

Patterns of a culture of aggression by adolescents in a rural village of Mpumalanga Province, South Africa

Victoria Mhaule 1., Marie Poggenpoel 1., Chris Myburgh 2.

1. Department of Nursing Science, University of Johannesburg, South Africa

2. Department Educational Psychology, University of Johannesburg, South Africa

Correspondence to: Marie Poggenpoel

E-mail: mariep@uj.ac.za

Postal address: Office 6104e, Department of Nursing Science, Sixth Floor, West Wing North, John Orr Building, University of Johannesburg, C/O Beit and Nind Street, Doornfontein, Johannesburg.

Patterns of a culture of aggression by adolescents in a rural village of Mpumalanga Province, South Africa

Abstract

Background: Involvement of adolescents in aggressive behaviours and activities is on the rise in rural villages in Mpumalanga Province. There has been increasing concern by the members of the community, teachers, police and parents on the seriousness of adolescents' aggressive behaviours. Despite its everyday occurrences and its extensiveness, very little is known about the culture of aggression of adolescence in the rural community. There was a need for research in this area as it has been neglected by all institutions, understandably not realising that it could be such a big problem for everyone.

Objectives: To explore and describe the culture of aggression as observed in the rural community of Mpumalanga Province displayed by adolescents.

Method: A qualitative, exploratory, descriptive, and contextual research design was followed with an ethnographic approach. Purposive sampling was used to select participants. Data collection consisted of observations of 'rich points', interviews and field notes, artifacts, personal diaries, documents, health and social related reports, other documents like school reports on behaviour . Thematic data analysis and an independent coder were used.

Results: Findings of this study reflected three patterns of a culture of aggression displayed by adolescents, namely patterns of anger, self- destructive behaviours, and disrespect. The bases of these were neglect and lack of knowledge that adolescents model what they see and experience from the environment they live in.

Conclusion: The reality of the matter is that aggression is escalating. This high rate of a culture of aggression calls for putting sustainable measures in place to constructively manage a culture of aggression by involving all the stakeholders, such as the parents, teachers, community members, elders and the adolescents. Such involvement will enable all stakeholders to contribute and play their role in the management of the culture of aggression in the rural community in Mpumalanga Province as part and parcel of mental health promotion.

Introduction

Aggression is at problematic levels among adolescents in rural villages in South Africa. Regrettably, crime and violence in South Africa is a way of life (Le Roux & Mokhele, 2011:318). The perspective of rural adolescents, especially how they define the culture of aggression, how they recognise it in themselves, and how they respond to it, is poorly understood. Adolescence is a time of expanding vulnerabilities and opportunities of social and environmental exposure to life outside and beyond the home, family, and school. It is also a time of significant physical, biological, and psychological changes of rapid cognitive development.

Involvement of adolescents in aggressive behaviours and activities is on the rise in rural villages in Mpumalanga Province, South Africa. Aggressive behaviour may represent a normal developmental stage, or indicate a serious on-going mental health disorder that poses a safety concern. There has been increasing concern by the members of the community, teachers, police and parents on the seriousness of adolescents' aggressive behaviours.

In their article on adolescent aggressive behaviours, Estévez and Góngora (2009:1) found it difficult to define the term 'aggression' as it takes many forms, such as physical, emotional, psychological, and financial dimensions. The lack of studies in this area is of great concern due to the negative consequences these adolescents' aggressive behaviours have in the rural villages and on the mental health of the adolescents and community members.

Various explanations have been offered as to why South African adolescents are disproportionately involved in aggression and crime. Some of these relate to South Africa's past, to the high level of political and other forms of aggression, to which these adolescents were exposed. According to the World Health Organisation (WHO) (2010), the current context of high levels of unemployment and poverty in South Africa creates both the opportunity and incentive for adolescents' involvement in aggression and crime.

