

Black Adolescents Experiences of Domestic Violence in South Africa: A Solution Focused Group Therapy Intervention Approach

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Abstract

Violence against in all its forms continues to be a global challenge that many countries struggle to effectively address. It is however devastating when violence takes place in our own safe havens, our homes, perpetrated by those who profess to love us. Violence is one of the most pervasive of human rights violations, denying the victims dignity, self-worth, and their right to enjoy their fundamental freedom to safety and security. This research focuses on Black adolescents experiences of domestic violence. It further explored Solution Focused Group Therapy as a contextually relevant therapeutic approach that can be used to address the challenge of domestic violence with Black adolescents. A qualitative approach to research using a case study design was adopted. A purposive sample of three Black adolescents, one boy and two girls, who have experienced domestic violence were used as participants. Data was collected during group therapy sessions using participant observation, field notes and document analysis which was then analysed through content analysis. The salient findings of the study revealed four main themes namely: 1) the adolescents' attitudes towards therapy; 2) the adolescents' experiences of domestic violence; 3) how adolescents related to Solution Focused Group Therapy; and finally 4) the need to contextualize Solution Focused Therapy techniques when working with Black adolescents. The study further revealed Solution Focused Group Therapy as best suited for black adolescents within the South African context. However, some Solution Focused techniques and concepts had to be adjusted to fit with the African culture. The finding further provided a new perspective on domestic violence in Black communities and the value of group therapy for black adolescents. The information which has emerged from this study may be useful for psychologists working with black adolescents.

Keywords: Adolescents. Black. Domestic violence. Solution Focused Group Therapy

1. Introduction

Violence in all forms has reached devastating levels in South Africa. All of us experience some form of violence at one stage or another of our lives. By being part of a violent society, our lives are touched and tarnished by violence. We become victims of violent actions directly or indirectly and experience it first-hand or via the media (Flood & Fergus, 2008). According to Mutiso et al. (2010), violence is prevalent in all societies to a greater or lesser extent, and will take various forms depending on circumstances such as war, political oppression, democratic freedom, a military coup, or acts of terrorism. However, when for whatever reason the nation becomes severely polluted by violence, the corrosive effects permeate all layers of society, damaging natural institutions, community life, and family life so that no individual remains untouched by its vicious presence.

In South African Black communities, we currently witness high volumes of violent socio-political and economic service delivery protests. In addition, violent crimes such as shootings, hijacking, taxi violence, murders, armed robbery, theft and violence against the elderly, women and children have become common and constitute an intricate aspect of people's lives that seems inescapable at present. During these times, people learn to adapt, adjust and to pray that nothing violent happens to them or any of their loved ones. However, when the violence emanates from the haven of their existence, their home, by the very people that profess to love them, that they trust implicitly and that are their role models, then the very fabric of their existence is shaken to the core (McIntosh, 2002). This form of violence does not only result in the death of the body, but it results in the death of one's soul.

Despite intense commitment at all policy making levels to address different forms of violence against women and children (Domestic Violence Act No.116 of 1998), media reports still show a high level of domestic violence (Faul, 2013; Malan, 2013). According to Statistic South Africa (2012) reports, domestic violence is amongst crimes perceived to be most common by South Africans. However, these statistics fail to give accurate figures of domestic violence as this form of crime is included under the broad category of assault. According to the South African Institute of Race Relations media

report of February 2013, an average of 2 488 adult women have been murdered in South Africa every year over the past six years (2007-2013). In the report, Moloi (2013) further states that "if data for all violent assaults, rapes, and other sexual assaults against women are taken into account then approximately 200 000 adult women are reported as being attacked in South Africa every year. The real figure is in all probability considerably higher, as anecdotal evidence suggests that reporting rates may be significantly lower than the number of incidents taking place every year." These statistics call for an urgent need for prevention and intervention strategies for women and especially children exposed to domestic violence (Vermaak & Jansen van Rensburg, 2003).

Although a number of encouraging initiatives to curb the ordeal is taken by various progressive groups, the South African Government still lacks a nationally coordinated strategy that can systematically address the problem holistically in the criminal, law enforcement, health and welfare systems. Many other factors contribute to this lack of coordination, the major ones in Black communities being the cultural phenomenon of African masculinity and patriarchal attitudes in the society which views domestic violence as a 'private and family matter' whereby violence against mothers and children by their fathers or violence by older brothers to their siblings takes place under the disguise that men are policing their family (Flood, 2004; Flood, 2013; Flood & Pease, 2009; Mashishi, 2000). Violence is seen as being a compensatory mechanism where African men have sought to reassert their masculinity within the families and in the process have learnt to be violent. Violence is therefore seen as a socially sanctioned means of resolving conflict.

