for the ethical and effective conduct of the research lies with the principal investigator.

HONOURS STUDENTS:

Complete this application form, and submit it to Rosalind Adams with the formal research proposal that forms part of your research methods module in the Honours programme.

MASTER'S AND DOCTORAL STUDENTS:

Complete this application form, and submit it in electronic form to Rosalind Adams attached to the research proposal you will present to a departmental thesis committee.

DEPARTMENTAL STAFF, VISITING SCHOLARS AND POST-DOC STUDENTS:

Complete this application form, and submit it in electronic form to Prof. Johann Louw (johann.louw@uct.ac.za). The application must be accompanied by a detailed proposal (maximum length 25 1.5-spaced pages).

UNIVERSITY OF CAPE TOWN
DEPARTMENT OF PSYCHOLOGY
APPLICATION FOR ETHICAL APPROVAL TO CONDUCT PSYCHOLOGICAL RESEARCH

Section A	Proposal Identification Details	To be completed by all applicants
Section B	Study Information	To be completed for all studies
Section C	Financial and Contractual Information	To be completed by all applicants
Section D	Declaration on Conflict of Interest	To be completed by all applicants
Section E	Ethical and Legal Aspects	To be completed by all applicants
Section F	Checklist	To be completed by all applicants

Section A: Proposal identification details.

1. Title of the proposal/protocol:

Subjective experiences associated with continuous exposure to trauma: an interpretive phenomenological analysis

2. Has this protocol been submitted to any other Ethical Review Committee?	Yes		No X
2.1 If so, list which institutions and any reference numbers.			
2.2 What was/were the outcome/s of these applications?			

3. Is this proposal being submitted for ethical approval for an amendment to a protocol previously approved by this committee?	Yes		No
3.1 If so, what was the previous protocol's reference number?			

4. Investigator details

4.1 Principal Investigator (if a student project, the student is the principal investigator):

Title	Initials & Last Name	Department and Institution	Phone	Email	Signature	Date
Ms	L Fortune	Psychology Department, UCT	078606 6581	Frtlau005 @myuct.ac .za		03/05 /2016

4.1.1 (If different to 4.1 above) UCT Principal Investigator

Title	Initials & Last Name	Department and Institution	Phone	Email	Signature	Date

4.2 Co-investigators: (if a student project, add the supervisor's name here)

Title	Initials & Last Name	Department and Institution	Phone	Email
Mr	W Long	Psychology Department, UCT		Wahbie.lon g@uct.ac.z a

5. Is the study being undertaken for a higher degree?	Yes X		No
If yes: 5.1 What degree? B. Soc Sci Honours Degree			
5.2 Student name: Laura Lee Fortune			
5.3 Supervisor name: Wahbie Long			
5.4 In what department is the degree? Psychology Department			

Section B: Study Information (summarize the information contained in the proposal).

6. Who will act as participants in the study? Adults who reside within communities with high levels of community

violence.

7. Estimated number of participants:

    8

8. Estimated duration of study:

    1 week

9. Location of study (e.g. UCT, school, hospital, etc., where you will gather data from the participants):

    A community center in close proximity to participant's homes.

10. Recruitment: Please describe how and from where the participants will be recruited. Attach a copy of any posters or advertisements to be used.

Recruitment will occur via the aid of an NGO which deals with issues of community violence. The recruitment process will commence in June and it will consist of adults only.

11. Vulnerable groups: Are there pre-existing vulnerabilities associated with the proposed participants, e.g., relating to pre-existing physiological or health conditions, cognitive or emotional factors, and socio-economic or legal status?

| X Yes | No |

If yes, explain briefly what vulnerability would entail in the study, and how you propose to safeguard participants' wellbeing.

The participants will stem from a community with low socio-economic status and high levels of community violence. The study will conform to the times agreed upon by participants so that no participant is required to absent from work. Given the sensitive subject matter of trauma, debriefing will entail details and contact information for various NGOs who can assist with emotional distress associated with trauma.