There are four levels of risk factors identified by WHO (2002:9) in adolescents turning aggressive, namely individual, relationships, community and societal levels that impacts the rural communities at large. The individual level's focus is on the early developmental history of the individual when aggression was first observed as well as the self-esteem of the individual. The relationship of the adolescent with their peers, their interaction with members of the family, teachers and members of the community is another factor. The individual belongs to the family which in turn forms a community, then a society, which is the fourth level involving the organisation of the community, for example gangs, poverty levels, law enforcement by officials, and societal interaction. All these factors play a role as potential influences in the increase of a culture of aggression by adolescents in the rural village.

Sadock and Sadock (2009:147) state that aggression implies the intent to harm or otherwise injure another person, an implication inferred from events preceding the act of aggression. Aggression is displayed by all age groups towards one another. There are numerous incidences of aggression in the daily news, yet some are not reported because of the different perceptions people have about aggression.

In the community, there are incidents of aggression displayed by different age groups towards other community members. Schools as community institutions are perceived as the breeding grounds of aggression, ignoring the fact that the pupils for adolescents learning behaviour, including aggression. Culture plays a major role in come to school from a home in the community (Rigby, 2002:123). Relationships start in the family and the values learnt from these families determine how people choose friends, mates and lovers, and also how they behave in association with others (Feist & Feist, 2009:483; Hill, 2002:152). The emphasis is on how the modelling process is responsible mapping the future of generations because it is transferred by the elders, from generation to generation.

In a study conducted by the World Bank (2012:257) on children and youth crisis revealed that young people are left without alternatives to poverty where there is widespread unemployment. They are more likely to join a gang or armed group as a means of survival. Delinquency, criminality and violence are generally correlated

with levels of poverty and unemployed parents. Those adolescents engage in risky behaviours which can have a life-long consequences, like smoking, drinking alcohol or engage in unprotected sex and may be costly in later life (World Bank, 2012:210). Poverty and unemployment of parents push the adolescents to the streets (Kheswa & Notole, 2014 :487; Mathews & Benvenuti, 2014: 26-33; Holborn & Eddy, 2011: 6-15).

Some of these aggressive behaviours are not constructively managed because the interventions come as punishment and are not relevant. Adolescents feel condemned with nothing to build them up for the future, frustrated, and resort to drastic measures like taking their own lives. The researcher realised that there were deeper problems that were not addressed by the current methods of having adolescents punished. There were no systems in place for handling the aggression; instead, a culture of aggression is escalating in the rural villages.

Problem statement

In communities today, parents and other community members feel disarmed and disempowered in many areas of bringing up their children. Most of the roles of parents are taken over by institutions like schools, which are also struggling with aggression, churches, non-governmental organisations, and other organisations in the community.

Parents are expected to work to be able to provide for their children. McAdams and Lambie (2003:1) found that inadequate parenting or lack of parenting due to the absence of parents, and disruptions in the families, are risk-factors associated with aggression in adolescents, especially in schools. Peer groups also play a role.

Every parent confronted by this problem is suffering in isolation because they feel it is their own fault that their adolescents behave this way. The creation of awareness in the community and support groups can assist in the management of this culture of aggression in the community. The question that arose from this problem statement was: what is the culture of aggression displayed by adolescents in a rural village in Mpumalanga Province.

Objective of this research

The research was guided by the following objective: to explore and describe the culture of aggression displayed by adolescents in a rural village in Mpumalanga Province.

Research method and design

Research design

In this research a qualitative, exploratory, descriptive and contextual research design was applied (Klopper, 2009:320, Creswell 2007: 35-47). A qualitative design was chosen to explore the culture of aggression, as a qualitative research method is largely an investigative process where the researchers make sense of a social phenomenon by identifying the patterns in it. (Miles & Huberman 2009:104).

An exploratory research design was followed in order to explore the culture of aggression displayed by adolescents in a rural village as very little is known about the culture of aggression (Creswell 2007: 35-47). This design would assist in understanding the culture of aggression in the context under study. The collection of information on the culture of aggression from the participants' perspective was explored and described (Brink & Wood 2006:119). This research design was also contextual, in that the research was conducted in the rural village of Mpumalanga Province.