There is considerable research available on the needs, effects and experiences of women affected by domestic violence (Abramsky et al. 2011; García-Moreno, et al. 2005). However, research relating to children and adolescents' experiences of domestic violence is few and far between. More so, research on Black South African adolescents and relevant therapeutic interventions is far lacking. In view of the disproportionately high levels of domestic violence, and the increasing impact it has on children and adolescents, this article discusses black adolescents' experiences of domestic violence. It further explores the use of Solution Focused Group Therapy (SFGT) as a contextually relevant therapeutic intervention to support Black adolescents experiencing domestic violence in South Africa. However, some concepts used in the Western perspective within this intervention need to be modified to ensure their relevance within the South African context. The article ends with recommendations for psychologists on how to use SFGT when working with Black children and adolescents. The next section focusses on the conceptual discussion of the phenomena of domestic violence, Black adolescents and SFGT.

2. The Phenomenon of Domestic Violence

While South African streets have become dangerous for all, the home is often perceived as the most dangerous place for women and children (Fedler & Tanzer, 2000), as perpetrators to acts of domestic violence are often known to victims, and may be their partners, uncles, grandparents or acquaintances. It is not just the high rate of violence, but its meaningless, excessive and brutal nature, which is a great cause of concern. Many studies show that there are various factors that lead people to be violent within their families (Mutiso et al., 2010). Whatever the reasons behind the violence, most children and adolescents become the silent and unnoticed victims of these violent acts (Flood & Fergus, 2011; Martinez-Torteya et al., 2009). The primary victims at risk of domestic violence are not only partners; but domestic violence also impacts negatively on the development of children who witness it (Vermaak & Jansen van Rensburg, 2003). This is even worse when adolescents find themselves trapped in that violent situation.

By its own nature, violence is both a social and public health problem as it affects not only the victim, but becomes a vicious circle for the whole community where the causes and events feed into each other (Concha-Eastman, 2000). According to (Midlarsky et al., 2006), episodes of domestic violence lack the beginning or ending period, instead they form part of a continuing relationship, which turns out to be a vicious circle. Walker in (Braverman, 1988) distinctly explains this vicious cycle in three phases. The tension-building phase sees the perpetrator looking for mistakes made by the targeted victim. This phase is surrounded by minor battering where the victim is made to fear and be apologetic to the perpetrator. During this phase the victim tries to avoid upsetting the perpetrators and learns various techniques of staying out of his way, never allowing herself to show anger towards the abuser. However, this leads to the second phase. During the second phase the perpetrator physically abuses the victim. At this stage the victim "gets the beating whatever her response is". The third and final phase is the most controversial stage of violence as the perpetrator apologizes and promises not to do it again. He buys gifts and cries for forgiveness. At this stage the victimization is complete as the woman carries on in the relationship and "becomes an accomplice to her own battering" (Braverman, 1988). The scourge of domestic violence affects all children in the family, but more so the adolescent child who is at the developmental stage of self-discovery and self-identity, thus having excessive need for support, help and commitment from the family. During episodes of domestic violence, these adolescents find themselves being helpless and unable to intervene, leading to

feelings of self-doubt, withdrawal and socio-emotional adjustment challenges (Deepshikha & Suman Bhanot, 2011).

3. Adolescence and Domestic Violence

Adolescence can be defined as the transitional phase from childhood to adulthood. The onset is marked by the physical changes characteristic of puberty (Lefson, 1997). Adolescence is considered complete when young people accept adult roles and responsibilities, including sexual independence. It is during this phase that important lifestyle decisions are made (Greathead, 1998). The study of adolescence is a study of contrasts, change, experimentation and growth (Lefson, 1997). The society in which the adolescents grow has an important influence on their development, relationships, adjustments and problems. The expectations and pressures of the society mould their personality, influence their roles and guide their futures. The structure and functions of their families and the society either help them fulfil their needs or create new problems by stimulating further tension and frustration.

The ability to express emotions and articulate feelings of lowered mood is tied to cognitive maturity, which is in the process of occurring at this stage of development (Long et al., 1987; Paterson, et al., 2002), thus making it difficult for the adolescent to express the pain s/he is feeling. Adolescents are often afraid of being overwhelmed, they feel vulnerable and need a strong family structure (Deepshikha & Suman Bhanot, 2011). They need rules and understanding that parents care about them and that they care about their parents. In this respect, Wallerstein and Blakeslee (1990, p.171) claim that:

“Parenting is never more needed, nor more challenged than with adolescents. As youngsters deal with the impulses of the increasing sexual maturity, they need to know that the world has stability, that there is right and wrong, give and take. Moreover, it is critically important for adolescents to have a home that is a safe haven when the world gets too competitive, too hurtful or too frightening”.

