Teachers' Experiences of Working with Emotionally Traumatised Learners in a Rural Secondary School in KwaZulu-Natal

By

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This dissertation is submitted with my approval.

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ABSTRACT

Emotional Child Trauma (ECT) is a psychological disorder (American Psychiatric Association, 2013), which means ECT affects the learner's brain, which is one of the most important resource needed for a healthy learning behaviour to occur. Learners in rural areas are three times more vulnerable to suffer from ECT compared to others from metropolitan cities due to factors like limited access to resources such as counselling facilities (Hall, 2015; Meinck, Cluver, Boyes & Ndhlovu, 2015). Therefore, this study's aim was teachers' experiences of working with emotionally traumatised learners in one of the secondary school in a KwaZulu-Natal rural context. The study aimed to gain in-depth understanding of challenges encountered by teachers of working with learners suffering from emotional child trauma and the strategies they use in mediating such challenges in a rural secondary school environment from teachers' experiences of working with emotionally traumatised rural learners. The theory guiding the study was Attachment, self-Regulatory and Competency (ARC) theory by Kinniburgh and Dr. Blaustein. The study followed a qualitative approach within an interpretive paradigm. Inductive research approach was employed, which allowed participants and the researcher to construct knowledge about challenges of working with traumatised learners in a rural secondary school.

Five participants were purposefully recruited because they had common ground in firsthand experience of working with emotionally traumatised learners in a school context as they are all involved in working with emotionally traumatised learners in different capacities based on their roles within the school. Face-to-face semi-structured interviews and document analysis were employed as data generating techniques. The study was analysed thematically. The findings revealed that ECT hampers attachment, resulting to learners developing insecure attachment patterns that impedes their ability to form relationships with their peers, teachers and school work. ECT also hamper self-regulation, which negatively affect learners' ability to control their thoughts, emotions and behaviour that are needed for an array of learner activities, such as attention, planning or decision making that contributes to learning and good academic performance in a school environment. As a result, learner competency tends to diminish due to attachment and self-regulation learner's psychological domains being hampered by ECT, which result to academic performance decline in a rural school learner suffering from ECT.

Keywords: emotional child trauma, teacher experience, rural context, rural secondary school and academic performance.

ABBREVIATIONS

ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immune Deficiency Syndrome
ANS	Autonomic Nervous System
APA	American Psychiatric Association
CAPS	Curriculum Assessment Policy Statements
CBD	Child Behavioural Driver
CBP	Child Behavioural Problems
CGS	Child Grant Support
DoBE	Department of Basic Education
DoE	Department of Education
DBST	District Based Support Teams
DoH	Department of Health
DoSD	Department of Social Development
DSM	Diagnostic and Statistical Manual of Mental Disorders
ECT	Emotional Child Trauma
EWP6	Education White Paper 6
FET	Further Education and Training
GET	General Education and Training
GPA	Grade Point Average
HIV	Human Immunodeficiency Virus
IESA	Inclusive Education South Africa
ILST	Institutional Level Support Team
ISHP	Integrated School Health Programme/Policy
IWM	Internal Working Models
KZN	KwaZulu-Natal
LO	Life Orientation

NACAC	National Association for Collage Admission Counselling
NACCA	National Action Committee for Children Affected and Infected by HIV and AIDS
NSNP	National School Nutrition Programme
PTSD	Post-Traumatic Stress Disorder
QDA	Qualitative Data Analysis
SA	South Africa
SAHRC	South African Human Rights Commission
SAMHSA	Substance Abuse and Mental Health Services Administration
SBST	School Based Support Team
SES	Socio-Economic Status
SGB	School Governing Body
SIAS	Screening, Identification, Assessment and Support
SMT	School Management Team
SNA	Special Needs Assessment
SRL	Self-Regulated Learning
SSRC	Special Schools as Resource Centre
TB	Tuberculosis
UNICEF	United Nation Children's Fund
USA	United States of America
WHO	World Health Organisation

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CHAPTER ONE
ORIENTATION TO THE STUDY

1.1. INTRODUCTION

Teachers work with learners from different family backgrounds and environments in rural areas with common adverse elements of Emotional Child Trauma (ECT) such as poverty and parent absenteeism (Moodley, 2013; Shung-King, Maylene, Orgill, Marsha, Slemming & Wiedaad, 2014). Hence, learners come to school with different behaviours, different experiences of discipline and they carry certain burdens from their environments, which results to diverse learners' needs and learning barriers (Mhlongo, 2017). ECT, is a psychological disorder that a child is not born with, but develops from adverse social events that a child encounter in his/her environments that becomes a learning barrier in school when it impedes learning and academic performance (Department of Health [DoH] and Department of Basic Education [DoBE], 2012; American Psychiatric Association [APA], 2013; DoBE, 2014). Flexibility in methods of teaching and intervention to learning barriers is thus called for from a teacher to attempt to cater for the diverse needs of the learners. It is therefore expected from teachers to overcome, as best they can, learning barriers they encounter in the classroom or within the school premises during school time in order to do their job successfully. Hence, they are the first support structures learners interact with before referrals if the learning barrier is beyond the teacher's ability to deal with. Chapter one of this study is an introductory chapter that provides the background to the study, rationale of the study, problem statement, the purpose of the study, study objectives, research questions, significance of the study. It also provides an overview of the study design, study overview and chapter summary.

1.2. BACKGROUND TO THE STUDY

Inclusivity is a crucial factor being stressed by Education White Paper 6 (EWP6) (2001), *Integrated School Health Policy* (ISHP) (2012) and *Screening, Identification, Assessment and Support* (SIAS) (2014) governmental policies in South Africa (SA) due to diversities in SA learners such as learner needs and learning barriers. Inclusive education has recently been adopted in South Africa in 2001, therefore more research on learning barriers such as emotional child

trauma is still needed as efforts to minimise exclusion of learners (Department of Education [DoE], 2001). Teachers spend most of their time in working with learners, pondering on and grappling with finding and applying appropriate strategies to educate learners in accordance to Department of Basic Education (DoBE) curriculum policy, EWP6, ISHP and SIAS in order achieve inclusive education.

Learners, especially at a secondary school level, come with suitable learning capacity since they have proven themselves by progressing from primary school. In other words, they possess the ability to attain new knowledge or to modify existing knowledge, which is a learning process (DoH & DoBE, 2012; Swart & Pettipher, 2016). However, the process of learning occurs in a learning environment where teachers are dealing with different learning barriers relative to the diverse needs of learners. Teachers' challenges of working with emotionally traumatised learners imposed by ECT is the focus of this study. It is an external learning barrier that a learner is not born with, but which is caused largely by psychological maltreatment from the learner's environment which motivated the choice of the case study methodology for this study, which specifically focuses on a rural area (APA, 2013; DoBE, 2014). Rural context is a crucial aspect of this study because it is perceived as a contributing factor to ECT. Hence, the study aimed to explore teachers' experiences of working with emotionally traumatised learner in a rural secondary school context, in order to gain more understanding of teachers' challenges of working with emotionally traumatised learner in a rural context. Qualitative methods were employed intended to uncover challenges that teachers encounter in working with emotionally traumatised learners in a rural context by interviewing teachers and analysing relevant documents taking care not to generalise since different environments will impact on learners differently and the same is true for the educational approach. The history of South Africa reveals an exclusion from development in the rural areas with regard to education and economic activities (Myende, & Hlalele, 2018). This creates an environment that leave rural learners vulnerable to ECT learning barrier. Therefore, trauma related learning barriers like ECT are important to be uncovered and understood in this context.

1.3. RATIONALE OF THE STUDY

In 2016, I was part of a project involved in investigating the *2012 Integrated School Health Programme/Policy* (ISHP) in rural, underdeveloped areas located in the outskirts of Mariahnhill (Zwelibomvu and Mathinta villages). Each and every school we went to generating data I noticed that children were a bearer of different Adverse Childhood Experiences (ACE). One case that was eye-opening for me was an adolescent girl living with her aunt and uncle (caregivers). When we went to interview her caregivers, we found her at home, absent from school. As we were asking her why she did not go to school, the caregivers kept commenting that it is her usual habit not to go to school when she does not feel like it, she is lazy, she does not help with the house chores. It also came up that she was still doing her grade 7 at the age of 16. This was a signal indicating that something was not right about this situation. As we were talking to her she kept saying that she was told by her aunt that she should not wash dishes, she repeated that about three times but her aunt kept denying this until she burst out that her aunt was spreading rumours that she is suffering from Human Immunodeficiency Virus (HIV).

It appeared to me that she was actually suffering from immense stress. After mentioning rumours about her being HIV positive, she also mentioned that she is not treated equally like other children who are her siblings there at home. The aunt had her own children she had before she met this girl's uncle and the uncle had his own children. They were living in a shack, none of the caregivers was employed, and they both did piece jobs to get by. The teenage girl was not getting any help or form of support about this situation, even the people I was with (academics, nurses) and the teachers at school obviously did not notice or do something about it. I realised that there are probably many cases out there like hers. Parents are either absent due to work, or they are preoccupied with making ends meet, and worried about what they are going eat today. Due to such absenteeism, parents are often oblivious to psychological health issues of their children. Physical health issues are often noticed by picking up more obvious signals such as coughing, skin rash or physical pain that a child may complain about.

The South African educational system has undeniably done its best to provide good quality education to everyone regardless of skin colour or employment status. Rural areas and townships

are included in the new inclusive education policies in order to redress the exclusions suffered during the apartheid era, with its segregation laws. In areas that are known to be marred by poverty, crime, HIV and Acquired Immune Deficiency Syndrome (AIDS) as well as unemployment, government has put forward programmes like the *National School Nutrition Programme* (NSNP) and it has created non-fee paying schools to ensure that every South African child benefits from their right to education. However, effectiveness and efficiency of the operationalisation of government efforts to ensure that every school-going child receives good quality education, fairly and without prejudice, still proves to be problematic. Isolated areas (townships & rural areas) still lack resources such as classrooms, books, computers, water and the most fundamental resource that is skilled human resources (Spaull, 2015). As a result, schools from rural, under-developed areas are facing major challenges of poor resources, including human resources (skills), and emotional child trauma (Cortina, Stein, Kahn, Hlungwani, Holmes & Fazel, 2016: Ramnarain, 2016; Zayas, 2018).

ECT is a very common threat to academic progression of any learner from rural under-developed areas. This is because learners from rural areas and townships are more vulnerable to experience emotional trauma compared to learners in metropolitan cities due to the heightened incidence of poverty, crime, diseases and unemployment (Hall, 2015; Meinck, Cluver, Boyes & Ndhlovu, 2015). ECT therefore hampers learners' academic progression in rural areas or townships and worse still it increases dropout rates (Hardaway, Larkby & Cornelius, 2014; Romano, Babchishin, Marquis & Fréchette, 2015).

This dissertation builds on the knowledge that ECT is an extrinsic learning barrier which the learner is not born with, but is acquired from interacting with the immediate environment such as family, school and local community (APA, 2013). This makes it difficult for teachers to identify in learners as it also has overlapping symptoms with other psychological disorders such as depression and anxiety; as well as multiple causal factors like parent absenteeism or domestic violence which affect learner's learning behaviour (Stewart, 2015). Hence, more knowledge and understanding is needed about the teachers' perceptions about teaching learners suffering from

emotional trauma, the challenges they have met and the successes they have achieved in enhancing interventions in order to manage ECT as a learning barrier in a rural context.

One of the common criticisms of the current *Curriculum Assessment Policy Statement* (CAPS) is that it is extreme time stringent (Harrop-Allin & Kros, 2014). In the sense that as a procedure it does not take account of the needs of the de facto teaching context in which keeping to the rigid time schedule may be impossible particularly for teachers in rural areas who are faced with the dilemma of overcrowded classes and lack of resources (Shung-King et al., 2014). However, teachers are expected to keep up with the pace of the syllabus, otherwise they will fall behind. After 26 years of democracy and 19 years EWP6 was gazetted, with the main objective of achieving inclusive education in SA that supports curriculum policies, rural schools in SA have shown little improvement on learner academic performance because they are still facing severe challenges that hampers learner performance such as insufficient funding from the state, underqualified teachers and lack of resources like electricity, water and good condition classrooms (du Plessis & Mestry, 2019). Thus, operationalisation of government educational programmes to minimise basic education issues is consequently challenged by such severe challenges rife in rural areas.

Attempts to minimise such challenges and to improve the South African education, entails retracing the steps from before the apartheid era to the current education system. The impact of the notorious SA apartheid history is long-lasting and are still reflected in conditions in schools in rural areas compared to those in metropolitan cities (Spaull, 2015). Poverty, crime, unemployment are common risk factors contributing to ECT experiences in rural areas. Poverty can breed various ECT experiences in learners. Malnutrition caused by poverty can result in nutritional stunting diseases such as kwashiorkor (protein insufficiency), osteoporosis (calcium insufficiency) or iron deficiency anaemia that affects the development (brain & body) of a child or adolescent, leading to permanent deficits in learning and behaviour (Belluscio, Alberca, Pregi & Cànepa, 2016). A child or adolescent being exposed to violence whether at home (domestic violence) or public violence may result in some form of ECT disorder. Learners model their behaviour on others and that can lead to them breaking laws and going to jail or dropping out of school, at three times the

rate compared to the general population of learners. (Veronese, Pepe, Jaradah, Al Muranak & Hamdouna, 2017). The challenges incurred from the previous apartheid government, which mostly relate to rural schools exclusion; challenges from the current democratic government, such as lack of resources; as well ECT as a learning barrier, are among the challenges teacher working with emotionally traumatised learners in a rural environment are exposed to.

ECT affects the mind, especially the emotional part of mind **(**Kinniburgh, Blaustein, Spinazzola & Van der Kolk, 2017). When emotions are affected, self-regulatory systems (attention and emotions) are compromised resulting in a learner losing the ability to perform tasks put before him/her successfully (Robson, Allen & Howard, 2020). Deficit in the self-regulation system affected by ECT causes the learner to be unable to focus, hinders their ability to make goal-orientated decisions and to pay attention in general in a classroom; as well as inability to socialise due to inability of controlling emotions (Blasczyk-Schiep, Kazen, Jaworska-Andryszewska & Kuhl, 2017). ECT also affects attachment not only in relation to caregivers but also with teachers. Learners who have suffered from neglect tend to have trust issues and avoid seeking help which compromises the teacher-learner relationship as well as the education of the child or adolescent (American Psychiatric Association, 2013). Therefore, due to the mind being affected, academic performance will be affected with a breakdown in self-regulatory systems and the teacher-learner relationship resulting from attachment disparities.

A teacher, sitting in a classroom with a learner that has suffered an emotional traumatic experience has a real challenge to somehow intervene and to form a teacher-learner relationship to enable a learner to accomplish tasks, learn the required skills and to progress to the next grade. More importantly, a teacher-learner relationship creates an enabling and safe environment for a learner. Hence, teachers are primary support structures that learners rely on to meet their needs. The dilemma for teachers is identifying a learner that has suffered an emotional traumatic experience, which negatively affects such a learner's academic progression, or worse still this could result to dropping out as symptoms of ECT are overlapping with other conditions such as depression, anxiety and Attention Deficit Hyperactivity Disorder (ADHD) (Stewart, 2015). This can further stunt a learner's education because teachers will not be able to intervene in a productive way

helping the learner that is unable to focus or who is having emotional outbursts resulting from deficit in the self-regulatory system, which is an ECT learning barrier they may not be aware of.

In South Africa, one in every three children or adolescents has suffered a traumatic experience, physically or psychologically (Artz, Burton, Ward, Leoschut, Phyfer, Lloyd & Le Mottee, 2016). Yet little is known about how teachers deal with ECT sufferers in the classroom. ECT results in dysfunctional changes in the brain and the body; as a result, the body becomes conditioned to reacting to life's threats even in situations where there is no life-threatening stimulus (Scaer, 2010). As a result, a learner may misbehave in a classroom, simply because the learner's brain perceives a threat, where there may be none. A simple thing like a teacher raising his/her voice may be perceived as a threat stimulus to a learner that has had an emotional traumatic experience. Classroom management strategies and skills are therefore called upon from the teacher. This is important because if the teacher runs short of intervention strategies, and thereby fails to recognise symptoms of ECT, the learner suffers. Hence, ECT in a learner is often mis-identified as anxiety, ADHD is associated with learning difficulties because it manifests itself in misbehaviour such as in unruly behaviour, sleeping or in lack of concentration (Burke, Hellman, Scott, Weems, & Carrion, 2011; Bruchmuller, Margraf, & Schneider, 2012). ECT tend to affects the teacher-learner relationship, the teaching strategies, classroom management strategies and interventions to ensure that learners who have suffered from ECT are not neglected. Therefore, it is important to understand the challenges encountered by teachers in working with ECT suffered learners and the strategies they used in order to manage it as a learning barrier.

This dissertation will benefit from the input of both the teacher in the school population through enhancing knowledge about teachers' challenges of working with emotionally traumatised learners in a rural context in order to identify the challenges and come up with more informed interventions. It will do so through exploring challenges, negative and positive strategies and interventions from teachers' experiences of working with rural emotionally traumatised learners as part of enhancing knowledge about ECT such as classroom management to improve learner performance and thereby to manage ECT as a learning barrier in rural learners. Application of relevant or effective interventions to a learner suffering from ECT as part of classroom management will help the

teacher understand learners that have encountered emotional traumatising life events. The ability to identify symptoms will then enable the teacher to create a conducive environment for the learner to progress, as opposed to seeing the learner as mischievous.

1.4. PROBLEM STATEMENT

Despite all efforts and provisions put in place to safeguard learner's rights to basic education, ECT still proves to be a factor in the lives of many learners in South African rural schools. Rural learners are three times more vulnerable to suffer from emotional trauma because they live in families who survive below poverty line, which exposes them to emotional traumatic risk factors such as violent environments, parents who are prone to drug abuse, poverty or neglect (Hall, 2015; Meinck, Cluver, Boyes & Ndhlovu, 2015). The last 2016 South African census stipulated that there are 53 million people in South Africa, with 18,6 million children under the age of 18 constituting 35 per cent of South African population (StatsSA, 2016, as cited in Artz, Burton, Ward, Leoschut, Phyfer, Lloyd & Le Mottee, 2016). According to WHO (2006), emotional trauma is 16, 1 per cent prevalent in SA children and adolescents, a high risk in damaging children's physical or mental health, or its physical, mental, spiritual, moral or social development (cited in Artz at al., 2016, p. 40). Statistics show that half of SA children population suffer from emotional trauma, which warrants the need for more research to be done, especially in rural areas about challenges teachers encounter and strategies they use to mediate such challenges. Hence, little is known about the challenges teachers encounter of working with emotionally traumatised learners in a rural context and how they can be managed. Insights gained from this study could assist academics, researchers and policy makers in designing interventions aimed at addressing emotional child trauma as one of the learning barriers in the classroom in a rural environment.

1.5. THE PURPOSE OF THE STUDY

The purpose of this study is to explore teachers' experiences of working with emotionally traumatised learners in one of the secondary school in a KwaZulu-Natal rural context. The study seeks in-depth understanding of challenges encountered by teachers of working with learners suffering from emotional child trauma and the strategies they use in mediating such challenges in

a rural secondary school environment from teachers' experiences of working with emotionally traumatised rural learners.

1.6. STUDY OBJECTIVES

- To explore teachers' experiences of working with emotionally traumatised learners in a KwaZulu-Natal rural secondary school;
- To identify the most common challenges that teachers' experience of working with emotionally traumatised learners in a KwaZulu-Natal rural secondary school; and
- To explore the strategies that the teachers employed in working with emotionally traumatised learners in a KwaZulu-Natal rural secondary school, in order to manage the challenges of working with emotionally traumatised learners in a rural context.

1.7. RESEARCH QUESTIONS

The following are the three research questions for the study:

- What are teachers' experiences of working with emotionally traumatised learners in a KwaZulu-Natal rural secondary school?
- What are the challenges that teachers encounter in working with emotionally traumatised learners in a KwaZulu-Natal rural secondary school?
- What are the strategies that the teachers find effective or ineffective in managing the challenges of working with emotionally traumatised learners in a KwaZulu-Natal rural secondary school?