Research method

An ethnographic approach was used to identify 'rich points' (Agar 1998:3-5) as well as 'insider' informants (Denzin & Lincoln 2006: 652-656; Moustakis 1994:1-4; Creswell 2003:199-205). A rich point (Agar 1998:3-5) was distinguished as an indicator or index noticed in the observations and other collected data that was unusual and thought-provoking.

Long-term engagements took place in the context of the rural village, homes, school,

community and the environment. All these efforts were continuously scrutinised and studied to identify rich point and prospective 'insider' participants of the culture of aggression. After data saturation had been obtained, this process stopped.

Population and sample

The accessible population for this sample was all the members in a specific rural village in Mpumalanga Province. The target group was adolescents displaying aggression and the parents, adolescents (both girls and boys), teachers, community members and the elderly in the rural village in interaction with them.

In this study a purposive sample was used. 14 adolescents, parents: 7 mothers and 4 fathers, 8 teachers, 7 community members, 11 elders in the community and 5 guardians participated in this research. Data saturation (Wolcott, 2009:45) on the patterns of aggression was reached with repeating information.

Data collection

Ethnography embraces the multiple techniques of collecting data and provides a real-world way of looking at a problem, applying social, cultural understanding to the topic under study (Wolcott 2009: 41-44). The fieldwork was conducted by means of prolonged engagement with the adolescents in the schools, homes and community gatherings by the researcher. The focus was on participant observation in order to identify 'rich points' in exploring and describing the culture of aggression. Artifacts and other documents like school reports on behaviours, personal diaries, document, health and social services reports were considered (Denzin & Lincoln 2006:103). Informal talks were held with involved persons who included adolescents, teachers, parents, community members and elderly in the rural village. Field notes were continuously made to support observations by the researcher conducting the study.

Meaning of the rich points identified and relevant to a culture of aggression was explored further in the form of interviews conducted with adolescents, parents, teachers, community members and elderlies. In - depth semi-structured face-to-face interviews were conducted individually to explore the phenomenon in question

(Service 2010:4-5). The interviews clarified the culture of aggression from the participants' perspective. The setting of the interviews allowed the individuals to tell their stories as they perceive the culture (Holloway & Wheeler 2013:87-88). The interviews were tape-recorded and transcribed verbatim.

Data analysis

Data analysis involves aiming to uncover and/or understand the big picture by using the data to describe the phenomena and what it means. It is essential for providing a broad base of insight on which typically a final course of action is recommended. The data of this research were used to describe the culture of aggression displayed by adolescents in a rural village. The data were analysed by Tesch's approach (Creswell: 2009: 156-157).

Excerpts from clarified observations and verbatim quotations from the transcribed individual interviews with adolescents, parents, teachers, community members and elders in the rural village were interwoven in this discussion. This was used to convey the participants' understanding of their day-to-day encounters in the rural village as a community (Neuman 2000:149).

Ethical considerations

Ethical principles were compiled with, to safeguard the dignity, rights, safety and well-being of all the participants in this study (Burns & Grove 2009:209). Dhai and McQueen-Mason (2011:40) draw attention to the importance of ethnographers' enactment of an ethical code, because they do not network in a vacuum, they work with people. Ethical measures were adhered to during the entire process. In order to ensure the ethical measures, Creswell's (2009: 12-13) framework was implemented: respecting rights of the participants, and honoring research sites and ethical context. Confidentiality and anonymity were ensured all the times.

Formal consent was obtained from the Chief of the rural village, the Mpumalanga department of education followed by approval from the Research Ethics Committee of the Faculty of Health Sciences of the responsible university. Thereafter consent

was given by the school principal, parents and participating community order. . Participants had a right to withdraw at any time from the study if they are no longer willing to take part Creswell's (2009: 11-13; Myburgh & Strauss 2016: 38-39; Van der Merwe 2013:38-40). After completion of the research interviews, possible misconceptions that might have arisen in the mind of participants were rectified by reflecting with them on the interactions.