According to McIntosh (2002) adolescence is a stage of life when healthy parents are expected to make their adolescent child's life experiences manageable, tolerable, and thinkable. Their role is to allow life's rough, real experiences into their children's lives in ways and means that can be thought about and integrated usefully into increasing capacities to function independently in the world. However, in families where domestic violence reigns, adolescent children miss out on all these socio-emotional support structures and this has the potential to negatively influence their lives.

According to Vermaak and Jansen van Rensburg (2003) it is during the adolescent stage that children who are exposed to domestic violence are prone to adopt maladaptive coping strategies. They may also find it difficult to establish healthy relationships or tend to imitate the maladaptive practices they are exposed to at home. While adolescent girls may develop negative attitude about relationships and marriage, adolescent boys often copy their fathers and start abusing their mother or partners (Vermaak & Jansen van Rensburg, 2003). With all these polarities it is easy to understand that adolescence is typically a turbulent and fast moving time that accentuates loneliness and isolation. When domestic violence becomes overwhelming to these adolescents, and they are in need of interventions that will help them to cope and be resilient, then a Solution Focused approach to intervention is one way to meet their needs.

4. Solution Focused Group Therapy (SFGT)

According to Feltham (1997), people in difficulty are doing the best they can, but often unintentionally dig deeper holes for themselves. It is during this period that such people find themselves unable to draw on their emotional resources to deal with their problems. At this stage the primary result they want is to find solutions for their problems. The Solution Focused approach to therapy fulfils this need.

Solution Focused Therapy (SFT) is a brief systems psychotherapeutic approach with the goal of accomplishing client change (Sharry, 2001). The approach views therapy as a multidisciplinary collaboration between two experts, the client and the therapist, with the view to reaching shared solutions (Proschaska & Norcross, 1999). O'Connell (1998) views SFT as a dialogue where both the therapist and the client construct the problem and the solution as partners. It is therefore a language game whereby meaning is reconstructed from the stories we bring into therapy to subjectively and culturally describe our realities.

This approach is very future-focused and moves away from a problem focus to a solution construction with clients. Therefore the emphasis of treatment shifts from trying to understand the problem and how to help the client solve it, to asking clients' questions and prescribing tasks to help them focus on their own perception of needs and goals. SFT also

focuses on the client's "own existing and potential resources" for solutions (Feltham, 1997, p.37). Solution Focused therapists believe that answers cannot be found in the past, and must be looked at in the present and the future: "We cannot change our past, but we can change our goals" (Proschaska & Norcross, 1999, p.440).

Various SFT techniques using ideas from Milton Erickson have been developed by de Shazer and associates (1985, 1988, and 1991). De Shazer valued the principle of 'utilisation' (Rhodes, 1993, p.27). This principle promoted the use of clients' own resources, strengths, beliefs and behaviours in the direction of change. De Shazer (1985) saw the key to brief therapy as:

"utilizing what the client brings with to meet his needs in such a way that the client makes a satisfactory life for himself"
(in Rhodes, 1993, p.27).

Techniques developed for SFT are problem-free talk, goal clarification, exceptions, and miracle questions, scaling questions, compliments and messages and tasks (Wheeler, 2001). This approach to therapeutic intervention and its techniques can be used in both individual and group settings.

Sklare (1997) views group therapy as applicable in SFT as it resembles family therapy in that group members provide feedback to each other based on their observed interactions in therapy. SFGT aims at bringing people together to support and encourage one another towards similar goals. A therapeutic group aims at creating a group culture that is positively influential, so that members can literally learn 'how to feed' one another. Its focus is to establish goals that are "collectively and mutually beneficial to group members so as to harness the group's resources and strengths which will empower members to make realistic steps towards their set goals in the short term" (Sharry, 2001, p.1).

Considering the context of South African Black communities, where therapy is still a novel phenomenon and there is dearth of psychological support services, Metcalf (1998) proposes that the use of SFGT will allow practitioners to serve more individuals efficiently. The author further suggests that using a SFGT setting can be uplifting, especially when working with individuals struggling with a complex phenomenon such as domestic violence (Metcalf, 1998). Another advantage of applying SFGT to community settings is its ability to create a sense of community solution-building and collectivism amongst group members, which is an inherent part of the philosophy of UBUNTU (Mbigi, 1997; Mokgoro, 1998). How SFGT was applied with Black adolescents who had experienced domestic violence is explained in the next section.