1.8. THE SIGNIFICANCE OF THE STUDY

Findings of this study may contribute to the policy-makers, curriculum designers and academics gaining insights about the challenges of teachers working with emotionally traumatised learners and the strategies they use to manage ECT in a rural secondary school context. More knowledge about ECT as a psychosocial learning barrier in a rural context may help the above mentioned role players in inclusive education in re-looking at policies such as ISHP, SIAS and the curriculum in

order to put more measures such as support structures to help the rural secondary school(s) in managing the ECT.

This study may assist teachers in identifying the symptoms of ECT, which should enable them to be aware of psychosocial learning barrier like ECT and be able to offer relevant support to psychosocial learning barriers. In this way learners may begin to regard the school as a safe place where they can better themselves and that teachers are there to help them. This could increase the academic performance in rural learners and minimise negative outcomes like dropping out. The study insights should also contribute socially, because caregivers may then understand why their children are behaving in the manner that they do. By identifying ECT symptoms and by learning how to intervene and become supportive, this should assist in the development of their children's education.

1.9. CLARIFICATION OF KEY CONCEPTS

The following is a brief clarification of key concepts that captures the essence of this dissertation. The key concepts consist of emotional child trauma, teacher experience, rural context, rural secondary school and academic performance.

1.9.1 EMOTIONAL CHILD TRAUMA (ECT)

It is worth noting that children are more susceptible to trauma as opposed to adults. As child's body is still fragile, undergoing a rapid development, they are largely depending on their primary caregivers for survival as their coping skills are also in the process of being nurtured (De Young, Kenardy & Cobham, 2011). For children, something that may be perceived as small like changing a place of residence or sibling separation may result in emotional trauma.

The *South African Children's Act (2005,* p. 9-10) describes emotional trauma in children as

> "any form of harm or ill-treatment deliberately inflicted on a child and includes inflicting any other form of deliberate exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally".

The ill-treatment is deemed as emotionally traumatic when the child encounters any stressful event that his/her coping mechanisms cannot ameliorate (Marusak, Martin, Etkin & Thomason, 2015). Emotions are pivotal in many daily activities, and most importantly for the learning behaviour of a child. Attention is key for any learning to occur in a child. When emotions are disrupted in a child, ability to pay attention becomes affected, which results on academic performance being hampered (Sevecke, Franke, Kosson & Krischer, 2016; Powers, Cross, Fani & Bradley, 2015). Thus, in this study ECT is viewed as a learning barrier categorized as psychosocial, which means it is a learning barrier that a learner is not born with, but it develops from psychological and social external environmental factors.

1.9.2 TEACHER EXPERIENCE OF WORK IN RURAL SECONDARY SCHOOL

Scholars define experience as our primary source of knowledge (Wallace, 2012); we learn through our experiences (Falk & Needham, 2011); experience is a category of thinking which consists of intellectual, affective, practical characteristics and social influences (Roth & Jornet, 2014); life events emotionally and mentally experienced develops the intra-psychological aspect of an individual (Veresov, 2010). The common ground of the above definitions of experience concept is that it forms an internal working model (IWM) of a person, which is internal brain representational systems that a person uses to understand social events and the world (Matthews, 2016). It does so through the interaction with external socio-environmental influences that develops an internal intrapersonal awareness in an individual (Buist, 2016). In other words, teachers develop an experience in a rural secondary school context through interacting with emotionally traumatised learners. In this study, such IWM, source of knowledge and thinking model which constitute the experience of teachers working in a rural secondary school was explored in order to gain deeper understanding of ECT as a learning barrier in a rural secondary school context from the challenges teachers encountered and strategies they use to mitigate such challenges.

1.9.3 RURAL CONTEXT

Rural communities are characterised in many different ways, but in South Africa these characteristics usually include isolation, impoverishment and rural culture. In education, the rural environment as a context is much debated since the policies that are adopted by the Department of

Education are promoting inclusivity in an attempt to include everyone in the provision of education regardless of their background (Department of Education, 2001). Isolated areas that are categorised as deep rural are remote from economic activities and state services like hospitals, and they are impoverished in terms of resources like poor infrastructure and few schools which limits accessibility by the rural people to such services (Hlalele, 2012). With regard to education, it is difficult for rural schools to access district support structures and mostly parents migrate to cities to search for jobs, which exposes their children to parent absenteeism, which makes them vulnerable to emotional child trauma (Shung-King, Maylene, Orgill, Marsha, Slemming & Wiedaad, 2014). Thus, in understanding the challenges that teachers encounter of working with emotionally traumatised learners in a rural context can help in understanding emotional child trauma as a learning barrier and in establishing interventions as efforts to manage it. Hence, rural context is pivotal as it is viewed as a contributing factor to development of ECT and one of the major objectives of inclusive education of educational policies like ISHP (2012) and SIAS (2014) this study reviewed.

1.9.4 RURAL SECONDARY SCHOOL

According to the South African School Act (Act 84 of 1996), secondary school refer to a basic education learning institution that can be either public or independent, which covers learning programmes from grade 08 to Grade 12. This study is focusing on rural secondary school, which is categorized as a quantile 3 ordinary public school, which means it is serving learners from a poor community, it is a non-fee paying school, government is subsidising the school (Department of education, Amended National Norms and Standards for School Funding, 2006). Therefore, rural secondary school in this study is viewed from the above rural context discussion (paragraph 1.9.3), as well as South African School Act secondary school definition.

1.9.5 ACADEMIC PERFORMANCE

Academic performance refers to Grade Point Average (GPA), which is the percentage of overall grades per subject the learner has studied (Kaburi, 2019). GPA are the results that determines whether a learner progresses to the next grade or not which are obtained from formal assessments

such as continuous assessments and examinations (Adams, Wiium & Abubakar, 2019). In other words, academic performance is a measure of learner competency based on his/her performance (GPA). For example, lower performance would refer to a lower GPA, which means the learner will be deemed not competent to progress to the next grade. However, academic performance, is a result or outcome of a learning process. Learning process involves learner assets that contributes to the learner's ability to learn and yield the results in accordance to how much a learner has learned based on assessments (Kaburi, 2019).

Adams, Wiium & Abubakar (2019) describes learner assets as

> "Internal assets are youth strengths, such as commitment to learning (e.g., achievement motivation, and school engagement), positive values (e.g., integrity and responsibility), social competencies (e.g., planning, decision-making, and resistance skills) and positive identity (e.g., self-esteem and a sense of purpose). External assets represent resources that are found in youth contexts. They include, support (e.g., family support and caring school climate), empowerment (e.g., how the community values youth and community's perception of youth as resources), boundaries and expectations (e.g., family boundaries and significant others' expectations of young people), and constructive use of time (e.g., in creative activities and youth programs)" (p. 209).

Academic performance is viewed from such learner assets perspective in this study where there is occurrence of ECT learning barrier, whereby internal assets involves a psyche of the learner such as social competencies and external assets which involves aspects such as support.

1.10. DELIMITATIONS OF THE STUDY

Delimitations are boundaries consciously decided by the researcher to include or exclude certain factors during the study development plan in order to make the study manageable (Simon & Goes, 2013). This study focused on a single rural secondary school, in Pinetown, in a village called Intekegezangane located upper Marriahnhill. This study purpose was to explore teachers' experiences of working with emotionally traumatised learners in one of rural secondary school in KwaZulu-Natal, in order to understand challenges imposed by ECT as a learning to teachers in working with emotionally traumatised learners in a rural context. Participants such as learners and District Based Support Teams (DBST) could have contributed in achieving the study purpose by making the research data to be more richer, but they were excluded due to feasibility and duration

of the study. DBST is made up of various stakeholders, such as nurses, social workers and provincial education authorities, which proved to be difficult to reach and it would have taken a lot of time, given that this is a masters study which has a time limitation.

ECT is a sensitive topic, inclusion of learners would also have dragged the process of the study, from ethical clearance application and consents from learners' caregivers. Documents such as learners' academic results and Support Needs Assessment (SNA) were also excluded due to reluctance from the school for them to be used in the study. In addition, more schools (quantile 1-3) from KZN poor communities could have been added, but time did not allow. It took a year to obtain an ethical clearance from my school (University of KwaZulu-Natal), by the time I received it, it coincided with the research participants' schedules like examination times, school breaks and moderations, which elongated data generation for the study. The excluded factors are crucial for richness of data in order to maximise rigor and trustworthiness of the results.

1.11. OUTLINE OF THE STUDY

The study is organised into five chapters, namely:

Chapter one: was an introductory chapter. It provided a discussion of the study background. Moreover, it provided rationale of the study, problem statement, purpose of the study, study objectives, research questions, significance of the study. Key concepts of the study are clarified and exclusion of factors regarding the study development plan are discussed in delimitations of the study. Lastly, it provided outline of the study and chapter one summary.

Chapter two: provided a literature review and theoretical framework of this study. Literature review presented a discussion of existing knowledge about the ECT phenomenon to find out what is already known about challenges of working with emotionally traumatised learners in a rural context from teachers' experiences. Reviewing literature aimed to highlight the significance of the study in order to bring forth evidence to affirm the research problem by discussing themes and sub-themes outlining the development of the phenomenon biologically, psychologically and socially and its link with the rural context. Attachment, self-Regulatory and competency (ARC) theory was adopted as empirical evidence to substantiate the exploration of teachers' experiences

of working with emotionally traumatised learners in a rural secondary school context. Discussion was provided on the background of ARC theory, the rationale behind it being chosen for the study, theory approach and the components of ARC theory.

Chapter three: presented a discussion on research design and methodology, which outlined the map of how the study is structured and the methods that were used in conducting the study. Research design consisted of the approach to the study and the paradigm of the study. Research methodology consisted of qualitative research method, case study, research context, selection of participants and selection procedures, sample size and sample frame, methods of data generation, data analysis and interpretation, ethical considerations issues of trustworthiness, limitations of the study. Lastly, it provided a chapter summary.

Chapter four: was where the generated data was analysed and interpreted. It presented primary data, generated through interviews, and secondary data from exploring existing policy documents. Analysed data was presented as findings through themes and sub-themes. Chapter four discussed the findings, linking these to the literature to show its originality and to affirm the challenges of teachers of working with emotionally traumatised learners in a rural secondary school.

Chapter five: this chapter sought to respond to whether or not the study objectives were met and research questions were answered. It also provided suggestions for further research, it proposed recommendations and declared limitations.

1.12. CHAPTER SUMMARY

Chapter one displayed the importance of understanding challenges encountered by teachers of working with emotionally traumatised learners in a rural secondary school context. Rurality context is a contributing factor to the development of ECT. This chapter further displayed that SA democratic government has put efforts to achieve equity education through enacting policies such as EWP6, ISHP and SIAS in order to minimize the sustained exclusion of rural areas in education from the past apartheid government. ECT is still rife in SA children, underdevelopment in rural areas, which limits access to resources such as counselling facilities which can mitigate ECT learning barrier. Thus, leaves rural learners vulnerable to suffer from ECT, consequently becomes a learning barrier when they go to school that teachers have to deal with. Hence, the purpose of the study is exploring teachers' experiences of working with emotionally traumatised learners in

order to understand the challenges they encounter in working with such learners in a rural context. Such knowledge may contribute in further establishment of interventions to challenges encountered by teachers and as a learning barrier to rural learners. The following chapter (two) will place emphasis on literature review and the theory framework that guides the study.

CHAPTER TWO
LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. INTRODUCTION

Chapter one provided discussion about the importance of understanding challenges encountered by teachers from working with emotionally traumatised rural learners. Chapter two place the emphasis on reviewing literature through surveying existing academic knowledge about challenges imposed by ECT on teachers working in rural areas, synthesising, analysing and presenting such knowledge in an organised manner. The following concepts are discussed: literature review, approach to reviewing literature, child development, conceptualisation of trauma neuropsychological perspective of child trauma and the brain, emotional child trauma symptoms, risks and prognosis of ECT, reasons for ECT misdiagnosis in school, prevalence of ECT, attachment, and self-control. Furthermore, SA has a history of rural areas exclusion and education inequality. Hence, EWP6, ISHP (2012) and SIAS (2014) are discussed in relation to ECT as a learning barrier and inclusive education.

In addition, chapter two presented the Attachment, self-Regulatory and Competency (ARC) theory framework underpinning of the study, which helps to address the research questions and to tackle the research problem by providing researched knowledge about patterns of ECT of how it develops and the domains it affects in a child. Theory helps provide a foundation and architecture for consideration of the literature in a study (Collins & Stockton, 2018). It does so by bringing credible knowledge and perspective to the ECT phenomenon that has been empirically tested and replicated by other scholars, which helps to understand the phenomenon itself, before seeking knowledge about it about teachers' experiences of working with emotionally traumatised learners in a rural secondary school. Such objective-empirical knowledge became a guide to the process of transforming the researcher's assumptions into empirical-scientific knowledge about the phenomenon and to identification of scholarly gaps. This chapter considers attachment, self-regulatory and competency emotional child trauma theory for the study. It provided insights about ECT phenomenon through discussing theory's components that helped in organising the study literature and identification of the research gap.

2.2. LITERATURE REVIEW

The main aim of reviewing literature is to identify the research gap in the literature. It would be counter-productive to undertake research to generate data without doing extensive reading on the existing knowledge about the phenomenon being explored and to find out what is already known about teachers' challenges of working with learners suffering from emotional child trauma (ECT) in a rural context. Such reading should help to identify any gap in the existing body of knowledge. Reviewing of literature involves a process of extensive surveying of existing accumulated knowledge about the phenomenon (ECT) linking this to the research problem and questions, summarising such information, and analysing it in order to present it in an organised manner (Neuman, 2011; Hart, 2018). This process enabled the detection of remaining problems and major questions that previous studies did not answer. The identification of a research gap helped in highlighting the significance of the study, and to explain why it was important to undertake it in the first place.

2.2.1. APPROACH TO REVIEWING THE LITERATURE

There are various known types of literature reviews, this study used a narrative approach of reviewing literature. Narrative literature review refers to a preliminary review of literature in relation to this study research problem in order to identify a research gap as a justification of why it was important to conduct the study (Aveyard, 2010). The narrative approach of reviewing literature places emphasis on synthesising current existing knowledge about the phenomenon and linking it to the study's topic by highlighting agreements and disagreements of existing academic knowledge (Neuman, 2011). Hence, it is a comprehensive method that involves a variety of knowledge from different literature sources such as experimental, non-experimental, theoretical and empirical literature to provide a comprehensive understanding of the phenomenon (Souza, Silva & Carvalho, 2010). Its purpose involves definition of concepts, review of theories and analysis of methodological errors in studying the phenomenon in order to understand it better and to maximise credibility of knowledge (Souza et al., 2010). Narrative literature review suits the semi-structured qualitative knowledge construction of this study because it does not intend on writing an independent study from only reviewing literature, but literature is reviewed to highlight the research problem of this study and the research questions the study intends to answer.

Therefore, preliminary reviewing literature aims to highlight the research gap and the need for the research problem to be studied.

2.2.2. CHILD DEVELOPMENT

ECT is a psychopathology that a child encounters as they develop through interacting with an environment that influences their development and functioning, such as their academic performance, cognition, thoughts and behaviour (Kinniburgh et al., 2017). Therefore, to understand teachers' challenges of working with emotionally traumatised learners, it is important to understand child development, as ECT affects the child's daily functions like thinking, regulation of emotions and behaviour. Child development involves many aspects. It involves biological, psychological and socio-cultural factors. It is a sequential process that involves growth in physical, language, thought and emotions in a child from birth to adulthood (Owens, 2016; Suskind, Leffel, Graf, Hernandez, Gunderson, Sapolich & Levine, 2016; Black, Walker, Fernald, Andersen, DiGirolamo, Lu & Devercelli, 2017). The more time passes the more changes occur in a child. What is more important about development is that children gradually move from depending on their caregivers to the state of being independent. Such a process happens naturally, but environmental influences may have aftereffects. For example, a child that grows up without parents may grow up with emotional and attachment problems to the stage of independency. A rural context does not favour children that endure emotional traumatic adversities because of a known factor of resource impoverishment. The unpleasant aspects of rural society substantially contribute to exposing children to emotional child trauma.

Child development involves the acquisition of cognitive and non-cognitive skills that a child must master in their developmental process (Wasserman & Wasserman, 2016). Non-cognitive skills are the most important skills, which lays foundation for cognitive skills. Non-cognitive skills involve cognitive development and emotional regulation (Mavilidi, Ruiter, Schmidt, Okely, Loyens, Chandler & Paas, 2018). These are important factors that play a substantial role in a child's education process. ECT compromises emotions and cognition as those aspects are not fully matured in a child, as a result learning process will be marred in consequence (Catsman-Berrevoets, 2019). It is therefore important to understand the challenges and strategies teachers

use in working with emotionally traumatised learner in a rural environment as those compromised aspects in a child by ECT are brought to school and a teacher needs to deal with them in efforts of teaching the child.

Problems that arise during child development mostly become learning barriers (Kinniburgh et al., 2017). Emotional child trauma is therefore an external learning barrier, as children are not born with it, but it develops from environmental traumatic adversities that they endure in their early years (Vergunst, Swartz, Mji, MacLachlan & Mannan, 2015). Mostly, research focuses on ECT as a kind of psychological disease, it neglects it impact on learners' education, as it imposes problems to learners such as lack of attention, lack of emotional control and problems with attachment that a teacher needs to deal with in working with an emotionally traumatised learners (Catsman-Berrevoets, 2019). Such learner problems or ECT learning barrier, becomes a challenge to a teacher to deal with in order to get his/her work done of teaching the learner. Thus, all of these non-cognitive skills are substantially needed in a learning process. In rural areas, the context itself imposes emotional trauma on children. Enduring poverty or parental absenteeism amongst other hurdles emotionally bankrupts children, because it forces them not to follow the natural development sequence, by forcing them to be independent before their time and to fend for themselves (Wu & Zhang, 2017).

2.2.3. CONCEPTUALISATION OF TRAUMA

The concept of 'trauma' is defined and theorised in many ways and in many categories by different scholars. According to Corsini (2002, p. 119) trauma is

> "the result of a painful event, physical or mental, causing immediate damage to body or shock to the mind".

What is important is that the event can be either psychological or physiological and that traumatic experiences are subjective. In other words, what is a traumatic event to one person may not be traumatic to another person. Psychological and physiological support is a focal point in understanding the subjective nature of trauma in human beings. The body instinctively or voluntarily reacts to events that occur in one's life (McInerney & McKlindon, 2014). How such

events are deemed as traumatic depends on one's emotions (psychological) or on the bodily senses (physiological) support (Scaer, 2010).

Psychological and physiological supports are the gist of understanding trauma. When one reacts to a negative event, if that event is traumatic, he/she will be in a state of 'helplessness and hopelessness', whereby the body runs short of resources of 'resilience' and thereby instinctively the individual reverts to survival mode of fight/flight or freeze (McInerney & McKlindon, 2014). Imagine hearing a gunshot in a vicinity, you do not think or reason in such a situation, immediately you will either run, fight or freeze depending on how close the shooter is. Therefore, traumatic negative events are life threatening, which forces one's body into survival mode.

However, traumatic experiences are not always physically horrendous events like rape, incest or assault. For a breadwinner, losing a job is life-threatening; for an adolescent that is dealing with an authoritarian parent at home, failing a test can be viewed as life-threatening. In such instances, individuals may be in a constant state of fear of what is going to happen next. Helplessness or loss of control results in the body releasing stress hormones in reaction to the threat (Pickens & Tschopp, 2017). This is why it is important to understand that trauma depends on the psychological and psychological support structures of an individual. A breadwinner losing a job but that has a social support from his/her family may still be resilient to that negative life event and they may become stressful but not suffer from trauma. Thus, trauma is any situation where one is confronted with a threat to one's well-being or survival (Scaer, 2010).