Trustworthiness

In order to ensure trustworthiness of this research, Guba's constructs (De Vos, Schrunink & Strydom 2011: 419-421) was applied. There are four criteria the researchers need to satisfied, namely truth value through the strategy of credibility, applicability through the strategy of transferability, consistency through dependability and neutrality through confirmability. To ensure credibility, the techniques included spending 18 months in the field observing the participants in the natural settings before interviewing started. In addition triangulation was done by using different methods of data collection which included: multiple observations, interviews, documents, graffiti, photographs and audiovisual material (De Vos, Strydom, Fouché & Delport 2011: 277 & 284; Van der Merwe 2013:57). Peer review took place throughout the research process by two supervisors. Transferability was achieved by a rich description of the results with supporting direct quotations form the interviews and providing the demographics of the participants. Dependability was ensured by providing a dense description of the research methodology, and finally, confirmability was ensured by providing a chain of evidence throughout the research process by means of confirmability audit.

Discussion of results

The patterns of a culture of aggression by adolescents were outlined by the findings as perceived by teachers, parents, community members and the adolescents. The description of the rural village, including the schools and the environment supported the findings of the study. Descriptions of the observations and the interviews are presented in the form of field notes, reflections and verbatim quotations. Three patterns were identified for the description of culture of aggression in the rural village

and they were as follows: patterns of anger, patterns of self- destructive behaviours and the patterns of disrespect.

Patterns of anger

The patterns of anger of these adolescents at school and in the community are directed to every person and every situation they come across with, which could be parents, teachers, peers community members, building and any other objects in their paths and to life itself. The patterns of anger were evidenced by the verbal and non-verbal responses to simple conversation. Their anger was defined by the body language, through facial expression and acts of aggression observed in public. Most of the adolescents' anger was based on the frustrations in their daily lives due to physical needs not being met, lack of financial support from parents, absents of parents for psychological need due to death or neglect, unsafe community environments and lack of safety at schools. Excerpts for participants' interviews:

"Why are you looking at me?" (Adolescent)

"Our children have turned to be animals and we are scared of them" (Parent)

"Why are you here? I am a learner in this school not you! You failed to finish schooling and dropped out in grade 5 in you time. What do you think you are doing here? Go home. You will hear about what is happening at school from me." (Adolescent)

"I called in an adolescent who is my neighbour who stays alone, he is an orphan. He recently got a girl whom he got pregnant but violent towards her every day to call him to order. I don't understand why this boy is so angry. When I confronted him about his behaviour he told me that he can solve his own problems, he doesn't need old people like me to interfere into his affairs." (Community member)

“Fellow teachers, let us protect our pension funds we have worked for and saved. If the learners don’t do their school work, just ignore them and continue with those who are prepared to learn. Don’t punish them otherwise we will lose what we have worked hard for.” (Teacher)

According to Giddens and Callister (2007:197), this is a type of anger which indicates that the individual does not like the way one is treated or cannot tolerate the behaviour directed at her. Unpleasant events, physical pain, and personal insults, have been acknowledged by social psychologists as instigating aggression (Myers 2011: 578).

De Foore (2004:17) describes anger as a pressure cooker; it can only contain a certain amount of pressure. Exactly what happens to an individual if the anger is too much, is that the person explodes with aggression directed either at the self, others and even at objects. Anger and frustration give birth to aggression (Buie, 2004:89), and Small (2005:56) defines ‘anger’ as a response to what a person perceived to be ill-treatment.

Patterns of self-destructive behaviour

There are three models of self-destructive strategies described by Baumeister (1997:1-22) based on the basis of intentionality. These are:

Firstly, primary or deliberate self-destruction strategies, where individuals deliberately and intentionally hurts themselves. They choose an action that will bring them harm. Secondly, there is trade-off strategies were individuals literally and knowingly make a trade-off in a situation. They choose an option that has some benefit but also where there is the potential of harm to them. The risk of harm is accepted by these individuals as a necessary accompaniment to achieve certain goals. These persons have multiple goals and desires, but the situation sets the goals in opposition, such as choosing to do what will harm them so that if they fail later, they can blame their failure on the bad choice they made previously. Thirdly, there are counterproductive strategies that are self-defeating strategies. The individual neither desires nor foresees the harm to self. She/he pursues a desirable

outcome but chooses a strategy that backfires and produces the opposite of the desired results. The person pursues a positive goal but the method used to achieve it is negative.