Although a number of encouraging initiatives to curb the ordeal is taken by various progressive groups, the South African Government still lacks a nationally coordinated strategy that can systematically address the problem holistically in the criminal, law enforcement, health and welfare systems. Many other factors contribute to this lack of coordination, the major ones in Black communities being the cultural phenomenon of African masculinity and patriarchal attitudes in the society which views domestic violence as a 'private and family matter' whereby violence against mothers and children by their fathers or violence by older brothers to their siblings takes place under the disguise that men are policing their family (Flood, 2004; Flood, 2013; Flood & Pease, 2009; Mashishi, 2000). Violence is seen as being a compensatory mechanism where African men have sought to reassert their masculinity within the families and in the process have learnt to be violent. Violence is therefore seen as a socially sanctioned means of resolving conflict.

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5. Research Paradigm

The article followed a qualitative paradigm with its distinctive role of not only understanding how Black adolescents experience domestic violence, but also as a way of creating a knowledge base for practice and policy in the field of educational psychology. An exploratory case study design was utilized as a qualitative method to help facilitate an in-

depth understanding of the situation and meaning for these adolescents. Since this was a sensitive research topic, finding participants amongst my existing adolescent clients was difficult as those who came for therapy were barred from returning for therapy once parents became aware that they had disclosed their family situation of violence. I therefore used purposive sampling to get participants for the study. The participants were three Black adolescents, one male and two females, who had experienced domestic violence. The ages of the adolescents fell within the range of 14-18 years old. Two of the participants were orphans; one had a father, but was not living with him. All were living in a boarding school, which also served as a children's home. To have access to the participants for this study, the school which acted as foster parents and gatekeepers was approached to obtain the necessary permission. Although all learners in the school had different challenges, the three were identified as they fitted the criteria for the study, which was that they had to be Black and should have experienced domestic violence as adolescents in their families. The participants were then requested to participate and time was taken to explain the aim and background of the research to the participants. Great care was taken to say just why that particular group was requested to participate, without leaving them to wonder 'why them?' These adolescents were observed during therapeutic intervention sessions that aimed to address their experiences of domestic violence.

5.1 Data collection

In order to understand more fully this study data were obtained through an integration of multiple methods used in an integrated rather than an eclectic way. Participant observations were used to systematically record SFGT sessions. As a researcher, I was directly involved in intervention process with the participants in six sessions over a period of four months as I served as their therapist, thus being a participant observer of the therapeutic sessions. During this period, with the permission from the caregivers and participants, the researcher recorded and transcribed therapy sessions. The researcher also took therapy process notes and made observations of issues that presented difficulties to participants as well as those parts of therapy to which they found it easy to relate to. To ensure a rich description of data, these observations were recorded in the field notes which were used as a place for ideas, reflections, hunches, and notes about patterns that were emerging. It also became a place for exploring my own biases because of the dual role I played as a researcher and therapist.

5.2 Data analysis

The analysis of the data was based on the content analysis method of data presented in the transcripts, field notes and observations. The content of the data were analysed for themes and recurring patterns of meaning. In this research the experiences of domestic violence by adolescents is analysed by formulating categories from the obtained data. The aim is to understand the in-depth experiences of these adolescents and exploring Solution Focused Group therapy as an alternative therapeutic approach in dealing with these experiences. Raw data in this study were transcribed verbatim and processed by making use of contextual and chronological clustering techniques (Le Compte & Schensul, 2010) to see what things were the same, and which went together and which did not. Data was reduced to manageable proportions with the objective of identifying emerging themes and patterns.

5.3 Ethical consideration

All pivotal ethical issues were taken into consideration in this research. All participants were clearly made aware of their rights to withdraw from the research at any time, without any explanation or prejudice. Informed consent to conduct the research was obtained from the participants' caregivers and the school and informed consent was obtained from all three participants. No participant was coerced, thus making the participation voluntarily. Confidentiality and anonymity were closely monitored to protect the participants' privacy.

6. Findings and Discussion

The findings of this research yielded four main themes which were common to all participants, namely: adolescents' attitude towards therapy; adolescents' experiences of domestic violence; the use of Solution Focused Group Therapy with Black adolescents; and the need to contextualize Solution Focused Therapy techniques when working with Black adolescents. The themes obtained from this research were viewed as the reality that the participants (Black adolescents) have experienced through their exposure to domestic violence.