There are various types of trauma, this study will focus on ECT type. It is worth noting that children are more susceptible to ECT as opposed to adults. As children's bodies are still fragile, undergoing a critical rapid development. They are largely dependent on their primary caregivers for survival as their coping skills are also in the process of being nurtured (De Young, Kenardy, & Cobham, 2011). For children, something that may be perceived as small like changing a place of residence or siblings' separation may result in trauma. Based on age category in children, emotional child trauma refers to children from birth to 18 in terms of age group (American Psychiatric Association

[APA], 2013). Due to the criticality in childhood development, trauma in children is also further categorised from zero to five years as early emotional childhood trauma (APA, 2013).

The younger the child the more their dependency for survival is reliant on their primary care giver. The age group of 0-5 is therefore neurobiologically vulnerable because their brain is still in the process of rapid development, which involves neuropsychological systems such as stress modulation and emotional regulation (Carpenter & Stacks, 2009; Lieberman, 2004; Lieberman & Knorr, 2007). Thus, early emotional childhood trauma induces greater implications that may not be repaired sometimes due to sensitivity of rapid growth, as compared to trauma that may take place during adolescence, since coping skills and other neuropsychological functions would have fully developed at this stage (Cohen, Mannarino & Deblinger, 2016).

Context is one of the important aspects of the study. Hence, the study seeks to explore the challenges of working with emotionally traumatised learners on secondary school in a rural context. Literature argues that a rural context is associated with many negative factors such as poverty, parent absenteeism or public violence compared to developed areas (Sun, Xue, Zhang, Guo, Hu, Li & Huang, 2017; Banyard, Hamby & Grych, 2017; Maharani & Turnip, 2018). Such risk factors associated with the rural context correlate with the likelihood of a child growing up in a rural area suffering from ECT. This strengthens the purpose of the study to focus on an exploration of teachers' experiences of working in a rural secondary school, with learners that have suffered with ECT.

2.2.4. NEUROPSYCHOLOGICAL PERSPECTIVE: CHILDHOOD TRAUMA AND THE BRAIN

Child development involves many aspects. It involves biological, psychological and socio-cultural factors. During developmental stages, a child undergoes an interaction of nature (brain) and nurture (socio-cultural). Hence, the child development refers to psychological and physiological body changes. Physiological changes refer to the changes in weight and size in the body such as bone thickness, vision muscle or hearing that result to the vast variation and complexity of motor skills a child can learn (physical support) (Crain, 2015). Cognitive development, also known as intellectual development, refers to how one interacts and understands the world, which begins the

construction of thoughts, memory, problem-solving and decision-making (psychological support) (Crain, 2015). The brain, mind and the body are interrelated and therefore function as a whole, which means sensory input such as ECT shapes and changes structure and functions of the brain and the body (Scaer, 2010). Understanding teachers' challenges of working with emotionally traumatised learners and developing interventions is important in managing ECT where teaching and learning is involved and safeguards a healthy academic development in rural learners going forward. Hence, education is one of the pivotal parts of a child's development, especially in a rural environment where poverty is rife.

When the teacher speaks, he/she is actually speaking to the mind of the learner (Kinniburgh et al., 2017). Thus, cognitive development in a child is very important because brain is the controller of the body (Cook, Spinazzola, Ford, Lanktree, Blaustein, Cloitre & Mallah, 2017). If the mind of the child is unresponsive, then teacher's efforts are wasted. It is important for stakeholders involved, such as teachers, to be knowledgeable and able to manage ECT in working with emotionally traumatised rural learners as efforts not to exclude them. Literature confirms that in a rural area, children are more vulnerable to ECT, and enhancing knowledge about teachers' challenges of working with emotionally traumatised rural learners is important in establishing interventions that will promote inclusion of such learners (Meinck et al., 2015; Artz at al., 2016; Hall, 2015; Cook et al., 2017). It can help to put in place measures to ensure that ECT does not become an obstacle to learning and academic achievement of learners in a rural context. Hence, impact of ECT have lasting effects on the development of the learner, as well as on the child's school success (Kinniburgh et al., 2017).

Science affirms that emotional traumatic experiences hinder development of the brain in a child, and thereby the brain of a child that has suffered from trauma in early childhood tends to be smaller than a child that has had a healthy development (Carpenter & Stacks, 2009). As SA educational policies such as EWP6, ISPH and SIAS are spearheading 'inclusive education', as efforts to offer equal education to all learners in SA, and educationally include communities that were excluded prior 1994, which were largely black people's rural areas (DoE, 2001). Therefore, more knowledge about teachers' challenges of working with emotionally traumatised learners in underdeveloped

rural areas is needed as efforts of adhering to inclusive education goals. As to how a teacher would go about endeavouring not to exclude the learner in a rural ordinary school classroom, who happens to have a smaller brain than others due to adverse developmental trajectories is not revealed. What challenges does this have on the school success of a learner, especially in rural areas where there is lack of resources and dilemma of overcrowded classes prevails, is likewise not discussed.

The Autonomic Nervous System (ANS) controls the physiological changes in the body. It controls heart rate, body temperature, breathing, oxygen in blood, hormones and many other physiological aspects of the body (Scaer, 2010). It is obvious then that the ANS controls unconscious body movements, which are our survival instincts. Therefore, neuropsychological perspective such as ANS provide valuable knowledge in areas like symptoms of ECT in a learner. It helps in understanding behavioural manifestations that they may not be just accidental behaviour, but likely adaptive survival responses to perceived threats in occurrence of ECT in a learner. The ANS controls body metabolism and homeostasis as it controls heart rate, body temperature and breathing. When a person encounters a threatening event, the ANS will control the heart rate that will give more oxygen through pumping more blood for the body to accommodate that threatening event (Scaer, 2010; Nishiyama, 2016).

The dilemma, for a teacher, is when such response to threats is habituated, thought inhibition occurs (inability to control thoughts), with the individual becoming hypersensitive to threatening stimuli (Touat, Talmasov, Ricard & Psimaras, 2017). In such a case, the ANS responsible for metabolism does not bring the body to homeostasis. This will affect the learner in a classroom because his/her survival instincts (fight/flight/freeze) will be activated. As a result, it affects self-regulating systems and self-efficacy. The teacher's job then is to ensure that a safe environment in a classroom accommodating such a learner that is hypersensitive to traumatic stimuli is created. This validates the need for knowledge enhancement teachers' challenges of working with emotionally traumatised learners in a rural environment.

Impairment of cognitive development is apparent due to the occurrence of ECT. In dealing with such emotional traumatic events, the brain releases stress hormones. Cortisol is the stress hormone that is released when a threatening event occurs in a person, which primes a person to activate survival instincts (Berger, Leicht, Slatcher, Kraeuter, Ketheesan, Larkins & Sarnyai, 2017). In other words, the more cortisol in your body, the more your body is unable to be resilient against the threat, you are in a state of helplessness and hopelessness (Scaer, 2010). The problematic issue is that when a child is conditioned to operate in the survival instinct mode, it is possible to perceive a threat where there is none.

Literature suggests that it is common for individuals to be conditioned to fear and thus to learn to be helpless (Filippello, Sorrenti, Buzzai & Costa, 2015). Helplessness occurs when a child's past negative experience has taught the child that he/she cannot not change the outcome of the negative events occurring (Scaer, 2010). So, one becomes a passive and less motivated individual (Filippello et al., 2015; Peterson, 2010). That is one of the major issues of ECT in a school setting. For instance, when a child perceives the environment in a classroom as life threatening, physiologically he/she switches to survival mode, that affects teaching and learning, which is the education a child is expected to get in a school. However, most research focuses on physiological change, cognitive development impairment, executive functions disruption leading to a number of malfunctions in the day-to-day functions of a sufferer such as planning and socialising, but less attention has been given to teachers' challenges of working with emotionally traumatised learners in a rural school-going child.

Once stress hormones are released, executive functions are negatively influenced (Cook et al., 2017). Intellectual development of a child involves executive functions of the brain that deals with higher cognitive thinking such as planning and organising, setting goals, attention and multitasking grows (Diamond, 2013; Suchy, 2009; Williams, Suchy, Rau, 2009). When executive functions of the frontal lobe of the brain are influenced by emotional traumatic events, this will have negative effect on the child's learning in a classroom in numerous ways. Working memory, which is crucial for focus and attention in learning, will be compromised and thereby the ability to keep information

in mind, and to assimilate or accommodate new information by updating current information to form new schema will be hampered (Shields, Sazma, & Yonelinas, 2016).

ECT tends to result in conditioned fear and inhibition occurs, which is the inability to curtail the fear response even in safe environments (Diamond, 2013). This causes an individual to engage in habitual actions rather than in goal-orientated actions involving focus on selectively attended to task-relevant information (Van Rooij, Geuze, Kennis, Rademaker, & Vink, 2015). Also, multitasking is affected by inhibition and conditioned fear through disruption of cognitive flexibility influenced negatively by ECT adversity resulting in the inability to consciously or unconsciously switch attention from one task to another (Shields et al., 2016).

ECT has a negative impact on executive functions of the brain which affects learning (Diamond, 2013). Working memory, inhibition irregularity and cognitive flexibility are the crucial functions of frontal lobe part of the brain that is affected by ECT (Van Rooij et al., 2015; Shields et al., 2016). Elevated cortisol levels during early cognitive development have a detrimental impact on the child's brain producing shrinkage of the hippocampus (memory brain), prefrontal cortex (executive functions) and amygdala (emotions brain), resulting in long term malfunctioning of the brain and of behaviour (Danese & McEwen, 2012; Lupien, McEwen, Gunnar & Heim, 2009; Danese, & Baldwin, 2017). The above literature on this neuropsychological perspective of ECT, indicate strongly that child trauma has been research and is still being researched. Which warrants a need for knowledge enhancement especially between psychology (ECT disorder) and education (learning barrie). Working memory, inhibition and cognitive ability affirm that ECT is detrimental to self-regulatory systems, which affects the self-efficacy, which in turn means that learner's abilities to learn will be hindered when his/her executive functions are affected by ECT.

2.2.5. INTERNATIONAL PERSPECTIVES OF TEACHERS' CHALLENGES OF WORKING WITH TRAUMATISED LEARNERS

International perspective in this study refer to the views from research literature from countries or continents outside of African continent. Internationally, child trauma in relation to education has

been studied extensively. Institutions like Substance Abuse and Mental Health Services Administration (SAMHSA) has established a trauma-informed approach, which consist of four Rs:

> "*A program, organization, or system that is trauma-informed **R**ealizes the widespread impact of trauma and understands potential paths for recovery; **R**ecognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **R**esponds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **R**esist re-traumatization"* (United States Department of Health and Human Services, 2014, p. 09).

Trauma-informed practices have also been established, which yields trauma-informed educators that place emphasis on trauma awareness through applying trauma-informed approaches in their lessons and school at large, as well as developing their own trauma approaches that helps them in working with emotionally traumatised learners (Huang, Flatow, Biggs, Afayee, Smith, Clark & Blake, 2014; Davidson, 2017). There are also trauma-informed schools and education that acknowledges trauma as a learning barrier through interpreting learner behavioural problems from a trauma-aware perspective, which assess underlying causes of a learner behaviour (Stokes & Brunzell, 2020). Trauma-informed schools and education place emphasis on the whole-school support strategies in responding to trauma learning barrier, which is involving all role-players and support structures to support the teacher and the learner in order to achieve inclusion of trauma affected learners in teaching and learning (Stokes & Turnbull, 2016; Stokes, & Farrelly, 2019; Stokes, Kern, Turnbull, Farrelly & Forster, 2019).

As much as there is rich research evidence of intersection between child trauma, which includes ECT, teachers still encounter challenges in working with emotionally traumatised learners. Time constriction is a challenge in working with emotionally traumatised learners (Jacobsen, 2013; Wells, 2020). One of the participants in Jacobsen (2013) asserted that;

> *"You don't have time to sit there and wait for them to talk to you, I say I'm here for you if you want to talk, but we have to move on"* (p. 50-51).

Curriculum goals are time stringent, educator feel that they spend more time disciplining than teaching (Jacobsen, 2013; Wells, 2020). Increasing demand on teachers, makes teaching with trauma-awareness a challenge to teachers (Eggleston, 2017). Lack of knowledge about ECT imposes a challenge to teachers. Educators are often unaware of ECT effects on education, and

most educators know little about how to manage ECT learning barrier (Jacobsen, 2013; Davis, 2019). Confusion of roles is another challenge encountered by teachers of working with emotionally traumatised learners. Jacobsen (2013) study found that teachers felt that it is not their role to provide mental health service to learners, as they are not trained on that field of mental health which may result to a learner not getting the necessary help of counselling. However, teachers find themselves with dual roles of teaching and counselling due to schools not affording mental health services, which presents another challenge of limited access to resources by schools encountered by teachers (Jacobsen, 2013; Wells, 2020).

2.2.6. SUB-SAHARAN AFRICAN PERSPECTIVES OF TEACHERS' CHALLENGES OF WORKING WITH TRAUMATISED LEARNERS

Studies conducted in sub-Saharan countries like Uganda, Malawi, Zimbabwe and South Africa indicate that majority of learners disruptive behaviour, such as bullying, gangsterism, attention seeking or temper tantrums among others, in sub-Saharan schools emanate from trauma psychopathology (Stadler, 2017; Familiar, Chernoff, Ruisenor-Escudero, Laughton, Joyce, Fairlie & Boivin, 2020; Asampong, Ibrahim, Sensoy-Bahar, Kumbelim, Yaro, McKay & Ssewamala, 2021). Some studies in South Africa also affirm the disruptive learner behaviours issue that it results to teachers spending more time disciplining than teaching, which is a similar concern found on the above international literature (Fry, 2016; Stadler, 2017; Mathe, 2017; Hess, 2020). Learner disruptive behaviour, disrupts learning, which becomes a learning barrier that becomes the challenge a teacher needs to manage in order to restore teaching and learning.

The identified differences with sub-Saharan literature with international literature is that child trauma in sub-Saharan literature is commonly associated with underdevelopment areas, poverty, diseases and violent communities (Stadler, 2017; Asampong et al., 2021). Also, a study funded by a United Nation Children's Fund (UNICEF) in Zimbabwe findings indicated that there are no empirical published studies on child emotional trauma (Fry, 2016). In South Africa, trauma institutions such as those international SAMHSA institutions are very limited, which indicate lack of establishment of trauma-informed practices and interventions that suits the South African environment. Hence, ECT is not inborn, but it develops from a child's interaction with his/her

environment, it is important to develop trauma-informed practices that speaks to the South African environment that can equip schools and teacher to be trauma aware (APA, 2013). Such outlined lack of emotional trauma literature and supportive institutions in sub-Saharan literature warrants the need for experiences of teachers of working with emotionally traumatised learners in underdeveloped rural areas in order knowledge enhancement about the challenges they encounter and successful strategies used to manage emotional trauma in rural learners. Such will help provide a deeper understanding of ECT as a learning barrier, and perhaps helps with knowledge to develop strategies to deal with learner disruptive behaviours emanating from ECT.

Statistics about trauma, especially child trauma still proves to be insufficient. Latest diagnostics in the *Statistical Manual of Mental Disorders -Five* (DSM-V) (APA, 2013: p. 226) stipulates that

> "in the United States (US), projected lifetime risk for Post-Traumatic Stress Disorder (PTSD) using DSM-IV criteria at age seventy-five years is 8.7%. Twelve-month prevalence among U.S. adults is about 3.5%. Lower estimates are seen in Europe and most Asian, African, and Latin American countries, clustering around 0.5%-0%". It is worth noting that childhood trauma is not known; except being said that its prevalence is low" (APA, 2013: p. 226).

Availability of data related to trauma in adults proves that

> "relative to studies of adults, epidemiological studies on rates of traumatic exposure in children are scarce. Only a few studies have examined the factors that are related to children's exposure to trauma in children, with inconsistent outcomes" (Alisic, Van der Schoot, van Ginkel, & Kleber, 2008: p. 09).

Even APA board that oversees psychological pathologies does not have data about the prevalence of child trauma in DSM. Whereas DSM diagnostic book is globally used in psychological disorders like ECT. That validates the outcry for advancement of ECT knowledge and challenges imposed by it on teachers in rural areas.

It gets complicated when it comes to rural areas in SA because many studies rely on reported cases of child trauma (Adeleke, Adebimpe, Farinloye & Olowookere, 2019). According to Adeleke et al. (2019) the complicating factor is that in rural areas people cannot afford therapy and also cultural values in seeking therapy come into play. Hence, cases that get reported are often those that relate to sex abuse and assault (Alisic, Jongmans, van Wesel & Kleber, 2011); whereas

situations that induce emotional trauma in children and adolescents varies. Context is one key factor and as time changes this change too. Posttraumatic stress and its pathological extremity are the most comprehensively studied psychological areas, focusing on consequences of experiences of traumatic stressors in children and adolescents (Alisic et al., 2011; Adeleke et al., 2019). Such limitation on ECT reported cases and the above outlined limited literature, indicates that majority rural learners do not receive help. However, disruptive behaviours emanating from ECT will still be encountered by teachers if the emotionally traumatised child goes to school. Knowledge about such challenges is very important to various stakeholders, especially at the grass-roots level, involving teachers, who play a pivotal role in developing South African education.

2.2.7. ECT SYMPTOMS

Symptoms of ECT vary in the ways in which they manifest themselves in a classroom, depending on the context and severity of the stressor. Hence, there are no globally common ECT symptoms (Kinniburgh et al., 2017). However, there are common ECT and developmental consequences, which involve difficulty in trusting others (adults or peers), social isolation, difficulty in seeking help, hypersensitivity to physical contact or voice tone, poor affect regulation, antisocial behaviour, difficulty in planning for the future and problems with academic achievement (Pickens & Tschopp, 2017; APA, 2013).

In other words, children suffering from emotional trauma may have trust issues with adults and therefore refrain from seeking help from the teacher as adult or they present irritable behaviour, which imposes a challenge in a teacher of working with an emotionally traumatised learner. Due to lack of knowledge about ECT as a learning barrier in a rural context, teachers often misdiagnose it, which then impedes the learner's academic development because the teacher will not apply adequate mediating strategies to help the learner (Stewart, 2015). This is largely because emotional trauma has overlapping symptoms with other disorders such as attention deficit hyperactivity disorder (ADHD), anxiety and depression disorders (Ruiz, 2014). All of this prompts the need for knowledge advancement about challenges teachers encounter imposed by ECT in a rural context, which is what this study intends to address.

2.2.8. RISK AND PROGNOSTIC FACTORS OF ECT

Prognosis refer to a clinical profile of an individual's health condition, which is used to predict ricks factors for future illness (Steyerberg, Moons, van der Windt, Hayden, Perel, Schroter & Progress Group, 2013; Barbosa, Quevedo, da Silva, Jansen, Pinheiro, Branco & da Silva, 2014; Ko, Rahman, Schnabel, Yin, Benjamin & Christophersen, 2016). In other words, it is a clinical assessment process that presents a clinical profile of an individual through looking for symptoms, aetiology, causes and effects of an illness that can be used to predict the probability of future illness. It is a clinical profile because it is done by experts in the field of health like doctors and psychologists. Prognosis focuses on the outcomes such as low academic performance or misbehaviour, since clinical assessment is done based on symptoms and in-depth screening of an individual (Moons, Kengne, Grobbee, Royston, Vergouwe, Altman & Woodward, 2012). In a school environment, teachers' role in learner assessment for learning barriers can only be a non-clinical profile assessment because they are not trained as experts to make a clinical assessment of psychopathologies such as ECT.