Many adolescents engage in risky behaviours that can result in unintended health outcomes. According to the Centre for Disease Control and Prevention (2011), 400 000 teenage girls gave birth in 2009, and 8 300 between the ages of thirteen and twenty-four years were infected with HIV.

Patterns of self-destruction are the most dangerous. Some of the consequences are irreversible. The destructive behaviour ranges from drinking themselves into a stupor for the whole weekend, forgetting that they need to prepare for school, or attempting suicide. Alcohol leads to a lack of judgement and unprotected sex becomes inevitable, resulting in sexually transmitted infections, HIV and AIDS. Patterns of self-destructive behaviours include alcohol and substance abuse, pregnancy and suicide.

Alcohol and Substance abuse

A pattern of substance abuse is a way dealing with pains and coping with daily life pressures in their lives. Alcohol and dagga is easily available and affordable to many adolescents. The following are excerpts from the participants' interviews:

"We are not safe in the classrooms especially after social grant has been collected by these learners. They buy alcohol and dagga. They first smoke the dagga out of the school premises and bring the alcohol in cold drink cans. You only see the behaviour that what is being drunk is not what is supposed to be in that can." (Teacher)

My son is the problem. He passed grade 12 and he was sent for driver's license which he got. Now he is addicted to all types of drugs. He steals in the house and sells in order to buy the drugs. When trying to talk to him, he fights us. He doesn't have any respect

towards me. He breaks doors, insults and beats the kids. His bedroom is filthy”, (Parent)

“I also started using cocaine because I was angry with her for refusing to give me my money. This led to my school work lacking behind and I failed my grade 9 last year.” (Adolescent)

Pregnancy

Many adolescents are not prepared psychologically to become parents (Shaffer & Kipp, 2010:234). There is an increase of numbers of adolescents who are not using contraception and who are younger than eighteen years. Their reproductive behaviours have a link to the community characteristics. Evidence suggest that there is an increase number of adolescents firmly influenced by their environment (Gouws, Kruger and Burger, 2010: 207; DoE, 2011:35; Maseko, 2006:7; Panday, Makiwane, Ranchod & Letsoalo, 2009: 11).

“Our children these days prefer to stay with as unofficial daughters-in-law with men just because they feel abused here at home”. (Community member)

“This is hard. My daughters do not think of their future. They think I will live forever and provide for them always. I have a lot of hatred for my grandchildren. I do not want to see them. When I come back from work, I go to my room and close the door behind me.” (Parent)

Suicidal behaviours

Suicide is complex and multi- dimensional phenomenon stemming from the interaction of many factors (Gvion & Apter, 2012: 11). Suicide is a way out for the adolescents when they frustrated and angry to punish and hurt their parents.

“It was very traumatic when we saw the body hanging and no sign of life. We immediately contacted the police and the body was removed by the police. We comforted the woman and helped with contacting her relatives. We went back and informed the student body and the other teachers who did not go there. The learners were allowed to go home for the afternoon”, (Principal).

“He said he loved me but now he is gone. How am I going to live without him? I better die so that I don’t feel this pain”, (adolescent).

“We suspected that she drank poison because a glass with white liquid was found on the scene. It seemed she was pregnant and her boyfriend has apparently cheated on her. She was hurting. She urged her friends to take care of themselves”, (Police).

Patterns of disrespect

Lack of moral values start in the homes, extend to the schools and spread to the whole community in the village. Elders in the community are scared to guide their adolescents. The moral fibre is destroyed blaming democracy as the cause. Culturally any child in the community belongs to any parent and is every parent’s responsibility to guide, mould, and instil moral values in children.

Mostert (2004:15) states that when children enter adolescence, their logical and abstract reasoning skills increase and begin to question authority and test the limits of the new adolescent- adult roles. In that way the authority is provoked and challenged. Parents are alarmed by the growing problem of disrespect displayed by adolescents.