6.1 Adolescents' attitude towards therapy

Adolescents who have experienced domestic violence are confronted with a variety of emotions related to their personal and life experiences. The research findings revealed that participants were uncomfortable and anxious about therapy because the concept of therapy was unfamiliar in the African context. This made them to adopt a visitor-type role at the beginning. However, the collective nature of the process and the group cohesion helped participants move from a visitor type relationship to a consumer type relationship (De Jong and Berg, 2013). This change of attitude was succinctly expressed by Tshepo who stated that:

I never thought I will ever attend this thing (referring to therapy). For me it was only for white and rich people. But now, I am happy that I jumped for the opportunity and was never ashamed like my other school mates.

In addition to attending therapy, which was strange for them, participants initially found it difficult to talk about domestic violence in a therapeutic setting in the presence of others due to its 'private' nature in the African culture. One of the participants even asked "do we have to talk about this thing". When asked why he referred to it as "this thing", he responded by saying "mom always told me it was a family matter". These statements confirm that the notion of domestic violence was perceived as a private family matter within black families. Mutiso et al, (2010) also reported the same experiences in his study in Kenya. Silence was being perpetuated by both family and community members' lack of intervention as they viewed this as a private matter between husband and wife (Flood, 2004).

Although one of the participants' attitude towards therapy was positive as she said she had seen how it helped other children on TV movies, a sense of group cohesion was observed in Bonolo's reason for coming. "I came because they (pointing to the two other participants in the session) were coming, otherwise if I was alone, I wouldn't have come".

Nonhlanhla referred to one of the solution focused techniques of miracle questions as a positive experience and said:

I can say believing in miracles has helped me a lot because now I can see where I am going, I can see my future. ...I have never experienced such a thing (therapy) where we can talk about our problems and get support.

Taking into consideration the peculiar yet positive therapeutic intervention experience by all three participants, it is sufficient to say with the contextually relevant approach, Black adolescents attitude to therapy can be changed from being negative to a challenging but positive experience that can support their innate ability to be resilient and be a source of hope for them. Therapy was thus viewed in a positive way.

6.2 Adolescents' experiences of domestic violence

All participants experienced domestic violence in a negative way. They all had bad memories of their exposure to domestic violence. These experiences ranged from helplessness to trauma and loss. According to data collected, none of the three adolescents experienced domestic violence from their parents as perceived by literature. For instance, Tshepo initially witnessed violence from his brother to his mother, and he later was also a victim of these violent outbreaks by the brother. During the sessions Tshepo said:

I never knew my father and my elder brother played this father figure in the house. He was a criminal and used drugs; he would come home, harass and beat my mother, demanding money for his drugs. As I grew up I became his victim too. Mom couldn't say anything and I couldn't take it any longer, so I ran away from home.

In Nonhlanhla's case, she witnessed violence from her paternal grandmother to her mother after her father's death. Nonhlanhla reported that after the burial, her grandmother "ill-treated my mother and wanted to control all that our father left". Although she reports that her mother was a strong woman who tried to fight back, she recalls that six months later her grandmother "took all of my father's belongings and chased my mother way", who refused to go. Her mother unfortunately died "mysteriously" a few months later. She was then sent to an orphanage and landed in her current school.

These stories gave a new perspective of domestic violence in the African family system. Looking at the broad African view of a family, this study revealed that domestic violence is not necessarily limited to spousal violence. Therefore, as psychologists, when dealing with family issues, there is a need to look at the broader system. From the participants' viewpoint, all their parents had excellent relationships with one another. However, due to the composition of

the African family, other members of the family were involved and were perpetrators of domestic violence against their parents. Based on this finding, there is need to explore domestic violence beyond the lenses of spousal abuse or parent-child abuse, but also to look at the role played by other family members in perpetuating violence.

The research findings also demonstrated lack of basic services for Black adolescents exposed to domestic violence, either as witnesses or as victims to the violence. Despite their long term exposure to domestic violence, participants have never been exposed to any psychological support before. What is surprising is the fact that they all went through the hands of various professionals such as social workers and police child protection units, who are expected to have observed the need for such support, but they were left to adapt to the situation on their own. This can be viewed as a missed opportunity for our support services in the country for such children.