12. Risks: Briefly describe the research risk associated with your study, i.e. the probability and magnitude of harms participants may experience. Minimal risk means that the probability and magnitude of harm due to participation in the research are no greater than that encountered by participants in their everyday lives.

The risks associated with the study are minimal however emotional distress could arise given the subject matter. Participants will not be required to divulge any information they do not feel comfortable with or puts them at risk for harm. The location will be central but in a safe, protected environment. Participants will not be required to give up anonymity or name possible incriminating or criminal activities.

13. Costs: Give a brief description of any costs or economic considerations for participants.

Participants will not incur any economic losses. Participation is completely voluntary and the study will take place during an agreed upon time which does not affect the work schedules of participants.

14. Benefits: Discuss any potential direct benefits to the participants from

their involvement in the project.

The participants will benefit from shared experience through collective discussion of the effects of community violence participants will also be able to voice their views and perceptions on an issue which affects them on a daily basis.

15. Compensation: If participants are to receive compensation for participation, please provide details.

16. Consent. Describe the process to be used to obtain informed consent. Where applicable, attach a copy of the information letter and consent form.

    A consent form will be handed out before the study commences. Participants will be informed of the nature of the study. The consent form will include participants' consent to participate and the use of their data. It will be communicate that participation is voluntary and participants are allowed to withdraw at any time.

17. Confidentiality. Please describe the procedures to be used to protect confidentiality of the data.

    Pseudonyms will be used from the transcription period and it will extend to the final write up phase. Identities will not be disclosed to any external party.

18. Does the protocol comply with UCT's Intellectual Property Rights Policy (including ownership of the raw data)?	Yes X		No

Section C: Financial and contractual information

		Yes		No
19. Is the study being sponsored or funded?				X

If yes:

19.1 Who is the sponsor/funder of the study?

		Yes		No
19.2 Are there any restrictions or conditions attached to publication and/or presentation of the study results?				No X
19.3 Does the contract specifically recognize the independence of the researchers involved?		Yes		No X

(Note that any such restrictions or conditions contained in funding contracts must be made available to the Committee along with the proposal.)

		Yes		No
20. Will additional costs be incurred by the department?				No X

20.1 If yes, specify these costs:

Section D: Statement on Conflict of Interest

The researcher is expected to declare to the Committee the presence of any potential or existing conflict of interest that may potentially pose a threat to the scientific integrity and ethical conduct of any research in the Department. The committee will decide whether such conflicts are sufficient as to warrant consideration of their impact on the ethical conduct of the study.

Disclosure of conflict of interest does not imply that a study will be deemed unethical, as the mere existence of a conflict of interest does not mean that a study cannot be conducted ethically. However, failure to declare to the Committee a conflict of interest known to the researcher at the outset of the study will be deemed to be unethical conduct.

Researchers are therefore expected to sign **either** one of the two declarations below.

a) As the Principal Researcher in this study (name:____Laura Lee Fortune_____), I hereby declare that I am **not aware** of any potential conflict of interest which may influence my ethical conduct of this study.

Signature: _L. Fortune_____ _Date: ___03 May 2016_____

b) As the Principal Researcher in this study (name: ____Laura Lee Fortune __), I hereby declare that I am **aware** of potential conflicts of interest which should be considered by the Committee:

Signature: ___L. Fortune_____   Date:___03 May 2016_____

Section E: Ethical and legal aspects

21. Have you read the UCT Code for Research involving Human Subjects (available from the UCT website)?	Yes X		No

Section F: Checklist   Tick

Application form	1 electronic copy	X
Covering letter and all other correspondence (e.g., ethics approval from other bodies, letters to parents, etc.)	1 electronic copy	X
Detailed proposal, including a 200-word summary/abstract	1 electronic copy	X
Consent/Assent form/s	1 electronic copy	X
Participant information sheet/Debriefing form (if separate from consent form)	1 electronic copy	X
Other documents (e.g., advertising posters)	1 electronic copy	X

IMPORTANT NOTES:

- All applicable sections of this application form must be filled in OR justified why not.
- All applicable signatures must be sought
- All additional number of copies must be included with application
- All incomplete applications will be returned to the applicant, leading to delays in review.

X