“It is difficult to try and guide someone’s child. Even the parents are not happy about it. They end up insulting you even in front of the children. That has robbed the adolescents the respect and moral values. The adolescents go to an extend of saying there in nothing you can tell them because their parents see nothing wrong in their behaviour” (Teacher).

“We are enjoying our youthfulness. We were not there during your times, leave us alone and mind your own business” (Adolescent).

“My child blatantly refuses to perform any of the chores like cleaning the yard or helping with dish washing” (Parent).

“I want to see what she will do if I don’t do what she asks me to do”, (adolescent).

“I told him that the shoes are expensive and I suggested that he buys a pair which cost only R500.00 even though it is still costing a lot. He looked at me and he said, ‘you must remember that it is my mother’s money that I refuse to give him. If his mother was still alive he would not tell me that”, grandmother. “he has been disrespecting too much. I am hurting”

Limitations

The findings are contextualised and cannot be generalised to other rural villages in Mpumalanga Province.

Conclusion and recommendations

The culture of aggression displayed by adolescents in the rural village poses a challenge to parents, teachers, community members, and to the adolescents themselves. Although there are studies available on the topic of aggression of adolescents, they were not done to include the community. The overall picture and implications that result from the analysis of observations and quotations require interventions. The patterns of a culture of aggression prevalent in the rural village were patterns of anger, self-destructive behaviours which included substance abuse, pregnancy and suicide, and lastly the patterns of disrespect.

The culture studied when viewed in perspective, the adolescents are seen as perpetrators and yet they are also victims of the culture and the environment they grow in. The patterns of anger, self-destructive behaviours and disrespect are from the previous generations and they escalate in the present generation. The root cause is multi-dimensional in poverty, low educational levels, lack of resources and guidance result in low motivation and interest among adolescents.

It is challenging to begin to address the patterns of the culture of aggression. A step towards addressing these challenges is firstly facilitating intrapersonal and personal respect while providing the basic survival needs such as food, shelter, and love which will promote self-love. A better future for these adolescents depends on how they see what lies ahead of them. Adolescents have to be assisted to figure out who they are at the present and where they fit in their community by helping them identify what contributed to their frustrations (Milevsky, 2014: 61)

Given the heterogeneity among adolescents' suicide attempters, there is no 'one size fits all' approach which will prove effective for suicidal adolescents. To add is the multi-developmental environment context compound the problem. Interventions will be effective when all the development contextual factors are recognised and considered. The incidence and suicidal attempts will be reduced when community education and awareness is increased, high

risk adolescents and families identified, and provide direct mental health services for individuals, group and community (Serna, 2011:1)

Relationships need to be cultivated that enables the expression of emotional, behavioural and social completeness between adolescents, teaches, community members and among the adolescents themselves. Adolescents need guidance from adults to acquire life skills.

Facilitation of self-love, self-knowledge, morals, values and respect among adolescents is necessary. Self-love and respect rekindle how adolescents treat others with sensitivity. Disrespect negatively affects the people around oneself resulting in fights, anger and feeling of rejection.

Having good morals means doing good for the benefit of others for the greater good, and behaviours that will make one gain respect from others. In other words, it means to behave lawfully (Lumpkin, 2008:45). The methods of teaching moral values are universal. It is the most important responsibility of parents, teachers, and community members. If the adolescents tell lies, steal or conduct any misbehaviour, people blame the parent first, then teachers, and other members of the community. Parents and teachers should be good role models as children copy them. If a school environment is not instilled with good morals, a good child loses their moral values (Lumpkin, 2008:48).

A moral value is a universally accepted ethical principle that governs the day-to-day living of life. These principles are important in maintaining unity, harmony, and honour between people. Moral values are usually communal and shared by the public in general, hence if there is no agreement among community members, no moral values will be established (Lumpkin, 2008:47). Schwalb & Schwalb (2007: 2-3) asserts that with a lack of respect for oneself, an adolescent may develop a negative self-concepts and lack respect for others, may lead to inability to function harmoniously with other people and create conflicts and isolation which is not good

for a person's mental health. Decrease in self-respect leads adolescents to act disrespectfully towards others as well as to themselves.