6.3 The use of solution focused group therapy with black adolescents

The findings revealed that the use of Solution Focused Group Therapy in Black adolescents experiencing domestic violence has been found to be helpful. The adolescents related to the Solution Focused Therapy approach the following was seen as benefits of the approach and shows how well the adolescents related to the approach:

- Solution Focused Group therapy offered the adolescents an opportunity to discuss the violence, address their anger towards the perpetrators and be able to focus on solutions rather than on problems.
- Group therapy offered the adolescents the communal support that is important within the African culture. This approach broke the isolation and offered its members an opportunity to tell their stories in the presence of others who closely identify with the experience (Cook, 2009)
- Through the use of Solution Focused Group Therapy, participants were able to give each other solution focused messages that depicted their acknowledgement that they could not change their past, but they could change their goals (Prochaska & Norcross, 2010). This was explicitly stated in one of the participants saying "okudlulile, kudlulile", meaning what is past is gone.
- Solution Focused Therapy offered the participants an opportunity to realize their inner potential and that they had all they needed to solve their problems, enabling them to focus on the future. Focusing on solutions helped them facilitate change in the desired direction.
- The findings also revealed the value of utilizing the client's resources, strengths, beliefs, and behaviours in the direction of change (Rhodes, 1993). This was observed by the researcher that as soon as she moved the focus from a problem talk to a solution talk, and asked clients about the resources that helped them cope, the session's mood changed from psychologically distressed to a problem free talk, which was future oriented and created conversations dealing with the person's interests and strengths, therefore inviting the clients to talk about aspects of their life other than the problem (De Jong & Berg, 2013; Wheeler, 2001).

6.4 The need to contextualize Solution Focused Therapy techniques when working with Black adolescents

An important aspect of the findings was the use of Solution Focused Therapy techniques. The participants' reaction to the different techniques used is noteworthy. The researcher found it easy for participants to go into problem free talk as illustrated by Solution Focused researchers (De Jong & Berg, 2013). They could also relate well to exceptions in their lives. The researcher concluded that this could probably be ascribed to the customer relationship they had with the researcher-therapist (De Jong & Berg, 2013, Metcalf, 1998). Another reason was that they found it more comforting to talk about good times than focusing on their bad experiences and memories. However, it was interesting to note the role language plays in therapy. In asking the miracle question, the researcher had to adjust to using language that they could relate to. Instead of using 'miracle', which they struggled to understand, the researcher changed to 'magic' and 'dreams'. The latter was suggested by one of the participants in trying to get more clarity. In using the scaling question, the researcher observed that the participants struggled with this technique. Despite several explanations, the participants scored at ten. This could be attributed to a variety of reasons. However, the researcher hypothesized the following reasons for the high scaling:

- Participants might have found it difficult to understand the concept of scaling on the one hand, on the other hand, the researcher might not have been able to clearly explain the technique to the participants in simple terms.
- In the African context, we are expected to respect adults and to always please them, more especially if those adults are regarded as 'important people' in the community. Therefore, the high score in the scales could have

been to impress the researcher and for them not to be viewed as failures. Therefore the researcher could not take the scaling scores as a true reflection of the participant's improvement. This does not however mean that the participants did not improve. To provide for the scaling, the researcher then decided to move beyond ten, consequently, more information was found.

As a solution focused therapist the value of compliments are observable in the clients' reactions to the affirmations when you offer the compliments. If your observations connect, clients will smile, shake their heads in agreement or say 'thank you'. This is important in therapy as it assures the therapist that the compliment makes sense to the clients (De Jong & Berg, 2013). Compliments and messages worked excellent in this study as participants gave each other messages and complimented one another for the achievements. This reflected a lot of group cohesion and a sense of collectivism amongst group members. The findings also revealed that the participants had concern for one another and valued each other. The feel of a family, as depicted in an African sense, was eminent in the group. Group values featured aspects that created a family membership, which was also depicted as a key aspect in both their individual and group collages. Despite these negative experiences, all participants had their positive experiences. They all recall having good family memories with their parents and siblings. This was well displayed in their miracle collages where good times with the parents were clearly expressed. Through these positive experiences, they experienced a renewed sense of their own inner resources. This was evident in their comments such as "this is now my new family", "we are happy together like families are" and "we have no one, so we have to be there for each other like normal families", indicating their need to recreate a new family amongst themselves.

7. Conclusion

Domestic violence in all its forms impacts not only on the socio-emotional wellbeing of the victim, but also on the significant others in the system such as children. The adolescent stage is a critical development period for children within the family system, therefore experiencing domestic violence, whether as victims or witnesses, can negatively influence the future of adolescents exposed to this form of violence if no interventions are put in place. The article discussed Black adolescents' experiences of domestic violence. In addition, the researcher wanted to establish whether SFGT can be a contextually relevant therapeutic intervention approach to support Black adolescents who have experienced domestic violence in South Africa.