Teachers also rely on their observation of the behaviour and academic performance (outcomes) of a learner in order to do their own screening and assessment of the learner's educational and health issues according to the (Department of Education [DoE], 2014; Hess, 2020). According to Hess (2020) teachers largely depend on SIAS to make a formal learner assessment using Support Needs Assessment form 1 (SNA1), since most of teachers have not received training regarding SIAS policy. They then refer this to the School-Based Support Teams (SBST) using form SNA2 when they have exhausted all strategies to mediate the learning barrier (DoBE, 2014). Thereafter SBST refer the matter to District Based Support Teams (DBST) with SNA3, which requires the input of a medical expert (DoBE, 2014). Resource impoverishment is no stranger to rural underdeveloped areas. The DBST was created to help with referral cases that the SBST or school at large is unable to mediate. However, literature affirms that specialists from DBST are unable to cover most of rural schools in visiting them for screening and assessing learner health-related learning barriers due to shortage of human resources, transport required to reach school's health teams and lack of supervision in primary health care (Shung-King, Orgill & Slemming, 2014; Mfidi, 2017; Hess, 2020). If DBST are covering all schools as expected, such a learning barrier of ECT can be identified before waiting for outcomes manifestation such as academic under achievement. This

also means, even in cases where rural teachers have identified ECT learning barrier from doing their own learner assessment, they do not get sufficient help from the DBST, due to DBST incapability to cover most of rural schools for learning barriers learner assessments according to the above research knowledge. However, ECT is a mental illness, which is a learning barrier that rural teachers have to deal with even though it is not their expertise.

Socio-economic status is a major risk factor in ECT that prognosis should not be oblivion to. Eastern Cape, Limpopo and KwaZulu-Natal provinces are known as poverty-stricken provinces in SA with approximately 60% of school-going children living below the poverty line as revealed in the studies by Mfidi (2017); Shung-King et al. (2014). The latest statistics are likely to be far worse due to negative impact on SA economy from factors such corona virus that has seen most of SA citizens losing jobs. This should raise a concern for a departmental intervention not only on food security, but on making teachers aware of the psychological emotional stress that underdeveloped communities' factors such as poverty can cause in a learner. In such cases, a learner may be fed during school time, but emotional trauma caused by poverty and stigma attached to it will remain. How teachers respond and intervene in that aspect is of paramount importance. Due to the known factor of resource impoverishment in rural areas and its risk factors contributing to the development of ECT, it is crucial to understand teachers' challenges of working with emotionally traumatised rural learners which should be able to assist in the development of a responsive model to mediate such psychologically extrinsic learning barrier.

Teachers are not health experts and, as a result, how they deal with disruptive behaviour attributed to ECT is based on how they were trained in education colleges. Teachers rely on reactive strategies in dealing with emotionally traumatised learners such as calling the police when learners resort to risky behaviour like using drugs or to becoming aggressive (Fourie, 2020). They also refer learners to their parents or to other support structures such as DBST (Mfidi, 2017). With reactive mediating strategies that teachers use because of the lack of resources, the learning barriers persist, which may lead a learner to get arrested, under-perform academically or to drop out of school through relying on faulty coping measures (Garzouzie, 2011; Sommer, Hinsberger, Elbert, Holtzhausen, Kaminer, Seedat & Weierstall, 2017). As has been pointed out continuously, ECT is a psychological disorder. Hence it requires a clinical intervention. With lack of resources in rural

areas and lack of knowledge from teachers, the probability of a prognosis that ECT will persist in learners and others residing in rural areas is high. That is to say, it is important to understand teachers' challenges of working with emotionally traumatised rural learners, about which very little is known from a teacher's nonclinical perspective.

Risk and prognosis speak largely to subjectivity and context notions of ECT. Scientific literature places emphasis on the disorder, not so much on its influence on educational progression (Rasesemola, Matshoge & Ramukumba, 2019). Most of the data and research about emotional ECT is largely European. Context comes into play, as Africa and Europe have very different social characteristics. European literature commonly quotes 'world war two and Vietnam as some of atrocities or warfare that exposed many people to trauma, including children (Korobey, 2014; Chao, Tosun, Woodward, Kaufer, & Neylan, 2015; Qi, Gevonden & Shalev, 2016). In South Africa, apartheid exposed many people to severe distress. However, apartheid was not just a warfare that could be won on a battle ground between white and black races. Education was one of the focal points in ensuring that the white race monopolised the high paying jobs that require skills through creating Bantu education for the black races. Exclusion and marginalisation of rural areas from development aspects, which include education, are remnants of apartheid that still prevail in SA in the form of unemployment, crime emanating from apartheid zoning, community violence, poverty and low-quality education in areas previously isolated by the apartheid government (Graven, 2014; Spaull, 2015; Burger, Van der Berg, van der Walt, & Yu, 2017). SA education is still in the process of removing the remnants of the past that induce ECT in rural children, which becomes a learning barrier that teachers need to manage (DoBE, 2014; Spaull, 2015; Hess, 2020). Developing education is an iteration process. It requires one to go back and forth, retracing steps to redress the past and to ensure that the right to basic education of every child in SA is protected and equality in basic education is achieved. Such history of marginalisation of rural communities motivated the choice of this study context.

2.2.9. REASONS FOR ECT MISDIAGNOSIS IN SCHOOL

Suitable apology should be made to all teachers who have been and are expected to go beyond the scope of their work and training. They are not psychologists and therefore they are not experts in providing for or diagnosing psychopathologies in the children they teach. However, if

psychopathologies get in the way of teaching and learning, teachers are expected to do something about it. How teachers intervene when ECT occurs is crucial. Nonetheless teachers cannot intervene to ameliorate a learning barrier if they do not know what it is. The challenge lies in overlapping of symptoms of ECT with other psychopathologies such as ADHD, depression or anxiety (APA, 2013; Cook et al., 2017).

For a learner that has suffered severe emotional traumatic adversity, attachment will be the first psychological resource to be impaired (Kinniburgh et al,. 2017). As a result, a learner may not respond emotionally in a normal way to other peers or teachers. They may suddenly become antisocial or they may not seek or accept help from a teacher (APA, 2013). Teacher-learner relationship in such a case will also be impaired. Therefore, it is important for teachers to understand such learners and ways to intervene in such cases of ECT occurrence being a barrier to teacher-learner relationship and other learning processes. The most effective way for teachers to understand learners showing symptoms of ECT is through availability of knowledge obtained from research into the challenges encountered by teachers and strategies they use to manage ECT in working with emotionally traumatised rural learners.

ECT children sufferers are often stuck in survival mode, which involves self-regulatory systems that control emotions and attention (Scaer, 2010). Thus, exposure to emotional trauma in the childhood years results in a complex symptom presentation involving attention, obsession, depression or anxiety symptoms of disorders other than posttraumatic stress symptoms (Ruiz, 2014). These are other symptoms that overlaps a lot with ECT symptoms, which reflect instabilities mainly in

> "affective and interpersonal self-regulatory capacities such as difficulties with anxious arousal, anger management, dissociative symptoms, and aggressive or socially avoidant behaviours" (Cloitre, Stolbach, Herman, Kolk, Pynoos, Wang, & Petkova, 2009: p. 399-400).

Therefore, the magnitude of symptom-overlap is incredibly high. Which presents a challenge in learner's assessment for learning barriers in a teacher.

It is apparent even from a general reasoning point of view that self-regulation is marred when ECT occurs. As learners suffering from ECT tend to be hyper-focused on perceived threats in what is going to happen next, they are typically edgy and always wanting to move around because of

anxiety (Schechter, Moser, Pointet, Aue, Stenz, Paoloni-Giacobino, & Rossignol, 2017; Zayas, 2018). Emotional traumatic experiences may force the learner to project their own negative emotional states by acting up or by being aggressive in a classroom (Horn, Miller-Graff, Galano, & Graham-Bermann, 2017). This is because the emotional traumatic experience may result in a learner living in constant fear or anxiety, as the above literature highlighted a symptom of hyper-focus on threats, which results in their self-regulatory systems being compromised. As a result, when their self-regulating system (involving emotions or attention) is disturbed, the ability of a learner to focus attention on tasks (self-efficacy) or to socialise with other peers is going to be impaired (Carpenter, & Stacks, 2009; Cook et al., 2017).

When a learner is having difficulties excelling in school due to self-regulating system being impaired by emotional trauma, the learner could be misdiagnosed as suffering from an emotional disorder, attention disorder or learning disability due to overlapping of symptoms (APA, 2013; Cook et al., 2017). Understanding ECT in a rural context such as learner assessment from a nonclinical view of teachers as one of their responsibility to establish learner profile is crucial, as was pointed out above, literature asserts that teachers largely misdiagnose it due to the challenge of overlapping symptoms with other psychopathologies.

2.2.10. ATTACHMENT

Children's socioemotional wellbeing is important to school success, and attachment is the foundation of socioemotional wellbeing (Darling-Hammond, Flook, Cook-Harvey, Barron & Osher, 2020). Attachment maximises school success by providing feelings of security and developing abilities to form relationships, which allows learners to explore the school environment freely and be able to form relationships with peers, teachers and the school (Roorda, Koomen, Spilt & Oort, 2011). This attachment concept focuses on insure attachment imposed by ECT. It consists of disorganised attachment and caregiver absenteeism.

2.2.10.1. DISORGANISED ATTACHMENT

In the course of life, human beings rely on social capital, which normally involves relationships within families, or amongst friends or others that he/she can turn to for strength when stress occurs.

According to Cook et al., (2017) even individuals with introverted personalities or minimal intrapersonal intelligence and who enjoy the comfort of being by themselves or in working alone, also rely on social relations. Attachment is a lifelong child development process that develops the mechanics of social relations of a child (Buist, 2016). Attachment experiences develop a child's internal representational systems that a child use to interact with their surroundings and the world at large (Matthews, 2016). Hence, they develop psychological representations of self, others and the world with which the adolescent interacts (Cook et al., 2017). From a neuropsychological perspective, internalised representations from attachment experiences develop internal working models (IWM) that a child uses to understand himself or herself, in interacting with others and their surroundings (Miljkovitch, Moss, Bernier, Pascuzzo & Sander, 2015; Matthews, 2016). Disorganized attachment involves attachment patterns that can result from the attachment figure's erratic behaviour towards the child in being dismissive, punitive, or aggressive (Cook et al., 2017). Such disorganised attachment patterns impact negatively on the IWM of a child. Hence, their impact on the child needs to be understood not just from the neuropsychological perspective only, but also from how teachers work with emotionally traumatised learners, as attachment deficit imposed by ECT can affect a teacher-learner relationship.

Disorganised attachment results in development of a disorganised IWM of a child. Attachment is based on an attachment figure responding to a child's needs (Cook et al., 2017). Letourneau, Anis, Ntanda, Novick, Steele, Steele and Hart, (2020) assert that attachment is secure where an attachment figure responds positively to a child's needs. Consequently, a child feels safe and secure (Letourneau et al., 2020). Psychologically a child develops an IWM of his/her of being cared for and of being worthy of being loved (Anis, Letourneau, Benzies, Ewashen, & Hart, 2020). A child internalises that his/her needs will be met in future by an attachment figure (Cook et al., 2017). When the attachment is insecure and disorganised, the child develops a disorganised IWM (Anis et al., 2020; Letourneau et al., 2020). Which means the child internalises that he/she is unworthy of being loved, in future and that his/her needs will not be met (Matthews, 2016; Cook et al., 2017). Hence, disorganised attachment is a contributing factor to ECT that results in reactive attachment disorder (APA, 2013). Due to derogatory IWM there can be a feeling of being unworthy to be loved, and that their needs will never be met. Children also develop insecurities

and an inability to seek help (Bannister, 2019). Such an attachment psychological issue can create a teacher-learner relationship barrier.

Derogatory internalised working models engender behavioural problems and when children encounter a stressor, they seek an attachment figure to restore a sense of safety and security (Anis et al., 2020; Letourneau et al., 2020). If the attachment figure is rejecting, neglectful, inconsistent and emotionally unavailable, the attachment figure is not responding to the child's needs a child is then forced to manage life stressors relying on maladaptive inadequate coping skills such as aggression, dissociation, attention seeking and avoidance behaviour (Kinniburgh et al., 2017). A child's need to restore a safe and secured environment when a stressor occurs is a Child's Behavioural Driver (CBD) that needs the secure attachment of a parent who is emotionally available and caring and who will respond to such needs consistently (Anis et al., 2020; Letourneau et al., 2020). CBDs do not only occur in external settings like the home, but they are also needed in a school setting as well. It is therefore important to know how teachers appraise those behavioural problems due to ECT that develops from disorganised attachment in a classroom or school setting.

Disorganised attachment is comorbid with ECT (APA, 2013). Hence, when a child becomes a learner in a school environment, he/she comes with that derogatory IWM to the school. As a result, behavioural problems, emanating from inadequate coping skills such as use of drugs, aggression, or the inability to seek or to recognise help offer when it is forthcoming may occur in a learner suffering from ECT. Thus, the child as a learner will seek to regard a teacher as an attachment figure, who will need to establish a relationship with a child for learning to occur (Kinniburgh et al., 2017). A learner that is a victim of ECT will have high demands of the CBD, to obtain feelings of safety and security. Therefore, a teacher should be in a position to provide a secure attachment through being aware of and constantly responding to such a learner's CBDs. A teacher providing a secure attachment will make a major contribution towards changing the derogatory IWM of a learner and thereafter contribute to a learner's academic achievements. Hence, challenges and strategies used to meet an emotionally traumatised learner, to establish a teacher-learner relationship needs to be known.

2.2.10.2. CAREGIVER ABSENTEEISM

Literature affirms that a healthy and stable relationship between a child and a caregiver correlates with healthier social adjustment and self-regulation, which safeguards a child from psychopathological trauma (Raby, Lawler, Shlafer, Hesemeyer, Collins, & Sroufe, 2015; Maguire, Williams, Naughton, Cowley, Tempest, Mann & Kemp, 2015; Kinniburgh et al., 2017). A caregiver is considered to be absent when he/she is away for more than a half of a school term from home, which affect self-regulation of emotions and thoughts when appraised as emotional traumatic by a child (Wu & Zhang, 2017). Emotions are an important part of the self-regulatory system, because they play a pivotal role in a learner's understanding of any event(s) or situation(s) through sensory input. For example, when a learner is angry or tense, attention will be hindered, and for that reason the learner will not be able to receive and retrieve information in a lesson. Thus, caregiver absenteeism tends to hinder the emotional developments, which largely involve emotional intelligence of the child through all the frustrations due to lack of support.

Learning at a basic education level largely relies on the socially adjusted self-regulatory system which relies on non-cognitive skills. Caregiver absenteeism affects cognitive and non-cognitive abilities of children, as well as their academic performance (McKenzie, & Rapoport, 2011; Antman, 2011, 2012; Zhang, Behrman, Fan, Wei, & Zhang, 2014; Wu & Zhang, 2017). Cinnedinst and Koanteng (2017) use the analogy of a bicycle to describe rear wheel and front wheel skills. Cognitive skills are referred to as 'rear wheel skills' and non-cognitive skills are regarded as the 'front wheel skills'. Non-cognitive skills obviously involve a lot of neuropsychological knowledge. Emotional brain (amygdala) and frontal cortex (the brain responsible for reasoning, planning and problem solving) interactively make up the self-regulatory system (Meadows, 2012). This means that for a learner to be able to socially adjust, the emotional brain and the frontal cortex (self-regulatory system) have to be in sync.

If the emotional brain is affected either by unwanted stress or fear, reasoning and problem-solving which are non-cognitive skills are compromised (Cinnedinst & Koanteng, 2017). Based on the literature, it is apparent that social skills rely a lot on emotions and reasoning (Kinniburgh et al., 2017; Cook et al., 2017; Anis et al., 2020; Letourneau et al., 2020). For that reason, social skills

play a crucial role in the teaching and learning process as they involve neuropsychological and social development aspects of an individual learner. Inversely, caregiver absenteeism attacks social skills through exposing the child to psychopathologies, such as ECT (Wu & Zhang, 2017). It becomes evident that caregiver absenteeism contributes to the development of ECT, affects crucial social and neuropsychological development of a child, which becomes a learning barrier in a school environment.

Social adjustment (non-cognitive skills) is the driver of technical knowledge, which largely emanates from formal education (Cinnedinst & Koanteng, 2017). The fundamental school of social skills is the informal school at home. Caregiver presence in the development of a child is of the utmost importance. When the caregiver is absent, attachment is compromised, which results in emotions being disrupted (Wu & Zhang, 2017; Kaburi, 2019; Adams et al., 2019). Children that are experiencing caregiver absenteeism tend to have a negative self-perception. Wu and Zhang (2017) conducted a self-assessment survey of adolescents that are left behind by caregivers, that involved self-perception aspects such as behavioural adjustment, intellectual and school status freedom from anxiety, happiness and satisfaction. Wu and Zhang (2017) study of self-assessment affirms that learners with caregiver absence are prone to unhappiness, anxiety and underperformance in their academic achievements. Persistent dissatisfaction, unhappiness and anxiety are all contributing factors to ECT, and, to some extent, they are concurrent with ECT (Burke et al., 2011; Bruchmuller et al., 2012; Stewart, 2015). The above literature supports the notion that emotional disruption tends to have various negative effects on a learner such as negative self-perception, behavioural adjustment deficit and unhappiness that a teacher needs to deal with in school, which stems from caregiver absenteeism that exposes children to ECT.

***Figure 1**: Two types of cognitive skills Source: National Association for College Admission Counselling (NACAC) (Clinedinst, & Koranteng, 2017: p. 30).*

It is worth noting that there are two Americanisms or two words written in American language in the figure; 'behaviour' which is written as 'behaviour' in South African English. As well as 'dorm', which is 'dormitory' in standard English.

Attachment issues then are more likely to affect other relationships or interactions that a learner forms in a school environment. Learners develop relationships with other learners and most importantly with the teachers. As much as a teacher-learner relationship is developed purely based on academic purposes, it has a social dimension to it as well. For a teacher to be successful in providing support or feedback during the lesson, he/she has to care and be patient like a caregiver (Hess, 2020). Literature affirms that there is a correlation between a positive teacher-learner relationship and higher academic achievements in basic education (Rimm-Kaufman, & Sandilos, 2011). The interaction between a learner and a teacher reflects the importance of attachment in a classroom and in a learning process. Hence it creates a conducive learning environment or climate.

When that social entity of classroom interaction between a learner and a teacher is compromised, animosity in a teacher-learner relationship and demotivation in learning creeps in because rapport is not developed between the two parties endeavouring to teach on the one hand and learn on the other (Adams et al., 2019; Hess, 2020). As a result, the critical thinking development of a learner,

which is what is meant to be nurtured throughout the school experience, is not sufficiently developed (Garrison & Vaughan, 2008; Bean, 2011). A learner comes to school with a marred attachment due to caregiver absenteeism which is a psychological deficient induced by ECT in a rural learner. Because parents, teachers and learners are all stakeholders involved in attachment, it is important to know or understand how teachers work with emotionally traumatised learners in a rural environment where resource impoverishment is common.

Referring on the diagram below, learning regulating tools can be present and applied well, like curriculum setting (teaching presence) or teaching strategies (cognitive presence), but they cannot function without social presence. Hence, 78.9 per cent of learning is presented publicly, whereby the whole class is addressed as distinct from learners sitting in their seats privately learning on their own (Salam, & Shahrill, 2014; Kani, & Shahrill, 2015; Caesar, Jawawi, Matzin, Shahrill, Jaidin, & Mundia, 2016). In other words, learning relies on classroom interaction, social skills or non-cognitive skills which are classroom interactions like brainstorming, discussion or exploration. Attachment thus becomes key, if it is affected at home, it will show in the classroom.