Parents, teachers, community members should model respectful behaviours and good moral values when interacting with each other and with adolescents. Adults should avoid shaming and blaming adolescents, such adult tactics incite disrespectful responses. It is important to practice mutual respect.

Acknowledgements

Competing interests

The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced this article.

Authors' contributions

V.M. (University of Johannesburg) conducted the research and wrote the draft manuscript. M.P. (University of Johannesburg) and C.M. (University of Johannesburg) revised and edited the manuscript continuously.

References

Agar, M., (1998), 'Show it, don't tell it: How to run an ethnography appreciation course',

Practicing Anthropology 18(2), 3-4.

Babbie, E., & Mouton, J., (2001). *The practice of social research*. 7th Ed. Oxford University, Cape Town.

Baumeister, R.F., (1997), Esteem threat, self-regulatory breakdown, and emotional distress as factors in self-defeating behaviour. *Review of general Psychology*,

1:145-174

Brink, H.I. & Wood, M.J., (2006), *Basic steps in planning nursing research*. 4th Ed. Jones and Bartlet, Boston.

Buie, D.H. (2004). *The dynamics of human aggression*. Routledge, New York.

Burns, N. & Grove, S.K. (2009). *The Practice of Nursing Research: Appraisal, synthesis and generation of evidence*. 6thEd, Saunders Elsevier, St Louis.

Centre for disease control and prevention. (2011).*Addressing adolescence pregnancy Challenges in the era of HIV*.

Creswell, J.W. (2007). *Qualitative enquiry and research design: choosing among five traditions*. London: Sage.

Creswell, J.W. (2009). *Research design, Qualitative, Quantitative, and Mixed Methods Approaches*. 3rd Ed. Sage Publications, Thousand Oaks, California

Dhai, A. & McQuiod- Mason, D., 2011. *Bioethics, human rights and health law: Principles and practice*, Juta, Claremont, Cape Town.

Denzin, N.K. & Lincoln, Y.S. (2005). *Handbook of qualitative research*, Sage, Thousand Oaks, California.

De Foore, W. (2004). *Anger in the workplace: Avoiding Liability for workplace violence: Anger management Institute*.

De Vos, A.S. (ed), Schurink, E.M. & Strydom, H. (2011). *Research at Grassroots: A Primer for the caring profession*, Van Schaik, Pretoria.

De Vos, A.S., Strydom, H., Fouché, C.B. & Deport, C.S.L. (2011). *Research at Grassroots for the social sciences and human service professionals*. 4th Ed, JL Van Schaik, Pretoria.

Estévez, E. & Góngora, J.N. (2009). *Adolescent Aggression. Towards parents: Factors Associated and Intervention Proposals*. Handbook of Aggressive behaviour, Nova Science Publishers, Spain.

Feist, J. & Feist, G.J. (2009). *Theories of Personalities*. 7th Ed, McGraw-Hill, New York.

Giddens, D. & Callister, R.R. (2007). Crossing The Line(s): A dual Threshold Model of Anger in Organisations. *Academy of Management Review*, 32(3):721-745.

Gouws, E., Kruger, N. & Burger, S. (2010). *The adolescent*. 3rd Ed, Heinemann, Sandton.

Gvion, Y. & Apter, A. (2012). Suicide and Suicide behaviour. *Public Health Reviews*, 34(2).

Ghosh, P. (2013). Babies Having Babies: teenage Pregnancies Destroying Lives and Futures of South African Girls. *International Business Times*, September, 5.