The study findings indicated that Black adolescents attitude towards therapy was influenced by their social context. Although they initially were not engaging in the session, once they warmed up and were able to relate to both the therapist and the group therapy process, their attitude was experienced as positive. The researcher learnt that participants experienced domestic violence at a different level than generally perceived. They experienced domestic violence from the extended family members and this heightened awareness of the broadness of the concept of domestic violence from an African perspective. The use of SFGT offered the participants the opportunity to share their stories of domestic violence as well as witness the courage and resources they possessed. Finally, the need to contextualize SFGT techniques when working with Black clients was an important theme to consider as it had implication for practice on how therapists can modify this approach to effectively support Black clients using SFGT.

The results of this study suggest that SFGT may be a useful therapeutic intervention approach when dealing with Black adolescents experiencing not only domestic violence, but other socio-emotional challenges in their lives. Thus, through sharing these stories of success and courage – stories that sometimes go unnoticed, the adolescents will be encouraged to re-invent themselves and thus be able to break the cycle of domestic violence. This research can therefore be seen as being beneficial in the field of educational psychology to improve the lives of many children.

8. Recommendations

- There is a great need of information and support for Black adolescents experiencing domestic violence and other psychological problems, both in terms of psychological services available and education regarding the value of such services. Such information must be made available in terms of posters and advertisements in places where adolescents spend most of their times such as schools, churches, sports grounds, shopping centres, local primary health care centres, street corners and the media.
- Establish support groups for children and adolescents where they will be given an opportunity to disclose without being threatened and to allow them a chance to talk to others who are going through the same ordeal. This could also be facilitated by trained peer counsellors under the supervision of a professional.
- Solution Focused Therapy should adapt and utilize metaphors and concepts that are contextually relevant to

the African communities.

- Solution Focused Therapy can be used by lay counsellors and teachers to reach more adolescents experiencing other socio-emotional and psychological challenges.
- Further research on the coping strategies used by children and adolescents witnessing and/or experiencing domestic violence is warranted. Other research on the different experiences and reactions to domestic violence between adolescent boys and girls will also benefit practitioners to support those affected by these challenges better.
- Research on the role of SFGT in communities experiencing other socio-cultural, medical or psychological challenges such as divorce, HIV and AIDS, homosexuality, child households and teenage pregnancy is also necessary.

References

- Abramsky, T.; Watts, C.H.; Garcia-Moreno, C.; Devries, K.; Kiss, L.; Ellsberg, M.; Jansen, H.A. & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, (11)109, 1-17.
- Braverman, L. (1988). A guide to feminist family therapy. New York: Harrington Park Press.
- Cook, P.W. (2009). Abused men: The hidden side of domestic violence. 2nd Edition. USA: Greenwood Publishing Group.
- Concha-Eastman, A (2000). Violence: a challenge for public health and for all. *Journal of Epidemiology and Community Health*, (55), 597-599.
- De Jong, P. and Berg, I.K. (2013). Interviewing for Solutions, 4th Edition. USA: Brooks/Cole Publishers.
- De Shazer, S. (1985). Keys To Solutions In Brief Therapy, W.W. Norton and Company London.
- Deepshikha & Bhanot, S. (2011). Role of Family Environment on Socio-emotional Adjustment of Adolescent Girls in Rural Areas of Eastern Uttar Pradesh. *Journal of Psychology*, 2 (1), 53-56.
- Diale, B.M. (2003). Black adolescents and domestic violence: An exploratory study using Solution Focused Group Therapy. Unpublished dissertation. Johannesburg: Rand Afrikaans University.
- Faul, M. (2013). South Africa Violence Against Women Rated Highest In The World. *The World Post*: 03 Aug 2013.
- Fedler, J. & Tanzer, Z. (2000). Reclaiming women's spaces: New perspectives on violence against women and shattering in South Africa. Johannesburg: Nissan Institute for Women's Development.
- Feltham, C. (1997). Time limited counselling. USA: Sage publications, Inc.
- Flood, M. (2004). Domestic Violence. In M. Kimmel, & A. Aronson (Eds.), *Men and masculinities: A social, cultural and historical Encyclopedia*. (pp. 234-239), Volume I:A-J. California: ABC-CLIO Inc.
- Flood, M. (2013). Engaging Men from Diverse Backgrounds in Preventing Men's Violence Against Women. *Stand Up! National Conference on Eliminating All Forms of Violence Against CaLD Women*, April 29-30, Canberra.
- Flood, M., and L. Fergus. (2011). An Assault on Our Future: The impact of violence on young people and their relationships. Sydney: White Ribbon Foundation.
- Flood, M & Pease, B (2009). Factors influencing attitudes to violence against women. *Trauma, Violence, & Abuse*, 10(2), 125-142.
- Garcia-Moreno, C.; Jansen, H.A.; Ellsberg, M.; Heise, L. and Watts, C.H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence, *Lancet*, 368(9543),1260-1269.
- Greathead, E. (1998). Responsible teenage sexuality. Pretoria: Van Schaik.
- Hutchings, N. (1988). The violent family: Victimization of women, children and elders. New York: Human Sciences Press Inc.
- Le Compte, M.D. and Schensul, J.J. (2010). Designing and conducting ethnographic research: An introduction. United Kingdom: AltaMira Press.
- Lefson, N.J. (1997). The effect of parental divorce on adolescent girls in South Africa: An exploratory study of current status. Unpublished dissertation, Johannesburg: Rand Afrikaans University.
- Levison, D. (1989). Family violence in cross-cultural perspective. California: Sage publishers.
- Long, N. Forehand, R. Fauber, R. & Brody, G. (1987). Self-perceived and independently observed competence of young adolescence as a function of parental conflict and recent divorce. *Journal of Abnormal Child Psychology*, (15), 15-27.
- Malan, M. (2013). Gender violence: Creating a new normal for South Africa's men. *Mail & Guardian*. 22 Feb 2013
- Martinez-Torteya, C; Bogat, GA; von Eye, A and Levendosky, AA. (2009). Resilience Among Children Exposed to Domestic Violence: The Role of Risk and Protective Factors. *Child Development*, 80 (2), 562-577.
- Mashishi, A. (2000). Wife battering: an exploration of the abuse of African women at two shelters in Johannesburg. *Society in transition*, 31(1), 82-87.
- McIntosh, J.E. (2002). Thoughts in the face of violence: a child's need. *Child Abuse & Neglect*, 26 (3), 229-241.
- Metcalfe, L. (1998). Solution-focused group therapy. New York: The Free Press.
- Midlarsky, E., Venkataramani-Kothari, A. and Plante, M. (2006), Domestic Violence in the Chinese and South Asian Immigrant Communities. *Annals of the New York Academy of Sciences*, (1087), 279-300.
- Moloi, L. (2013). Pistorius alleged murder victim is one of 2 500 adult women murdered every year. Press release. South African Institute of Race Relations. South Africa, Pretoria.