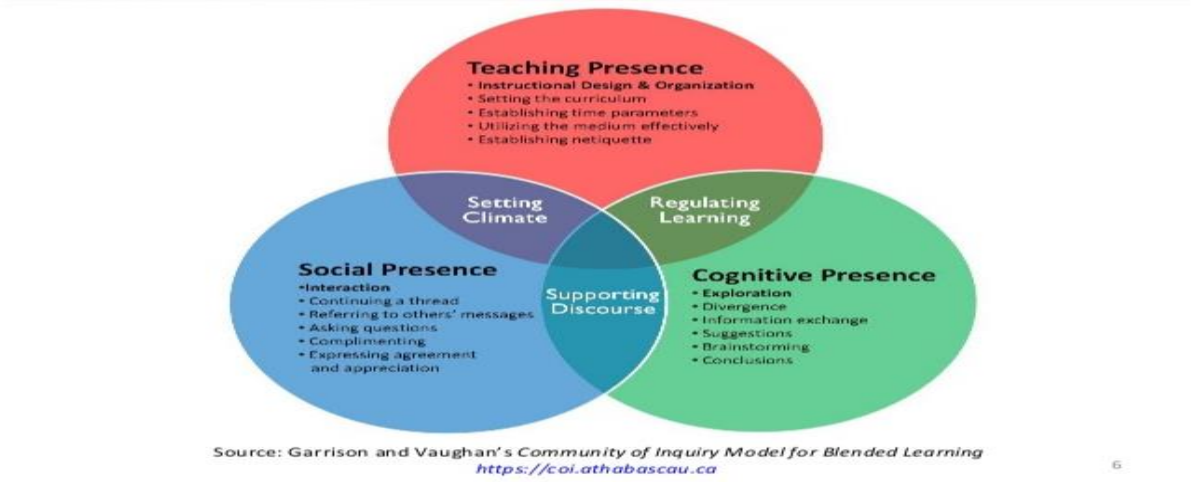

***Figure 2**: Model for blended learning*

Also, low Socio-Economic Status (SES) has been found to correlate with children maltreatment or emotional trauma, and rural areas are no strangers to unemployment and poor education which are crucial components of low SES (Eckenrode, Smith, McCarthy, & Dineen, 2014). Due to insufficient care imposed by caregiver absenteeism, a child is exposed to the risk of suffering from reactive attachment disorder that is part of trauma and stressor-related disorders, which involve emotionally withdrawn behaviour towards caregivers, antisocial behaviour, inadequate affective response towards others (APA, 2013). The deficits mentioned above such as inadequate affective response towards others of ECT may result in a child acting up in a classroom. And the teacher will have a real challenge in disciplining the learner, if he/she has not been made aware that the root of the problem stems from ECT.

Reasons for absence of primary caregivers in different developmental stages of children and adolescent vary. Percentage of death distributed by age group twenty five to seventy four is 66.8% in SA (Stats SA, 2015). KwaZulu-Natal (KZN) is second by 17.7% to Gauteng, which is at the top of SA mortality rate according to Stats SA, (2015). There is a correlation between SES vulnerability of the risks of death shown by the above statistics. Low SES includes lower levels of education, low levels of income and poverty, which expose people on lower SES to a greater risk of mortality compared to wealthier people (Saydah, Imperatore, & Beckles, 2013; Gaydosh, 2015). Mortality then generates multiple risk factors in emotional child trauma. Death of a parent(s) diminishes social support. Children largely rely on parents for social support, which makes death detrimental even more to a child as it is a permanent absence compared to parents migrating to cities for better opportunities (Gaydosh, 2015). Death increases the chances of a child being placed in an orphanage, which raises attachment issues and reduces financial support (Garzouzie, 2011).

As a result, parent absenteeism of whatever kind leads to avoidance behaviour including poor coping skills & escapism in adolescents that involves risky behaviour such as using drugs which, results in delinquent behaviour which accounts for 95% of children who are incarcerated in juvenile correctional facilities according to Garzouzie, (2011). Hence the study focuses on exploring teachers' experiences of working with emotionally traumatised learners to understand the challenges they encounter in rural areas, as the teacher will deal with those difficulties of poor

coping skills or escapism when the emotionally traumatised child comes to school (Atmore, van Niekerk, & Ashley-Cooper, 2012).

Literature affirms that ECT negatively affect metacognition of learners, which is their higher order thinking brain capacities that are of paramount importance for academic performance (Meadows, 2012; Cinnedinst & Koanteng, 2017; Adams et al., 2019). ECT emanating from disorganised attachment patterns result in long or permanent damage to a learner's development such as establishing identity and personal agency, early neurobiological self-regulatory systems (attention & emotions) development and social behaviour development (Lawson & Quinn, 2013). Such damages in academic performance since they involve decision-making, problem-solving or emotional regulation when interacting with other people, are important aspects of learning (Kinniburgh et al,. 2017). Therefore, it is important to know more about how teachers mediate the IWM of learners that come to school with derogatory working models due to ECT in order to maximize academic achievements and development of rural learners and to facilitate integration into a learning culture.

Moreover, rurality adds various contributing factors to the development of ECT in learners. Poor cognitive functioning has been found to correlate positively with insecure attachment in a context of poverty that is rife in low and middle-income areas (Meinck, Cluver, Boyes, & Mhlongo, 2015; Murray, Cooper, Arteche, Stein & Tomlinson, 2016; Tol, Greene, Lasater, Le Roch, Bizouerne, Purgato, & Barbui, 2018). Sixteen per cent of emotional abuse towards adolescents among other rates of abuse occurs in SA, and there is compelling evidence of the negative impact of this on children's health and education in rural areas (Richter, Komárek, Desmond, Celentano, Morin, Sweat & Coates, 2014; Burton, Ward, Artz, & Leoschut, 2015; Cluver, Meinck, Yakubovich, Doubt, Redfern, Ward, & Romero, 2016). These scholars assert that ECT is a common learning barrier in rural areas which yet once more affirms the need for knowledge enhancement on how teachers work with emotionally traumatised learners in rural environments in order to develop mediating responsive strategies for teachers to use in order to minimise to manage ECT in a rural school.

2.2.11. CHILD SELF-REGULATION SYSTEM

Self-regulation is the most important aspect in human species adaptation (Zheng, Chang, Lin & Zhang, 2020). It requires a person to be aware of self, and other people and how every aspect interacts with and the environment (Compagnoni, Sieber & Job, 2020). Compagnoni et al., (2020) assert that it is the lack of self-regulation that is at the core of behavioural problems. When a learner has derogatory self-control skills, this will be exhibited in individual behaviour or behaviour in relation to others interacting within a school setting or a school environment at large. A school is another world that has its own rules, instructions and expectations for learners that they must adapt to in order to survive a school experience. ECT impedes the IWM of a learner, which imposes a limit to one's thoughts and emotional regulation of behaviour (Anis et al., 2020). Self-regulation capacities such as cognition, emotions and behaviour thus become key in a school environment, as a learner will have to rely on them in order to have healthy relations with teachers, other learners, school work and the school as an environment (Robson, Allen & Howard, 2020).

Self-regulation is defined as adaptive skill that involves controlling, directing and planning cognition, emotion and behaviour to enable a person to adjust to or adapt to their social reality. (Morrison, Ponitz & McClelland, 2010; McClelland & Cameron, 2011; Liew, 2012; Zhou, Chen & Main, 2012; Korucu, Selcuk & Harma, 2017). Self-regulation begins with oneself. Self-concept is a cognitive system of an individual's self-perceived identity that describes an individual's internal depiction of their social acceptance, which involves regulating behaviour. (Wang, Ling, Su, Cheng, Jin & Sun, 2015; Lu, Wen, Deng & Tang, 2017). Lower self-concept has been found to exist in association with intellectual and behavioural problems, poor academic performance, as well as unhappiness (Wang et al., 2015). In addition, low self-concept has also been found positively to correlate with low self-esteem, poor motivation and poor coping skills (Lu et al., 2017). This is because learners with impaired self-concept have difficulty in developing autonomy, and authority in doing tasks due to an inability to avoid doubt, guilt or confusion (Marcia & Josselson, 2013). It has been established previously that ECT mars IWM of a child, which is a learner's self-identity that a learner develops from internalising previous interactions including maltreatment that causes ECT (Miljkovitch et al., 2015; Matthews, 2016). Marred ECT affects the system that makes up self-concept and which plays a crucial role in a learning process.

Low self-concept affects cognition functioning (Wang et al., 2015). Cognition functioning is the internal brain functioning of a learner. Children that have endured harm either through rejection or through other maltreatments emotional traumatic events tend to develop a negative self-concept and self-cognition such as them being unlovable, helpless or deficient, which has numerous detrimental cognitive functioning effects such as difficulty in expressing oneself, flexibility and creativity in problem-solving skills, attention deficits or lack of ability to use abstract reasoning (Cook et al., 2017). However, various studies that explore deficits in cognition or life functioning aspects focus mostly on PTSD and not on ECT. They also do not consider the rural context as an important contributing factor to the development of emotional trauma in children. Another limitation to current exploration of ECT is that researchers, education department officials, social workers or psychologists focus on a child in the community in general and not on the learner in a specific school context.

In a South African context, resiliency in learners from rural areas that are encountering various challenges but who manage to succeed academically against the odds has received great attention from educational research scholars (Malindi & Molahlehi, 2020; Baloyi, 2020; Mampane, 2020). Where brain functioning is concerned, learner resiliency has been termed cognitive resiliency. One of the initial parts of learning requires processing information from textbooks or instructions from the teacher. There are external factors, which are learning barriers like ECT that makes processing information by a learner difficult and thereby requires extra cognitive effort to process information presented to a learner (Seufert, 2018). This is where cognitive resiliency comes in handy. This is the ability to process information with those difficulties imposed by ECT that constitute an extraneous cognitive load (Woolfolk, 2010; Seufert, 2018). A learner that has suffered from ECT then has to put in more effort in engaging cognitive resources in order to focus on the teacher's instructions or tasks. The ability to engage such cognitive abilities in situations where cognitive functioning has been compromised by psychological maltreatments like ECT is regarded as cognitive resiliency (Seufert, 2018). However, not all learners that have ECT as a learning barrier causing immense extraneous cognitive load in a learning process will have the necessary cognitive resources to be resilient. Therefore, focus on resiliency or specifically cognitive resiliency imposes exclusion which is against the educational policies of SA. It is therefore essential to understand learners that are able to plan and execute tasks, with ECT compromising their cognitions as an

extraneous cognitive load, not only focusing on resilient learners but on all learners to achieve inclusivity.

In a lesson process in a classroom, cognitive regulation is the most important aspect for learning to occur. The teacher gives instructions, which constitutes an attempt to construct new knowledge in a learner. This requires a learner to use their cognitive resources to process information in order to understand it. Executive functions of the brain are most engaged in information processing by a learner (Chu, Hoard, Nugent, Scofield & Geary, 2019). The initial part of information processing involves the internal model (IWM), which monitors the appraisal of sensory input in the form of sight, smell, touch, hearing and taste largely led by instructions from a teacher in a classroom. ECT compromises IWM, which is mostly composed of cognition and emotion (Woolfolk, 2010). Learners who have endured ECT develop negative cognition of themselves such as being social incompetent in areas like seeking or realising assistance from attachment figures, disassociation, poor self-concept feelings of worthlessness/hopelessness or confusion (Cook et al., 2017). This means, when a teacher provides instructions or tasks, a learner appraises and processes such information with that negative cognition of social incompetency. Hence, biased appraisal of instructions may occur because the learner is hypersensitive to negative cognition or has been conditioned to fear (Cresswell, Galantino & Myezwa, 2020).

Negative cognition and biased appraisal of information processing due to ECT results in biased perception (Woolfolk, 2010). The learner has to first pay attention to the teacher's instructions and then to formulate a perception of them. Where there is occurrence of ECT in a learner, attention is not diminished by extraneous cognitive load such as noisy class or weather. But an extraneous cognitive load is an ECT psychopathology that hinders cognitive functioning in a learner (Malindi & Molahlehi, 2020). Hence, such a learner comes to school with an already fractured IWM, which yields derogatory thoughts like persistent confusion, thoughts of not being good enough or weak feelings of self-worth (Wu & Zhang, 2017; Cresswell et al., 2020). Which means, such a learner pays more attention to surviving and his/her processing of new information is based on the fractured IWM. This results in perception bias, whereby a learner will tend to overgeneralise threats even in situations where there are none (McGuire, Orr, Essoe, McCracken, Storch &

Piacentini, 2016). As a result, the teacher's instructions and tasks will receive minimal attention from the learner, motivation to learn is diminished and therefore learning is affected due to occurrence of ECT.

In addition, ECT is marked by fear, hopelessness and helplessness, which results from persistent exposure to extreme emotional traumatic maltreatments that a child does not have personal resources to overcome and therefore become conditioned to such states of fear and helplessness (Collins, Freeman, Unick, Bellin, Reinicker, & Strieder, 2017). Learned helplessness and fear causes perception bias because a child that has endured ECT tends to pay attention more to threatening information than to neutral information (Williams, 2020). They focus on interpreting unfamiliar information as threatening because of decreased ability to disengage from threatening information (Wu, Szpunar, Godovich, Schacter & Hofmann, 2015). In such a situation, a learner may generalise a response to a teacher as a threat if the development of ECT involved a parent figure. A simple change in tone can be perceived as a threat. As a result, minimal if any learning will occur in a context where a learner feels threatened. Negative cognitive deficits such as perception bias, overgeneralisation and biased appraisal that affects information processing underpin attention bias (Williams, 2020). For learning to occur, a learner must pay attention to a teacher's instructions among other important aspects of learning.

Regulation of emotions is therefore how a child appraises social events (Wu et al., 2015; Williams, 2020). In a school environment the appraisal of events refers to instructions, tasks, activities, relations with teachers and learners. It speaks to a variety of internal psychological aspects like self-concept, self-esteem, self-efficacy and mental wellbeing of a learner. Emotional control also speaks to emotional intelligence, which is regulation of one's emotions in relation to other people's emotions by being aware of both (Humphrey, 2013). Literature affirms that when extreme stressor occurs like ECT, children emotionally withdraw from social events, as a result disassociation, avoidance, diminished motivation, confusion and weak feelings of self-worth behavioural problems develops (Swart, 2013; Cook et al., 2017; Harris & Murray, 2017).

Hence, resiliency and social emotional learning (SEL) have received a lot of attention in the educational research community due to the importance of emotional self-regulation aspect in a learner. SEL involves the teacher nurturing social-emotional competencies like awareness of self-emotions and the emotions of others in order to attain self-management in regulating one's emotions towards others, stressors management and motivating oneself to achieve academic goals (Humphrey, 2013; Weissberg, Durlak, Domitrovich & Gullotta, 2015; Oberle, Domitrovich, Meyers & Weissberg, 2016). However, scholars advocate that adaption of SEL in schools is still problematic (Humphrey, 2013; Weissberg et al., 2015; Oberle, Domitrovich, Meyers & Weissberg, 2016). This is largely because the teacher's main job is to provide formal instructions based on a prescribed curriculum. Nurturing social competencies forms a minimal proportion of the curriculum, which such minimal portion is largely found on Life Orientation (LO) subject (Humphrey, 2013). LO may deal with some social-emotional competencies, emotional intelligence or SEL. However, not all teachers teach that subject area. With ECT hampering SEL aspects of learning such as emotional intelligence and learner motivation, it is important to extend knowledge about challenges and strategies teachers employ in working with emotionally traumatised learners in a rural context.

Emotional disruption also results in behavioural problems. Where ECT is involved, emotional disruption is largely seen in motivation and in coping skills (Swart, 2013; Cook et al., 2017). Decrease in emotional resources correlates with low self-esteem and self-concept (Wang et al., 2015; Lu et al., 2017; Marcia & Josselson, 2013). Motivation has been studied educationally as willingness of a learner to learn and cognitive attributes to beliefs that positively correlate with good academic performance (Hong & Lin-Siegler, 2012; Lin-Siegler, Dweck & Cohen, 2016; Ahn, Luna-Lucero, Lamnina, Nightingale, Novak & Lin-Siegler, 2016). ECT disrupts or diminishes emotional resources in a child (Harris & Murray, 2017). Hence, classroom behavioural problems may occur, such as unwillingness to participate in tasks or making a noise during the lesson or not completing tasks. Coping skills may be aggression, use of drugs or isolation-withdrawal behavioural problems (Kinniburgh et al., 2017; Dorsey, McLaughlin, Kerns, Harrison, Lambert, Briggs & Amaya-Jackson, 2017). Therefore, motivation is an important learning aspect that contributes to a learning process. However, it is one of the deficits of emotional disruption caused by ECT. Which means, poor motivation hampers learning, which consequently impedes

impose challenge(s) to a teacher working with a traumatised learner in a rural environment where limited access to resources will add a burden to a teacher experience.

Disruption in cognition and emotions tends to manifest itself in behaviour. Cognition and brain do not bear physical scars when emotional trauma occurs in a child, unlike physical trauma (Wu et al., 2015). Symptoms are exhibited by behaviour. Studies assert that ECT disrupts cognition, self-perception bias, information appraisal bias and thought inhibition occurs (McGuire et al., 2016; van Rooij et al., 2018). Disruption of cognition and emotions emanates from a need for safety in a child that has suffered ECT (Cook et al., 2017). As a result, poor learning behaviour or incompetent behaviour will develop, as the child pays more attention to threat stimuli, and focuses on surviving than learning (Collins et al., 2017; Williams, 2020). That means a learner goes to school in a disrupted state of mind which causes behavioural problems like inability to complete tasks, not paying attention or speaking out of turn. Therefore, if a child has cognitive deficits like attention and perception bias due to ECT as per the above discussion, this will extend to a school setting where a learner will have problems in processing information in a lesson. Such will be manifested in incompetency behaviour or learner behavioural problems, which contribute to learning deficits in a learner, due the discussed cognitive, emotional and behavioural deficits imposed by ECT.

Deficits in cognition and lack of emotional control result in inadequate coping skills in children (Cook et al., 2017). According to Cook et al. (2017) escapist behaviour as a coping skill is frequent in emotionally traumatised children. This is when one seeks pleasure or safety by engaging in distracting behaviour based on unrealistic fantasies like fictional characters or fantasies that are close to real memories like being someone else to numb or escape emotional agony (French & Stone, 2013; Berkowski & MacDonald, 2014; Rogers & Lowrie, 2016). Escapism is an avoidant coping mechanism that trauma survivors mostly use to avoid emotional anguish and also to fit in or find a sense of belonging in social events stemming from emotional abuse like with an overly authoritative parent, emotional parentification which is where a child is forced or manipulated to be responsible for emotional well-being in the family due to parent absenteeism (Rogers & Lowrie; Dickeson & Smout, 2018). Distracting behaviour is a risky behaviour that a trauma survivor/sufferer uses to mediate distress or discomfort such as alcohol bingeing, stealing,

aggression or indulging in unprotected sex (Fox, Perez, Cass, Baglivio & Epps, 2015; Oshri, Sutton, Clay-Warner & Miller, 2015; Baglivio & Epps, 2016; Fishbein, Dariotis, Ferguson & Pickelsimer, 2016).

Risky behaviour is no stranger to South African rural area teenage girls. Statistics reveal that there is one in four teenage mothers (22%) in urban areas, whereas one in two is a teenage mother (58%) in rural areas making teenage pregnancy a major contributing factor in school drop-out rates in girls as a result of risky unprotected sexual behaviour (Spaull, 2015). In rural areas teenage boys are prone to substance abuse and aggression has been found to be rife and to correlate significantly with ECT, which also contributes to the school drop-out rate, as some end up being imprisoned (Garzouzie, 2011; Sommer, Hinsberger, Elbert, Holtzhausen, Kaminer, Seedat & Weierstall, 2017). However, risky behaviours are largely studied in adults that are trauma survivors. Whereas statistics depict a vivid picture that they are prevalent in rural areas, as well as in those suffering from the effects of ECT. Such risky behaviour emanating from ECT contributes to school drop-out rates in rural areas.

In brief, the above discussion of child self-regulatory system theme involves social adjustment or adaption of a child as a learner in school. Such social adjustment involves cognitive, emotional and behavioural abilities. The discussion outlined that ECT hampers child self-regulation system by imposing cognitive, emotional and behavioural deficits. All of the deficits have a common ground of hampering learning in a child, which means the child is unable to adapt in a school due to inability of regulating thoughts, emotions or behaviour. Cognitive deficits included attention bias, which results to difficulties in processing information in a learner. Emotional deficits involve compromise in motivation, emotional intelligence and SEL, which affects a learner's self-concept and willingness to learn. Behavioural deficits, consist of learner behavioural problems such as escapisms, inability to complete tasks, avoidant behaviour among others. The clear indication outlined by literature is the negative effects these deficits imposed by ECT have on learning. Literature also indicated that ECT prevalence is higher in rural areas children. Such motivated the purpose of the study of exploring teachers' experiences of working with emotionally traumatised

rural learners, seeking in-depth understanding of challenges encountered by teachers in rural areas from working with ECT suffered learners.