- Hill, J. (2002). Biological, Psychological and social Process in the conduct disorders. *Journal of Child Psychology and Psychiatry and allied Disciplines*, 43(1):133-164.
- Holborn, N. & Eddy, G. (2011). First step to healing the South African family, South African Institute of Race Relations. pp 6-15, Johannesburg.
- Holloway, I. & Wheeler, S. (2013). *Qualitative research in Nursing and Health care*. 3rd Ed, Blackwell Publishing, London.
- Kheswa, J.G. & Notole, M. (2014). Sexual Aggressive Behaviour Amongst males: A challenge for South African Parents, Schools and Society at Large. *Mediterranean Journal of Social Sciences*, 5 (10): 487.
- Klopper, H.C. (2009). *The qualitative research proposal*. Pretoria: Curationis, DENOSA.
- Le Roux, C.S. & Mokhele, P.R. (2011). The persistence of violence in South African Schools in search of solutions. *African Education Review*, 8(2):318-335.
- Lumpkin, A. (2007). Teachers as role models teaching character and moral virtues. *Journal of Physical Education*, 79(2): 45-48.
- Maseko, V. (2006). *Experiences of pregnant learners: Implications for interventions*. University of Witwatersrand, Johannesburg.
- Mathews, S. & Benvenuti, P. (2014). Violence against children in South Africa:

Developing and prevention agenda. University of Cape Town: Cape Town, pp 26-33

McAdams, C.R. & Lambie, G.R. (2003). A changing profile in schools: its impact to school personnel. *Preventing School Failure*, 47(3):1-13.

McAdams, C.R. & Lambie, G.R. (2003). A changing profile in schools: its impact to school personnel. *Preventing School Failure*, 47(3):1-13.

Miles, M. & Huberman, M. (2009). *Qualitative data analysis: a source book of new methods*, Sage, California.

Milevsky, A. (2014). *Understanding Adolescents for Helping Professionals*, Springer, New York.

Mostert, W.A. (2004). *The Adolescents' experience of authority: A comparison between adolescents living at home with their parents and adolescents in substitute care*, University of Johannesburg, Johannesburg.

Morse, J.M. (2002). Determining sample size. *Qualitative health research*, 10(1):3-5.

Moustakis, C. 1994, *Phenomenological research methods*, Sage, London.

Myburgh, C. & Poggenpoel, M. (2009). Meta-synthesis on learners' experiences of aggression in secondary schools in South Africa. *South African Journal of Education*, 29:445-460.

Myers, M.D. (2011). *Social psychology*, McGraw-Hill, New Delhi.

Neumann, W.L. (2000). *Social research methods: Qualitative and Quantitative approaches*. 3rd Ed, Allyn & Bacon, Boston.

Panday, S., Makiwane, M., Ranchod, & Letsoalo, T. (2009). *Teenage Pregnancy in South Africa - With specific Focus on school-going Learners*. Child, Youth, Family and Social Development, Human Sciences Research Council. Department of Basic Education, Pretoria.

Rigby, K. (2002). *New perspective on bullying*. London: Jessica-Kingsley, London.

Route, G. & Anderson, L. (2014). *Adolescent's violence in the home: Restorative Approaches to Building Healthy Respective family Relationships*, Routledge, London.

Sadock, B.J. & Sadock, V.A. (2009). *Synopsis of Psychiatry: Behavioural Sciences/Clinical Psychiatric*. 9th Ed,. Lippincott Williams & Wilkins, Philadelphia.

Schwalb, D.W. & Schwalb, B.J. (2012). Respect and Disrespect. Cultural and developmental origins. New directions for child and adolescent developmental series *Child and Adolescent Development*, 114, J-B CAD single issue.

Serna, P.(2011) *Adolescents suicide Prevention Program Manual : A Public Health Model*.

Service, R., 2010, 'Conducting focus group research', *Journal of College Admissions* 1989, 4-7.

Shaffer, R.D. & Kipp, K. (2010). *Developmental Psychology: Childhood and adolescents*. Wadsworth, London.

Wolcott, H.F. (2009). *Ethnography: a way of seeing*, Altamira, Walnut Creek, CA.

World Health Organisation. (2002). *Adolescents Health Friendly Services: An Agenda for Change*. Geneva: Switzerland.

World Health Organisation. (2010). *10 facts on adolescent health*, WHO, Geneva.

World Bank (2012). *Children and youth in Crisis: Protecting and Promoting human Development in times of Economic Shocks*. Lundberg, M & Wuermill, A. (editors), The World Bank, Washington, DC