- Mutiso, MM; Chessa, SR; Chesire, MA & Kemboi, L (2010). Factors Leading to Domestic Violence in Low-Income Residential Areas in Kenya: A Case Study of Low-income Residential Areas in Kisumu City
- Osofsky, J.D. (1997). *Children in a Violent Society*. New York: The Guilford Press.
- Paterson, R; Luntz, H; Perlesz, A & Cotton, S (2002). Adolescent Violence towards Parents: Maintaining Family Connections When The Going Gets Tough. *ANZJFT*, 23 (2), 90–100.
- Proschaska, J.O. & Norcross, J.C. (2010). 7th Edition. *Systems of Psychotherapy: A transtheoretical Analysis*. USA: Brooks/Cole Publishing Company.
- Rhodes, J. (1993). The use of Solution Focused Brief Therapy in Schools. *Educational Psychology in Practice*, 9(1), 27-34.
- Sharry, J. (2001). *Solution Focused Groupwork*. London: Sage Publications Inc.
- Sklare, G.B. (1997). *Brief counselling that works: Solution focused approach for school counsellors*. California: Corwin Press Inc.
- Statutes of the Republic of South Africa (1998). Domestic Violence Act No. 116 of 1998. Pretoria.
- Vermaak, L. & Jansen van Rensburg, M. (2003). Trauma and secondary victimization of children exposed to domestic violence in shelters in Gauteng, South Africa. Paper presented at the annual Psychology Association of South Africa: Johannesburg.
- Vetton, L. (1998). *Reclaiming women's space: New perspectives on violence against women and sheltering in South Africa*. Johannesburg: Nissa Institute for Women's Development.
- Walker, L.E. (1984). *The battered woman syndrome*. New York: Springer.
- Wallerstein, J. & Blakeslee, S. (1990). *Second chances: Men, women and children – A decade after divorce*. Great Britain: Bantam Books.
- Walter J.H. & Peller, J.E. (1992). *Becoming Solution Focused in Brief Therapy*. New York: Brunner/Mazel Publishers.
- Wheeler, K. (2001). A helping hand: Solution-Focused Brief TherAPY AND Child and Adolescent Mental Health. *Clinical Child Psychology and Psychiatry*, 6(2), 293-306.