2.2.12. *INTEGRATED SCHOOL HEALTH POLICY* (ISHP) (2012) AND *SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT* (SIAS) (2014) SA NATIONAL EDUCATIONAL POLICIES

The SA education system has been spearheading inclusive education since the enactment of the *Educational White Paper 6* (EWP6) policy in 2001 (Swart & Pettipher, 2016). ISHP and SIAS are additional policies to strengthen EWP6 inclusive education objective (DoE, 2001; 2012; 2014; Hess, 2020). Among various short-term goals of EWP6 with regard to its implementation was establishing a system of assessing and identifying learning barriers to then address them at a foundation phase (Grade R – 3) (DoE, 2001). Such a measure would help in going forward if learner(s) do not miss the foundational basis of education. However, it is important to consider that ECT is not a deficit that a child is born with, which will be present in foundation phase for health specialists to identify and address when they conduct their assessment (APA, 2013). Yet it is an external learning barrier that could occur at any point in the education levels of a child.

Thus, ECT is a tricky learning barrier that we are not born with, but it is caused by societal issues. Dealing with it requires a collaborative approach which may involve a variety of stakeholders like learners, teachers, parents or Departments of Health, Education and Social Service. Literature reminds us that collaboration is still largely ineffective where inclusive education is concerned, with regard to implementation of both ISHP and SIAS (Schoeman, 2012; Rasesemola et al., 2019; Hess, 2020). Thus, the perspective of holistic or integrated support that EWP6 envisioned to provide is compromised by collaboration ineffectiveness, which results in learning barriers like emotional child trauma that is not a deficiency within a child, but rather it is an extrinsic learning barrier not being addressed adequately.

The *2012 Integrated School Programme* (ISHP) was subsequently enacted as a national strategy to achieve inclusivity in education (DoBE, 2012). This means providing holistic support that will cater for diverse needs of learners, taking into consideration the rural context (Mhlongo, 2015;

Rasesemola et al., 2019). Hence, ISHP placed emphasis on screening referrals and follow-ups of learners, especially in the foundation phase (DoBE, 2012). ISHP was also not oblivious of societal issues, especially in rural areas such as poverty and primary health care which tended to induce extrinsic learning barriers, such as ECT (Mathikithela, 2020). However, ECT remains a learning barrier that ISHP seems to address in rural environments (Pretorius, 2020). Teachers are not trained to deal with trauma in a classroom, DBST in districts are not functioning sufficiently and collaboration with regard to education role players is ineffective, which then impedes the referral procedure that teachers may exhaust when faced with ECT learning barriers (Rasesemola et al., 2019).

Policy on *Screening, Identification, Assessment and Support (SIAS)* was later enacted in 2014 to enhance goals that were envisaged by EWP6, but this had implementation problems (DoBE, 2014; Hess, 2020). To compliment collaboration put forward by EWP6, SIAS took into consideration the fact that barriers can be both intrinsic and extrinsic (DoBE, 2014). However, lack of training of stakeholders like teachers and collaboration of departments (DoH, DoBE and DoSD) still proves to be implementation problems of SIAS since its inception (Hess, 2020). ECT being an extrinsic learning barrier, which has societal influences, it requires a collaboration of role players, if one is not playing a part, rural learners are left vulnerable to ECT relying mostly on teachers for support.

SIAS categorises the level of support into three levels, which are low, moderate and intense levels of support (DoBE, 2014). In addressing a learning barrier like ECT, counselling sessions with a therapist would be required, at least once a week (Pretorius, 2020). According to SIAS, in low support interventions there is provision for one consultation a term, in moderate intervention the provision is at least one consultation a month and in high intense support provision is at least daily (DoBE, 2014). Trauma cannot be put into a scale of low to high intensity if it is to be addressed. If it is low, counselling once a term will not help the learner. Even if it is moderate, counselling session once a month will also not help. If it is assessed in Special Needs Assessment (SNA) procedure and found to be high intensity, moving the learner to the Special Schools as Resource Centre (SSRC) is required. Whereas, SAIS policy does not stipulate how the referral would work in a rural environment where unemployment is rife. Therefore, referring a learner to a full service

or SSRC would be a burden to some families in rural areas. Nonetheless, inclusive education advocate that all learners' needs shall be addressed to give learners an opportunity to acquire basic education (DoE, 2001).

Among the support structures that inclusive education greatly depends on to achieve inclusivity in schools is District-Based Support Teams (DBST), which every district is required to have that includes various specialists like psychologists, social workers, speech specialists and other disability professionals (Makhalemele & Nel, 2016; Engelbrecht, Nel, Smit & Van Deventer, 2016). The formation of DBST is structured in such a way to address both intrinsic and extrinsic barriers to learning. Intrinsic learning barriers refer to barriers that are within the child such as autism, vision or hearing impairments (Illeris, 2018). For such learning barriers that are intrinsic, their causality is not based on context and they are mostly learning barriers that require medical intervention. Conversely, extrinsic learning barriers are context-based as their causality is mostly based on the environment (Makhalemele & Nel, 2016). ECT is an extrinsic learning barrier because a child is not born with it, but develops from emotional social traumatic experiences. Access to primary resources like social welfare services and primary health care still proves to be an issue in rural areas (Vergunst, Swartz, Mji, MacLachlan & Mannan, 2015; Sender 2016). Thus, ordinary public schools, even full-service schools in rural areas are not sufficiently resourced to address ECT as an extrinsic learning barrier due to inability to access resources and the old outcry of teachers not being trained to provide necessary support to learners (Hess, 2020).

2.3. THEORETICAL FRAMEWORK

Theory refers to a poignant analytical and interpretive system by abstract concepts and their relationships that help qualitative researchers understand the phenomena being studied within given social settings (Goodson, 2010; Lewis, 2015). For that reason, it is a framework upon research questions of a qualitative study are backed by scientifically researched evidence for describing a phenomenon, human behaviour, thoughts or human development (Sunday, 2017). Thus, it is a scientific system, framework, principles or body of facts that are used to explain why things happen, the occurrence of human thought or behaviour patterns. In other words, it is factual

evidence used to substantiate the exploration of teachers' experiences in a rural secondary school context.

Empirical social science yields knowledge that is categorised into theories that help us understand life's events and their complexities, patterns and the reasons they happen (Neuman, 2011; Bendassolli, 2013; Achinstein, 2010). In other words, theories are backed by empirical evidence, which is scientific evidence that has been proven true, which makes them trustworthy where understanding of a phenomenon is concerned. For that reason, empirical evidence is founded on rigor, dependability, and credibility, which makes the theories' knowledge trustworthy in terms of assertion of research phenomenon.

The study intends to explore the experiences of rural secondary school teachers of working with learners that have suffered from ECT. Hence, Attachment, self-Regulatory and Competency (ARC) was chosen for this study. ARC is a psychological theory, it suits the study because ECT is a psychological disorder, therefore it provided credible knowledge in understanding ECT from a child outside the school context, and to a child as a learner in a school context. Moreover, it compliments semi-structured study's technique of generating data as it looks at the individual experiences of teachers in their unique context, rather than studying them as a group (Kinniburgh et al., 2017). Individual teachers that work with emotionally traumatised learners in different capacities were studied individually through exploring their experiences and understandings of ECT from experiences of teachers of working with emotionally traumatised rural learners. Therefore, it is a theory that compliments case study research method and semi-structured data generating technique of this study.

2.3.1. ARC THEORY BACKGROUND

ARC theory was developed in 2005 by Kristine Kinniburgh and Margaret Blaustein. Kinniburgh is the originator and co-developer of the ARC treatment framework. She has worked with traumatised children and adolescents in various settings such as after school programmes, hospitals and public schools. Dr. Blaustein is the co-developer of ARC in the United States of America (USA). Dr. Blaustein is currently director of the centre for trauma training in Needham and is past

division director for trauma training and education at the trauma centre at justice resource institute. Dr. Blaustein is a practicing clinical psychologist and her work focuses on the understanding and treatment of complex childhood trauma (https://arcframework.org/).

Kinniburgh and Dr. Blaustein worked together on the trauma centre at the Justice Resource Institute. Their work involved providing trauma-informed services to community-based services. In their quest for an understanding of trauma treatment, they discovered three domains which are attachment, self-regulation and competency as a treatment framework (https://arcframework.org/). ARC as treatment framework is flexible, and it acknowledges that treating trauma differs with clients and different strategies may be required accordingly. It is also not context blind. Therefore, it can be applied in different settings to children and adolescents.

2.3.2. RATIONALE AND THE IMPORTANCE OF THE THEORY

ARC theory takes the role of context into account in the development of ECT, which is the main reason for adoption on this study. In South Africa, educational policies are currently spearheading inclusive education. Inclusion in education speaks to context, and rural and metropolitan contexts are not the same. Therefore, such difference needs consideration to ensure that exclusion does not occur. Thus, in looking at a treatment framework, ARC views the children-in-context (Kinniburgh et al., 2017). In so doing, it complements the views of the inclusive education as it shies away from looking at learning barriers from a medical-deficit model that only looks for a deficit within the child, but it also considers extrinsic learning barriers that emanate from societal issues like the economic background of a child (Craig, 2015; Swart & Pettipher, 2016; Morton, 2018). Teachers' experiences of working with emotionally traumatised rural learners is explored in a specified rural context in this study, and ARC acknowledges context as one of the contributing factors of ECT, which makes it relevant to the study (Kinniburgh et al., 2017).

ARC accommodates children that have suffered from ECT and it is applicable in settings like schools, which are made to offer basic education not psychological and mental treatment. Therefore, it will provide credible knowledge about the manifestation of emotional child trauma in a rural secondary school setting. Acknowledgement of rural context will allow a researcher to

explore the ECT phenomenon's deep-rooted realities involving encountered challenges and strategies used by teachers to manage ECT in rural learners. The ARC theory's components are also key fundamentals in a rural secondary school. Attachment speaks to relationships (teacher-learner or learner-peer relationships), self-regulatory systems abilities involved in functioning of the brain (emotions, attention, planning & execution), as well as competency, which is the ability (knowledge or skills) to do something successfully, which all makes the school experience rich for both teacher and a learner (Spinazzola, Hodgdon, Liang, Ford, Layne, Pynoos & Kisiel, 2014). When the teacher/learner relationship is derailed, this will have a negative effect on the academic competency of a learner. If self-regulatory systems are impaired, academic competency of a learner will be hindered (Collin-Vézina, Coleman, Milne, Sell & Daigneault, 2011). Therefore, these components obviously make the experiences of teachers which makes such experiences an important area to be explored in generating data. Hence, they are crucial in understanding the ECT phenomenon that is the subject of this study and in organising literature appropriately.

ARC theory is compatible with the study's interpretivist paradigm and qualitative case study research method. Hence, it is not strictly structured, but it is flexibly to give room for construction of knowledge from the field data. Flexibility is evidenced by the theory's acknowledgment of context as a major contributor to ECT, which makes it develop differently from place to place (Kinniburgh et al., 2017). Hence, the study is specified in a rural context in order to explore teacher' experiences of working with emotionally traumatised learners from the rural context. In so doing, it safeguards the researcher from over-relying on a theory as a rule, which may erroneously lead the research study to evaluate the theory. Nevertheless, it allows induction of knowledge from other sources. Hence, the study is driven by an inductive approach, placing emphasis on an interpretative worldview that allows emergence and construction of knowledge based on affirming that reality is not singular (Neuman, 2011). The flexibility of theory components safeguards the researcher from evaluating a theory, but provides understanding about the phenomenon and allows interpretation of the ECT phenomenon by participants, construction of knowledge in their context rather than affirming preconceptions from a known rule or fact (theory) (Punch, 2014).

ARC theory helps to distinguish emotional child trauma from known common types of child trauma like physical abuse or complex trauma. The theory specifically speaks to psychological maltreatment rather than to the likes of physical abuse, which is emotional trauma known as silent trauma or unseen wounds (Spinazzola et al., 2014). In so doing, it minimises confusion that might rise without them about the type of trauma explored in this study, because child trauma is a broad phenomenon.

2.3.3. APPROACH OF THE THEORY

The ARC theory contributes with knowledge in understanding the teachers' challenges of wrking with emotionally traumatised learners in a rural context. Hence, it contains the components that are compromised by ECT in a learner, and those components (attachment, self-regulatory and competency) plays a vital role in academic performance that the researcher intends to explore (Kinniburgh et al., 2017; Adams et al., 2019). However, it is worth noting that the inductive approach that normally results in a grounded theory in qualitative studies is not employed in this study. In the case of grounded theory or an inductive approach, a theory itself would be established by the researcher and the participants (Neuman, 2011). In this study, ARC theory provides guidance for the researcher to find a perspective in the processes of exploring the understanding of participants and in interrogating the act of generating data. Therefore, this is a partial basic research seeking to explore about teachers' experiences of working with emotionally traumatised learners of secondary school learners in a rural environment. Such exploration should fill the knowledge gap concerning emotional child trauma as a stealth learning barrier rife in rural environments, as the study the approach is inductive. Hence, it attempts to gain more knowledge about the little-known ECT learning barrier in rural school context, as opposed to generating completely new knowledge (Neuman, 2011; Punch, 2014). For that reason, research questions are driven by ARC theory, which also guides the research design in terms of sampling participants, and generating and analysing data as the theory place emphasis on acknowledging context.

ARC theory clearly exhibits what will be explored in the study. ECT negatively affects attachment, self-regulatory and competency in a learner (Collin-Vézina, Coleman, Milne, Sell & Daigneault, 2011). Consequently, when attachment, which refers to a teacher-learner relationship in this

instance is compromised, self-regulation suffers, which results in impediments to competency in learners (Collin-Vézina et al., 2011). Competency impediment refers to performing poor academically due to the effects of ECT deregulating the self-regulatory system of a learner. All of which constitutes the experience of a teacher in a rural school. ARC stipulates that it is important to understand these three ARC theory components in attempting to understand the impact of ECT on learner's lives (Kinniburgh et al., 2017). In so doing, ARC theory offer a path to follow for this study to understand the challenges of working with emotionally traumatised learners of rural secondary school going learners, from studying deficits outlined on the ARC components due to ECT.

2.3.4. COMPONANTS OF ARC'S THEORY

The body works as an integrated system. A deficit to one part of a system subsequently results in a deficit in functioning of the individual in the another part, as the system is integrated and functions interactively. The human body has an internal and an external system. The internal system consists of a psyche of an individual, which is the functioning of the brain that is unobservable with the naked eye (Scaer, 2010). The external system refers to the body parts, which are observable that largely represent psyche (thoughts or emotions) made visible through exhibition of behaviour (Woolfolk, 2010). These systems develop as early as from inception of a zygote and proceed all the way up to adolescence and further stages of human development (Black et al., 2017). ARC's components consist of attachment, self-regulation and competency. According to Kinniburgh et al. (2017) emotional traumatic events experienced by children interfere with different stages in the development of an adolescent, and this theory's components are the psychological domains that get gets affected by ECT in a child. Attachment speaks to the ability to form and maintain relationships; self-regulation involves the child's ability to socially adjust through the ability of thoughts, emotions and behaviour regulation; lastly, competency speak to academic performance of the child, which is an outcome of attachment and self-regulation (Spinazzola et al., 2014; Kinniburgh et al., 2017; Cook et al., 2017).

These three components are crucial in exploring teachers' experiences of working with emotionally traumatised learners in a rural school environment. Attachment component is a huge

part of learning because it speaks to relationships, which involves teacher-learner relationships, peer relationships, school work relationships and a relationship with a school in general that contribute to academic performance (Meyers & Weissberg, 2016). Self-regulation involves regulation of thoughts, emotions and behaviour, which speaks to a child's self traits like emotional intelligence, self-identity and motivation, which also are important aspects of academic performance (Van Tongeren, DeWall, Green, Cairo, Davis & Hook, 2018). Competency in this study looked at academic performance of a rural learner from a teacher's perspective as a result of ECT imposing deficits on attachment and self-regulation.

2.3.4.1. ATTACHMENT

ARC captures three fundamental aspects in understanding health or well-being of a child, which are neurobiological, psychological and socio-cultural (Kinniburgh et al., 2017). These aspects relate primarily to the relationship between the caregiver and the child that occurs socio-culturally in a given context. As a result, primary caregiver-child attachment spans and transcends time and space to a child being able to bond deeply with other people like friends or teachers (Bergin & Bergin, 2009; Roorda et al., 2011; Blair & Raver, 2015). Psychologically, secured attachment enables children to explore their surrounding environments (Bergin & Bergin, 2009). The theory maintains that majority of children that have had an emotional traumatic experience suffer from insecure attachment patterns, resulting from caregiver maltreatment; with contributing factors such as inconsistent, neglectful or rejected caregiving (Kinniburgh et al., 2017). Such a circumstance "forces a child to manage overwhelming experiences by relying on primitive and frequently inadequate coping skills such as aggression, dissociation, and avoidance" (Kinniburgh et al., 2017, p.426). Those primitive, inadequate coping skills interfere with a learning process and academic achievements as teachers have to deal with such behaviour which often results in misbehaviour which gets to be recorded in misconduct books rather than in school records of excellency.

Attachment is a continuous interplay of the child seeking a safe and secured environment from an attachment figure who mediates responses to the child's life stressors (Braza, Carreras, Muñoz, Braza, Azurmendi, Pascual-Sagastizábal & Sánchez-Martín, 2015). In attachment, behaviour involves a dualism. There are behavioural needs and there are behavioural problems that may result in behavioural disorders. Shortcomings in parental capacities such as lack of warmth, neglect,

rejection or emotional unavailability result in behavioural problems, which are co-morbid with ECT (Zarra-Nezhad, Moazami-Goodarzi, Nurmi, Eklund, Ahonen & Aunola, 2018; Cowan, Cowan, Pruett & Pruett, 2019). Behavioural problems emanating from a caregiver's flawed attachment negatively influence the behavioural needs of a child to feel safe and secure (Braza et al., 2015). Concomitantly, behavioural needs elicit Child Behavioural Drivers (CBD), which bring into play a cascade of needs for safety, security, warmth, care and love (Braza et al., 2015). Impaired attachment is therefore a major contributor to ECT and Child Behavioural Problems (CBP), which later confront the teacher (attachment figure) in a classroom or in the school at large.

Neuropsychologically, previous attachment experiences subsequently become internal representational systems that some child use to understand social events and the world (Matthews, 2016). Association of caregiver's impaired attachment with future behavioural problems results in the apparent internalised erroneous attachment that an adolescent model in their later response to social events. CBDs and carer's responses to them continuously develops Internal Working Models (IWM) in a child. Through the interaction process with attachment figures, children develop IWM of 'self' and 'others', which are representations or working models that are used in future to predict availability of the carer and to regulate their relations with others and objects (Miljkovitch, Moss, Bernier, Pascuzzo & Sander, 2015; Matthews, 2016; Buist, 2016). That is to say, children internalise the relationships they have with their caregivers, which form their mental working models that they later use to appraise or interpret future relations based on their previously formed responses to their CBDs.

The IWM can either be based on a secure or insecure attachment. When a stressor occurs, attachment systems get activated, which reflect the behavioural needs of a child to feel safe and secure (Buist, 2016). In a secure attachment, the attachment figure is available, sensitive and consistent in meeting the behavioural needs or mitigating life stressors resulting in a happy explorative adolescent who develops an IWM of believing that he/she deserves to be loved and his/her needs will be met by an attachment figure (Matthews, 2016). On the other hand, insecure attachment results in the belief that his/her needs will not be met, which leads to trusting issues, insecurity confusion avoidance of emotional connection, anger or anxiety (Cook et al., 2017). Because the attachment figure is distant, inconsistent, neglectful, or resentful in responding to the child's needs, this may result in a child internalising the notion that he/she is not worthy of being

loved or of having his/her needs being met (Gross, Stern, Brett & Cassidy, 2017). If the attachment domain is compromised a teacher in school will constantly be dealing with a learner that has internalised such insecure attachment based on a compromised IWM.

ECT hampers attachment component of psychological development in a child, which induces insecure attachment patterns due to contributing factors such as in caregiver absenteeism because of hospitalization, incarceration or multiple separations because of moving consistently from one place to another (Blaustein & Kinniburgh, 2010). Such occurrences result in long or even permanent damage to the child's development with regard to the psychological development, identity and personal agency, early neurobiological self-regulatory systems (attention & emotions) development and social behavioural development that involves decision making, problem-solving or emotional regulation when interacting with other people (Lawson & Quinn, 2013; Kinniburgh et al., 2017). The child's first school is home, where their first motor-reflexes are nurtured, and language is developed as well as social behaviour. Attachment also forms the most primary source of social support, as children turn to their caregivers when their resources are unable to match a particular stressor or negative life event they have encountered (Blaustein & Kinniburgh, 2010). ARC theory gives guidance into looking at the attachment component, which involves relationships, in the course of exploring the experiences of teachers of working with emotionally traumatised learners at a rural secondary school.

2.3.4.2. SELF-REGULATION

The essence of self-regulation is adaptation. To adapt to social events, one needs to regulate behaviour, thoughts or emotions (Zheng, Chang, Lin & Zhang, 2020). One's behaviour extends to others and it requires a lot of self-regulation to ensure that relations with others are healthy. One's thoughts or mind-set requires a lot of modulation to ensure that one pays attention to things that benefit him/her rather than to things that are detrimental. Self-regulation denotes soft skills such as personality qualities, communication skills or respect for others that enables one to socially adjust (adapt) to social events. In a case of ECT, if self-regulation is compromised then social development and social adjustment become compromised in a learner (Meadows, 2012). In a school setting, such academic incompetence reveals itself in the inept way in which a teacher deals with a learner that may not be able to control unwanted behaviour, or curtail unwanted thoughts

or is unable to control their emotions in order to adjust or academically adapt to the school environment. As ECT compromises self-regulation by inducing deficits in regulation of cognitive functions, emotions and behaviour (Kinniburgh et al., 2017). However, self-regulation in a learner is also an important learning aspect, because a child will need to adapt in a school. Therefore, ECT helped in providing knowledge about the domains that get hampered by ECT in a child such as self-regulation, which plays an important role in a learning process.

The depth of social adjustment or adaption lies in the capacity for self-regulation. Self-regulation is defined as a concept that encompasses controlling, directing and planning cognition, emotion and behaviour that enables a person to adjust or adapt socially (Morrison, Ponitz & McClelland, 2010; McClelland & Cameron, 2011; Korucu et al., 2017). It involves behavioural effort control ability in learners based on their IWM and on the ability to avoid acting (behaviour) impulsively, but on a willingness to act in such a way as to better a perceived negative event through regulating their emotions, thoughts and behaviour (Korucu et al., 2017). It also involves cognitive-neural systems that consist of higher thinking order activities such as planning, problem-solving and goal-orientated thoughts (Korucu et al.,2017). The common ground of both behavioural effort and cognitive-neural regulation approaches is emotions. How a child appraises an event is based on emotions, which later influence self-regulation. In an extremely distressfully appraised event, both self-regulation approaches are compromised because the child will act based on survival mode (fight, flight or freeze) (Zhou et al., 2012). In a school context, a child's self-regulation and competency abilities will be hindered if emotions are not regulated. Emotional deregulation will cause compromise in self-regulation aspects such as problem-solving skills, goal-directed behaviour and inhibition of impulsivity behaviour and thereby academically underachieve, which is a sign of inability to adjust or to adapt in school (Liew, 2012).

Self-regulation is largely based on triadic accounts consisting of personal, environmental and behavioural influences, since it is defined as controlling cognition, emotions and behaviour that develops through social interaction with other people and the environment (Korucu et al., 2017). Personal behaviour is internal and self-influenced. It involves a learner's prior knowledge, intrinsic motivation, identity, self-esteem, thoughts, emotions, values and beliefs (Van Tongeren, DeWall, Green, Cairo, Davis & Hook, 2018). Environmental behaviour involves external social influences such as the learner's social relationship with others and objects (caregivers, teachers, friends or

school environment), which acknowledges the rural context as a contributing factor to ECT development (Jonason & Ferrell, 2016; Isohätälä, Järvenoja & Järvelä, 2017). Behaviour is action or reaction made up of both the internal and external influences that mark the social adjustment of a learner (Hadwin, Järvelä & Miller, 2011; Blair & Raver, 2015). Deficits in self-regulation caused by ECT, will extend to the above-mentioned triadic accounts. A compromise in self-regulation in a child due to suffering from ECT may induce deficits on the triadic accounts, which will influence the academic performance of a rural learner. Therefore, ARC theory helps in understanding the psychological domains that are affected by ECT in a learner, which contributes to academic performance.

2.3.4.3. COMPETENCY

Competency is an outcome of attachment and self-regulation two components of ARC theory. From attachment, learners develop their IWM that helps them adapt to the school environment. Self-regulation is the important aspect in learning that yields success academically, as learners that regulate themselves will tend to academically perform better (Jansen, van Leeuwen, Janssen, Conijn & Kester, 2020). How well a learner adapts in school is an antecedent of how competent a learner is in school. Therefore, competency is an outcome of those two components. The outcome involves a cascade of interactions with other people, objects and the environment (Jansen et al., 2020).

Competency refers to a pool of skills, knowledge and abilities needed for effective performance (Campion, Fink, Ruggeberg, Carr, Phillips & Odman, 2011; Molina, Molina-Moore, Smith & Pratt, 2018). It also refers to the ability of being sufficiently or legally qualified to perform something (Sharpless & Barber, 2009). Thus, competency refers to a measured outcome or behaviour based on one's abilities or capabilities of doing tasks. Therefore, in a learner context, it links with self-regulation, which involves goal-orientated behaviour, decision-making skills, coping skills, regulation of emotions and thoughts, and socialisation skills that result in competent behaviour in a learner (Kienfie Liau, Chow, Tan & Senf, 2011; Brink & Wissing, 2013; Chong, Liem, Huan, Kit & Ang, 2018). Self-regulation subsequently correlates with self-efficacy, which is personal judgement of how well a learner can plan and execute tasks based on personal resources such as cognition, emotions, behaviour and self-motivation that will yield competent behaviour (Chong et al., 2018; Adams et al., 2019). In other words, competency involves attachment as well,

which involves social competencies that have to do with regulating social relations like a teacher-learner relationship that influences personal resources (Cook et al., 2017). Therefore, competency in a learner involves attachment (IWM), self-regulation and school experience that yields competent behaviour in a learner as the learner develops academically and as a person.

The deficits caused by ECT on the development of the child manifest themselves in disruption of competencies. When the child is unable to achieve certain things, like progressing academically, it means the child is not competent as a learner. Due to depletion of personal resources, attachment, self-regulation and self-efficacy learning is compromised, which yields incompetent behaviour (Adams et al., 2019). For instance, flawed IWM due to previous insecure attachment will disrupt self-regulation, and negatively influence self-efficacy in areas such as cognition, emotions and self-motivation in a learner's beliefs of his/her capabilities to successfully execute tasks (Williams, 2020). Therefore, attachment and self-regulatory systems are co-morbid in the occurrence of ECT in a rural learner's life which yields incompetency, displayed on academic performance of a rural learner induced by ECT. For the most part, it is a teacher's job to work with learners to achieve good academic performance, through managing learning barriers such as emotional child trauma. Therefore, competency ARC component helps provide knowledge with regard to teachers' challenges in working with emotionally traumatised learners in order understand aspects that ECT affects in a learner that may result in academic underperformance or learner incompetency.

ECT tends to result in conditioned fear and in inhibition, which is the inability to curtail the fear response even in safe environments (Collins et al., 2017). This causes an individual to engage in habitual actions rather than in goal-orientated actions involving focusing ability of selectively attending to task-relevant information (Diamond, 2013; Van Rooij, Geuze, Kennis, Rademaker, & Vink, 2015). In addition, multitasking that is promoted by cognitive flexibility is influenced by ECT resulting in inability to consciously and unconsciously switch attention from one task to another (Shields et al., 2016). In other words, executive functions involve both self-regulatory systems and competencies. When the learner is unable to manage his/her emotions due to ECT, this will result in the learner being unable to pay the required attention to tasks and class activities (Williams, 2020). Consequently, the learner will prove to be incompetent academically.

In brief, competency as a learning outcome in a school setting encompasses internal resources of a learner (thoughts, feelings & behaviour) that interact with external resources (parents, friends, teachers & environment) that yields a competent behaviour in a learner. Depletions of external resources due to insecure attachments influence internal resources such as self-regulation, affect school experience negatively and this yields the impression of incompetent behaviour. ECT attacks these salient domains of attachment, self-regulation & competency which then negatively influence learning and academic performance of a rural learner. Incompetent academic performance as an outcome behaviour, it is what motivates teachers to identify learning barriers. Therefore, it is an important concept that enriches teachers' experiences and provides salient knowledge of learning domains that yields academic performance.

2.4. CHAPTER SUMMARY

Chapter two provided a literature review and theoretical framework of this study. Literature review place emphasis on outlining the knowledge gap that the study intends to address. Firstly, it provided an introduction and reviewed literature approach, which is narrative approach of reviewing literature that provided guidance and parameters with which to search the literature to extract relevant scholarly knowledge about the ECT phenomenon. Secondly, important themes relating to child development, conceptualisation of trauma, the neuropsychological perspective, international perspectives of teachers' challenges of working with emotionally traumatised learners, sub-Saharan African perspectives of teachers' challenges of working with emotionally traumatised learners, emotional child trauma symptoms, risks and prognostic factors, and reasons for emotional child trauma misdiagnosis were discussed. These themes outlined a development of the phenomenon biologically, psychological and socially and its relationship with the rural context. Thirdly, it considered attachment, child self-regulatory system and ISHP and SIAS educational policies that link education and psychological through ECT learning barrier were also discussed. These concepts are the main foundations needed to understand the learning process in a school setting, which is largely compromised by ECT.

In addition, chapter two also presented ARC theory, defined theory, discussed the theory background, theory's rationale, approach and the ARC theory components, which are attachment,

self-regulatory and competency. ARC helped in linking psychology with education in order to understand the impact of ECT (psychological disorder) to rural learners' academic performance (education). It provided knowledge about the domains that ECT hampers in a learner suffering from ECT, which makes it a learning barrier in school. Those domains are attachment, self-regulatory and competency. The following chapter (three) presents a study design and methodology which indicates how the data can be used to fill, in some measure, the knowledge gap identified in the review of the literature.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter presented literature review as an effort to highlight the research problem of this study and it importance to be conducted. It further presented a discussion on ARC theoretical framework, which provided empirical knowledge about ECT, the attachment, self-regulation and competency psychological domains that are hampered by ECT resulting to learning difficulties that potentially become teachers' challenges in working with rural emotional traumatised learners. Chapter three provides a research design and research methodology. Research design looks at the study strategies which involves study design, approach of the study and research paradigm. Furthermore, discussion on methods that were used in conducting this study was provided on the research methodology. Methods consists of qualitative research method, case study, research participants sampling method, data generation and analysis methods. This chapter also presented ethical issues, issues of trustworthiness and study limitations. Lastly, summary of chapter three is provided.

3.2 RESEARCH DESIGN

Research design uses planned logical blue prints of systematic strategies employed in the process of executing a research study in such a way as to link research questions to the generated data and they guide the researcher adhere to the empirical world (Tracy, 2010; Denzin & Lincoln, 2011; Punch, 2014; Yin, 2015). In other words, it is a structure or protocol that guided the researcher in terms of where to generate data and how to generate data relevant to the topic in order to provide trustworthy and credible answers to the research questions. It provided the researcher with lenses through which to inspect and parameters within which to operate to avoid the overloading of data. Case study suited this study because its purpose rest on exploring. It does not seek to solve or treat the problems of ECT, but to identify factors of the ECT involved in rural secondary school teachers of working with emotionally traumatized learners in order to enhance knowledge to better understand ECT phenomenon (van Wyk, 2012; Manwa, 2014; Boshoff, 2015; Hemmings & Evans, 2018).

One of the major strengths of a case study is to capture real lived events in their natural settings of particular to their context (Yin, 2015; Singh, 2015; Merriam & Tisdell, 2015). For that reason, this research attempted to capture real lived events through exploring teachers' experiences of working with rural emotionally traumatised learners in order to understand the challenges teachers encounter and strategies they use to manage ECT on learners at a secondary school level. Rural context is the element of this study's research problem. It is viewed a contributing factor to ECT in a rural context (Kinniburgh et al., 2017). Hence, case study assists in capturing the rural context in efforts to surface key issues regarding ECT from experiences of teachers in their working environment.

Figure 01 below is the summary and gist of this research project design. It consists of four central ideas which this chapter will attempt to articulate which are: research strategy, paradigm, research participants and techniques and protocols for generating and analysing data.

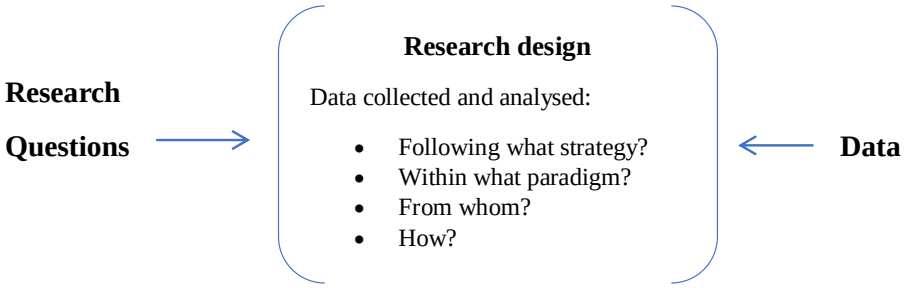

Figure 3: Research Design Source: (Punch, 2014).

3.2.1. THE APPROACH OF THE STUDY

This study's approach was inductive. In other words, it followed inductive reasoning that used a bottom-to-top approach. Many scholars affirm that a qualitative study is mostly associated with inductive approach, which suits the principle of conceptual development from the ground upwards. (Punch, & Oancea, 2014; Hammersley, 2017). Hence, it did not use a grounded theory approach. However, the adopted theory was used as guidance to the study, due to time constrains as this is a masters dissertation. Therefore, inductive reasoning allowed for identification of factors relating

to ECT phenomenon, categorisation based on the experience of teachers who had worked with emotionally traumatised learners in a rural context (bottom) and thereby make a generalisation from a specific observation (top) (Punch, 2014).

An inductive bottom-to-top approach compliments the general (loose) structure of the study. The general structure allows for the emergence of data from the field and co-construction of knowledge between a researcher and the participant. The inductive approach places emphasis on constructing knowledge from the ground, upwards which involved the observation of participants in their natural setting(s) (Gabriel, 2013). Instead of hypothesis, induction uses research questions in a specific context to make a generalisation from a specific case observation (Senanayake, 2017; Alvesson & Sköldberg, 2017). Therefore, to achieve the purpose of the study, instead of testing a theory, inductive approach assisted by allowing for the emergence of data, identifying patterns and categories from the data and making a generalisation.

Adoption of a theory does not change the nature and structure of the study. The theory solely provides guidance and perspective to avoid wastage of time and overload of data, as it is known that an inductive qualitative study is iterative (Punch, 2014). For example, ARC theory provides credible knowledge that attachment, self-regulation and competency are the main psychological domains hampered by ECT in a child. Such knowledge gave the researcher a starting point on where to enquire. Interview questions were formulated in relation to the theory. However, they were semi-structure, to allow emergence of data. Also not completely unstructured as this is not a grounded theory research. For that reason, research questions and reasoning are guided by the adopted ARC theory, which also guides the research design in terms of sampling participants, generating and analysing data as the theory places emphasis on acknowledging context as a contributing factor to the development of ECT, of which the focus is on a rural context in this study (Kinniburgh et al., 2017).

3.2.2. THE PARADIGM OF THE STUDY

Paradigm is defined in many ways by many scholars. It is defined as a philosophical thinking technique (Kuhn, 1962); researcher's viewpoint about the world (Mackenzie & Knipe, 2006); a

"perspective that informs the meaning or interpretation of research data" (Kivunja & Kuyini, 2017, p. 01); and human constructions which posit that the researcher as an enquirer comes to construct knowledge from social realities of people and their environment (Denzin & Lincoln, 2011). Despite such a variety of definitions, paradigm is commonly defined "as a basic set of beliefs or worldview that guides research action or an investigation" (Lincoln & Guba, 1985 as cited in Kivunja & Kuyini, 2017, p 01). The common ground of a paradigm is the involvement of people's thinking in the course of interacting with their environment, which gives birth to their beliefs and their understanding of the world. The interaction with the environment gives birth to social realities within a given social context as it is a process that involves innate knowledge and learned knowledge (frame of reference) to understand what is not known by an individual. The interaction process thus yields knowledge and afore mentioned sets of beliefs that form a frame of reference, which is a lens that an individual use to look at the world. As a result, a paradigm becomes a researcher's lens that he or she uses to contemplate and capture beliefs, experiences and knowledge of the participants in the study.

In this study, interpretivist paradigm was adopted. The essence of the interpretivist paradigm is to delve into people's frames of reference seeking in-depth understandings of their subjective worlds (Muribwathoho, 2015; Naidoo, Van Wyk & Waggie, 2017). An interpretive approach refers to a critical exploration of how humans attach meaning to their daily lives within their social context, seeking in-depth-understandings and interpretations of how they create and maintain their social realities (Neuman, 2011; Taylor, Bogdan & DeVault, 2015). A social context is a key factor which influences the social realities of participants. Therefore, the interpretivist paradigm maintains that emphasis should be placed on the interpretation of the world by the participants in order for a researcher to gain an insight into a participants' subjective world or social reality. Interpretivist paradigm suits this study because the adopted theory of the study, place emphasis on context in terms of how and why ECT develops, it is an exploratory qualitative case study which also place emphasis on the context in order to understand the participants' subjective worlds. Hence, teachers' experiences were explored as their subjective world from their lived experiences, influenced by the rural context.

3.3 RESEARCH METHODOLOGY

Research methodology refers to systematic procedures used to identify, select, process, and analyse information about a topic (Punch, 2014). Methodology in this chapter explains the methodological choices that were made and justify the methodological choices, by showing that the chosen methods and techniques are the best fit for the research aims and objectives, and will provide trustworthy and credible results (Kumar, 2018). The knowledge must be understood within its context and as rural participants interpret it. To avoid being context blind, the natural setting or social context played a vital role in this qualitative study, that sought to understand teachers' challenges of working with emotionally traumatized learners and strategies they use to manage those challenges in a rural secondary school. As a result, naturalist qualitative methodology was applied, which involved an iteration process of seeking in-depth understanding of social realities through exploring the participants' experiences in their school working environment (Beuving, & De Vries, 2015).

3.3.1. QUALITATIVE RESEARCH METHOD

Qualitative research focuses on seeking an in-depth understanding of the meanings people attach to phenomena in their lives within their natural settings (Taylor, Bogdan & DeVault, 2015). It applies naturalistic inquiry by asking questions of a personal nature to understand social realities and phenomena through delving to people's frames of references like culture, religion or politics (Lincoln, Lynham, & Guba, 2011; Beuving, & De Vries, 2015). Therefore, qualitative research method suits this study because the design of the study is exploratory, which means it seeks to explore participants' experiences, rather than to look for causes and effects. Taking into account the social context, which influences the social realities of people and ECT phenomena that require a naturalistic enquiry. ECT as an external learning barrier it can exclude rural learners in basic education by hindering their academic competency if it is not looked into. Thus, seeking to understand it in a natural rural setting is imperative, to fill a gap in our present insight into the phenomenon.

3.3.2. CASE STUDY

Case study place emphasis on examining individual, groups or organization's real life events within the participants' environmental contexts in order to understand a phenomenon or topic

being studied (Yin, 2015). This study explored a single case of a rural secondary school. Aimed at exploring teachers' experiences of working with emotionally traumatised learners within a rural environment. Hence, a single case allowed first order of interpretation, where participants interpreted and shared their understanding of their challenges and strategies they used to manage such challenges from their working experience with emotionally traumatized rural learners (Neuman, 2011). It also allowed second order interpretation by the researcher placing meaning to the generated data, which is presented in chapter four, substantiating the findings with literature as a third order of interpretation (Neuman, 2011). Thus, case study suited the study's purpose which is to explore teachers' experiences within their context in order to gain in-depth understanding of the challenges they encounter in working with rural emotionally traumatized learners and the strategies they employ to mediate ECT in rural learners.

3.3.3. RESEARCH CONTEXT

The Yellow' (pseudonym) secondary school that the research will be conducted to is located in Intakegezangane village. This village is in Pinetown, KwaZulu-Natal province in RSA. The village is semi-conservative as horticulture and pastoralism are still very much practiced as a way of living. Households still have gardens for planting food and fields for grazing goat and cow cattle. Indigenous that is orally passed on to next generations by elders still shape the lives of growing children. For primary health care, grandparents still believe in herbs (e.g. *iboza & magumede*) that they mix themselves to cure illness like coughing. Upbringing of children still undergoes the old way, whereby there is *Induna* that teaches teenage boys culture, music and how to be a man. On the other hand, teenage girls still undergo virginity test, to take part in *Umkhosi womhlanga*, However, some few households fall under middle class, they children so not go to local schools and thus do not live the cultural village style. River (Umlazi river) and forests still plays a vital life to the community where they perform their ceremonial cleansing, wash laundry, collect wood in forests even though there is electricity and water.

In conceptualizing rural ecology, Intakegezangane village is a rural village. Rural ecology is defined by scholars as an area that is isolated geographically from economic activities; impoverished in terms of resources; lacking relevant skills involved in main economic activities due to scarcity of basic service infrastructure like schools and clinics, which makes hard for

children to access them; poverty is rife; basic needs like water and electricity being limited as they tend to be far from their homes (Hlalele, 2012; Mahlomaholo, 2012; Cluver, Boyes, Orkin & Sherr, 2013; Martin, 2015; Cluver et al., 2013; Martin, 2015; Khanare & de Lange, 2017).

3.3.4. SELECTION OF PARTICIPANTS AND SELECTION PROCEDURES

Sampling is referred to as a procedure(s) of selecting people or objects, which becomes a sample that a researcher can conduct a research study from (Punch, 2014). To compliment case study as an adopted enquiry method of this study, the purposive sampling procedure was used to select the case and the participants. Purposive selection procedure did not follow the standard procedure, but a random/handpick method was used based on the researcher's judgement to capture diversity and to relevant data that fit teachers' experiences of working with emotionally traumatised learners in a rural context (Neuman, 2011). The purposively selected case was the 'Yellow' (pseudonym) rural secondary school. The aim was to examine a unique case that was informative rather than being a representative sample, the quality of the information was the priority as distinct from quantity (Neuman, 2011). Yellow secondary school is located in the rural areas of Intakegezangane village, therefore it fits the study requirements concerning adopted inquiry methods and procedures.

Basic education is one of the priorities of government and there are a number of schools in underdeveloped areas in each and every province in South Africa (DoBE, 2014; Hess, 2020). Therefore, the informative unique case of Yellow secondary school could be used as a comparative example to apply to schools in other rural areas. The accessible sample involved teachers that were part of support structures in the school, beyond providing support based on the subjects they taught. Such sample included a representative of the School-Based Support Team (SBST), and the Life Orientation (LO) teachers as they represented the immediate support structures for learners within the school environment. SBST is made up of teachers that provide support to learners and to teachers in a school as a whole (DoBE, 2014). They could therefore be in a good position to inform the standardising of educational policies for local regional public schools in South Africa situated in rural areas.

In a qualitative study, sampling is more theoretical than statistical (Guetterman, 2015). It is driven by the theory and research questions of the study. Attachment, Self-Regulation and Competency theory was used together with the foci of this study to place emphasis on the social context in order to understand empirically the social phenomenon. Therefore, in order to capture the views of the participants that have had real lived experiences of working with learners who have suffered ECT, it is important to follow purposeful non-random, less-structured and open-ended sampling procedure (Yin, 2015).

3.3.5. SAMPLE SIZE AND SAMPLE FRAME

The study aimed at exploring teachers' experiences as a secondary observation, which is their recounts of interaction with ECT suffered/suffering learners (Neuman, 2011). In other words, it means teachers were not primarily observed teaching in the classroom. Three members of the SBST and two LO teachers were purposively selected, making a sample of five participants. This is because teachers are at the grassroots level of the likelihood of experiencing ECT phenomenon as a learning barrier, which is the classroom where the teacher and learners meet in the teaching and learning process. Thus, SBST members were randomly selected as well as LO teachers in understanding the phenomenon at Yellow secondary school. This case study approach was intrinsic, only selecting five participants within the school to explore their experiences of working with emotionally traumatised learners in a rural environment (Yin, 2015).

The accessible sample yielded important relevant information with which to answer the research questions (Guetterman, 2015; Patton, 2015; Davoudi, Nayeri, Raiesifar, Poortaghi, & Ahmadian, 2016). The accessible sample also undergoes a purposive sampling procedure based on a sampling frame, which is sampling participants based on factors or elements in line with the study purpose that will help in generating data relevant to responding to research questions (Neuman, 2011). The study's sampling frame is secondary schools in a rural area of KZN. A common element, shared by five selected participants (teachers) was that they all worked within an SBST that worked directly with learners that have had ECT. The common factor with regard to two ISHP and SIAS policy documents that were also purposively selected for secondary data, was that all of them had the common ground of being educational policies that were enacted to ensure success of inclusive

education in South Africa, with rural areas as one of their main objectives (DoH & DoBE, 2012; DoBE, 2014).

3.3.6. METHODS OF DATA GENERATION

Qualitative data refers to any data that can be generated by a researcher, which cannot be deduced or expressed numerically (Neuman, 2011). It is subjective, as it depends on research participants and their social context with regard to their knowledge, values, perceptions and behaviour (Bertram & Christiansen, 2014). It is essentially descriptive in nature about the ECT phenomenon being explored, based on teachers' experiences or understanding of their social realities of working with emotionally traumatised learners in a rural environment.

The interpretivist paradigm and subjectivity of qualitative data place emphasis on acknowledgement of a social context of where the data is being generated. Hence, qualitative data generation involves a great deal of interaction between a researcher and participants in a quest to understand their interpretation of their social realities within their social context, which means data generation will not involve control or manipulation of the participants' natural settings (Taylor & Gibbs, 2010). As a result, this study used semi-structured face-to-face interviews and document analysis to produce qualitative data, which considers interaction between the researcher and teachers who will be free from control of their natural school environment in a process of generating this data.

3.3.6.1. IN-DEPTH SEMI-STRUCTURED FACE-TO-FACE INTERVIEW

This was a qualitative exploratory case study research, aimed to explore participants' experiences in a specific purposively sampled rural area secondary school. Thus, interview data-generating tool was used to capture real lived experiences and understandings of teachers about ECT phenomenon. Formal face-to-face in-depth semi-structured interviews were undertaken by teachers at the Yellow secondary school to find out their understanding of emotional learner trauma. Face-to-face interviews had a number of advantages. They gave the researcher an opportunity to observe the surroundings and to get an understanding of the level of development

and culture that may provide valuable insights into understanding the roots of the phenomenon being studied (Neuman, 2011). An attempt was also made to interpret participants' behaviour and to make a connection between what they say and what they actually do (Van Teijlingen, 2014). Exploring ECT phenomenon through teachers' experiences using semi-structured interviews offered a good opportunity to discover new information from the interaction between the researcher and the participants.

3.3.6.2. DOCUMENT ANALYSIS

In research, a document refers to a source that is not always written, but anything visual left behind from the past that can be used in future to interpret the past, and more importantly to provide a record of something like a picture, a pierce of pottery or a letter (Blank, 2017). Documents are categorised as primary, secondary or tertiary in research to ensure that the research does not deviate from yielding empirical scientific trustworthy findings (Neuman, 2011).

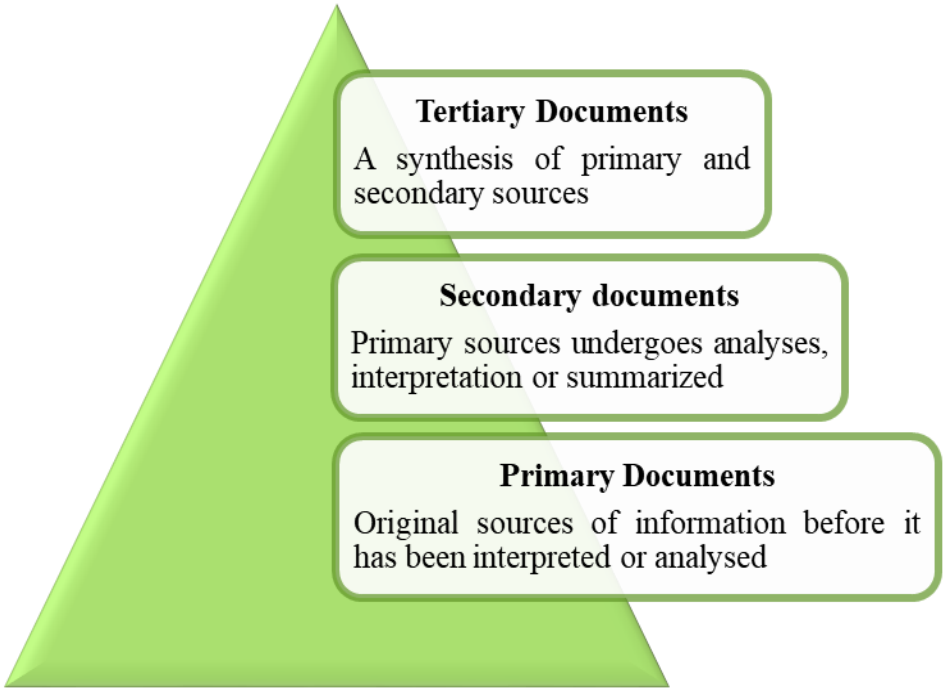

***Figure 4**: Documentary pyramid* *Source: (Neuman, 2011; Blank, 2017)*

A document refers then to sources categorised as primary, secondary and tertiary. What differentiates them is the originality of information or data they contain. Primary documents involve original sources or information from the event that has not been analysed, such as the Bill of Rights, public lectures or a hand-written lesson plans (Neuman, 2011). Secondary documents involve newspapers or reviews, which are secondary sources that are an interpretation or analysis of the original information and tertiary documents that synthesise both the primary and secondary documents and present their interpretation, which involves documents like textbooks or bibliographies (Blank, 2017). In this study two educational policies were analysed that govern teaching and learning in a South African context as one of ways of generating data. *Integrative School Health Policy* (ISHP) and Policy on *Screening, Identification, Assessment and Support* (SIAS) are the two documents that will be analyses as secondary data for this study.

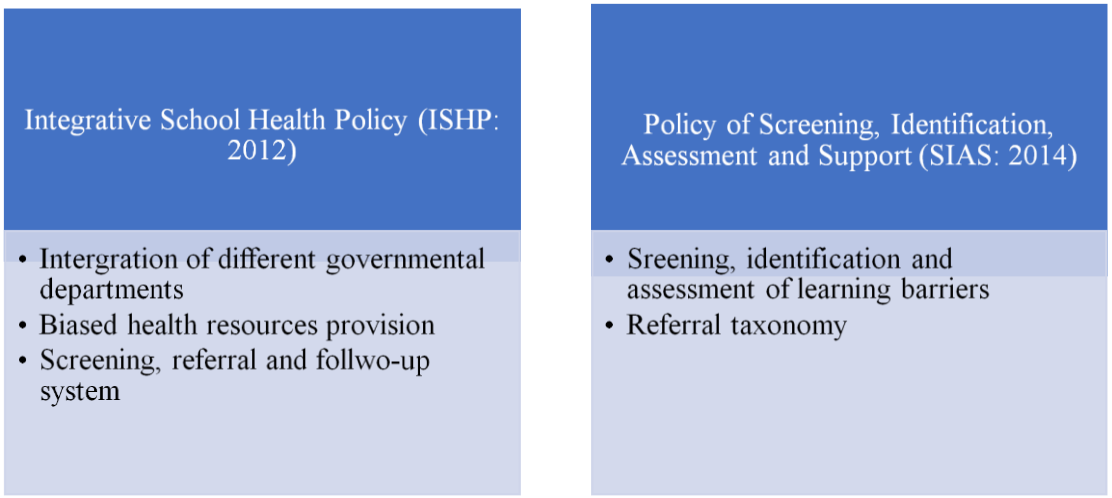

***Figure 5**: SA Education policies* *Source: https://www.education.gov.za/*

Document analysis was thus engaged by the researcher in this study as another method for generating data. Scholars define document analyses as readily available documents, which are conveniently accessible for a researcher to interpret (Merriam & Tisdell, 2015). In South Africa, the education system is driven by policies. Hence, currently the government is spearheading inclusive education, to ensure that rural areas and townships that were excluded by the apartheid system are included in a current education system (DoBE, 2014). In a nutshell, the policies say

basic education is a birth right of every South African child (DoE, 2001). Analysing polices that have been enacted by government in this study was therefore imperative. They guide the teacher in a classroom and they propose support structures for any learning barrier that a teacher may encounter in a classroom. Since the study was conducted in a rural environment, it is also important to review policies that outlined rural areas as one of their main objective in implementation of inclusive education (DoH & DoBE, 2012; DoBE, 2014; Hess, 2020). Analysis of policy documents is a socio-qualitative research that allows interpretation by a researcher to give voice and meaning to the topic and area of inquiry in a systematic manner (Bowen, 2009).

3.3.7. DATA ANALYSIS AND INTERPRETATION

Generated data was systematically analysed and interpreted by the researcher. Qualitative data analysis (QDA) can be described as a process of developing concepts which the researcher uses to extract meaning from in a quest to understand a social phenomenon in a natural setting (Vosloo, 2014). In this study, QDA was a systematic process and application of procedures to transform qualitative data into a form of scientific explanation or interpretation of teachers' experiences that were explored together with documents analysed (Taylor & Gibbs, 2010).

Thematic analysis was used to analyse data, which was transcribed from verbatim interviews. Since case study involved qualitative data, which is largely words, content was analysed according to themes that emerged from the transcriptions, including sub-theme and their relationships (Neuman, 2011). Connection or relationships between the themes was shown to represent the teachers' experiences and abstract understanding of ECT (Neuman, 2011). Thematic analyses' purpose was to provide a detailed description of the content of audio tapes of in-depth interviews. Interviews were recorded and then transcribed into a written form, and then their content was interpreted in the form of themes.

In South Africa, like elsewhere in the world, the education system is governed by policies. Currently the government is spearheading inclusive education, to ensure that rural areas and townships that were excluded under the apartheid system are included in the current education system (Hess, 2020). The study focused on the *Integrative School Health Policy* and the policy of

Screening, Identification, Assessment and Support as secondary data. Psychosocial learning barriers, provisioned support structures and inclusive education are the factors that were explored on the chosen policy documents. Data from document analysis also followed a thematic analysis. Therefore, it was presented in themes.

3.3.8. ETHICAL CONCIDERATIONS

Seeking to understand what knowledge is, how it is constructed and methods of generating data, required ethics as a last piece of the equation to synchronise the whole process. In other words, it takes into consideration methodological research that ensures that the study yields trustworthy outcomes. That is, subscribing to moral obligation by doing what is morally right in the course of generating data, every action taken in the study should maximise benefits to the participants, researcher and the research communities, as well as being fair to participants by not exploiting them or infringing on their rights (Kivunja & Kuyini, 2017).

Subscribing to the moral obligation, the researcher requested permission and consent from various stakeholders involved in the study to ensure that the research process followed proper protocols avoiding harm to all involved in a study physically, psychologically or legally. Ethical clearance was applied for and obtained from my institution, University of KwaZulu-Natal (UKZN). It was important to obtain ethical clearance from the university board of ethics as measure put in place to account for research fraud (plagiarism) or harming research participants. Permission to conduct the study was also sought from and granted by DoBE, which was also important for the department to know what type of research and how was it going to be conducted to protect teachers and learners. A gatekeeper's letter was also written for the school principal, seeking permission to conduct a study in her school, using her teachers as a study sample, which explained the purpose of the study and how it was going to be conducted. The principal also granted the permission for the study to be conducted. Lastly, consent was sought from teachers as participants. Consent forms for teachers explained the study and it purpose, that participation is voluntary, there were no benefits for participating, requested that interviews be recorded, that they can stop at any stage of the interview when they feel uncomfortable. Consent forms for teachers (participants) also ensured

anonymity and confidentiality, which means pseudonyms will be used and any information that may reveal who they are will not be used to protect their names in public.

3.3.9. ISSUES OF TRUSTWORTHINESS

Trustworthiness is concerned with truthfulness, credibility, or believability of findings of the study (Neuman, 2011). Thus trustworthiness speaks to the entire process of conducting research, methodology and ethical considerations until the findings. If some of the methods are not in line with the study focus, truthfulness diminishes, if ethics are not adhered to, credibility diminishes, which hampers the trustworthiness of the findings of the study to the research community. To maintain trustworthiness, interviews I asked permission from the participants to record the interviews to avoid distorting their words, which they all granted me permission to record them. Once they were transcribed, transcripts were shared with participants in order to confirm that their views were not distorted. Such also helped in ensuring the promised anonymity and confidentiality is maintained because the participants were able to check for themselves as well, with a chance to add or remove some of the things. Trustworthiness has four criteria that are discussed below as sub-themes, which are: credibility, transferability, dependability and confirmability (Nel & Schoeman, 2015; Korstjens & Moser, 2018).

3.3.9.1. CREDIBILITY

Credibility in qualitative research means truthfulness and believability of findings through correctness of the tools used to generate data, to process and to analyse data and the data itself (Bertram & Christiansen, 2014). Whether the choice of methodology appropriate for answering the research questions, the sampling and data analysis was appropriate, and finally that the findings and conclusions are believable for the sample and context (Omal, 2012). All of this is crucial but tricky in a qualitative research study because it deals with non-static social events (teachers' experiences), the fact that it is subject to being interpreted in a rural context and the fact that it involves non-numerical data, which is not value free, and which cannot easily be measured objectively (Neuman, 2011). Thus, to ensure that credibility criterion is met, truthfulness and honesty had to be ensured in the process of generating data in the social life account, without

distorting or fabricating observations. It had to represent emotional child trauma and academic performance social realities in a rural environment context.

Two strategies were used to account for credibility of this study findings, which are triangulation, participant-checking and research authority. Firstly, triangulation of sources was applied, which helped in learning more about ECT phenomenon through observing it from multi perspectives to avoid having a single view about it (Neuman, 2011). Interviews, which is observing ECT phenomenon from the participants and documents analysis, which was observing it from educational policies were the two sources that provided in-depth knowledge about the phenomenon. The two sources compliments each other, teachers are the primary source which is governed by the educational policies which are the secondary source. Thus triangulation helped in providing multiple points of view to understand better the ECT phenomenon through identifying gaps, relationships and inconsistencies between the primary source and the secondary source.

Secondly, participant-checking is important because the researcher in a field depends on what the participants tell (Neuman, 2011). When the participants are not truthful, the research findings will also not be truthful, as well as when the researcher distort the words of the participants, findings will lack credibility. Hence, transparency between the researcher and the participant(s) is vital. Consent to record interviews was obtained from the participants in order to maintain their expressions. Once data analysis was done, data, interpretation and conclusion was shared with the participants in order for them to verify their expressions, correct or add information where they feel like they needed to add. Such helped in ensuring that the findings represent the social reality as expressed by the participants. Anonymity and confidentiality strategies were also used to minimise selective observation from the participants fearing that the public might make out who they are, perhaps put their jobs in jeopardy. Thus, participant checking endeavoured to get participants comfortable to truthfully express them themselves in order to maximise credibility on findings.

3.3.9.2. TRANSFERABILITY

Qualitative research produces findings not arrived at by means of statistical procedures or other means of quantification. On the basis of this study's interpretivist paradigm, it is a single case study inquiry that seeks to understand phenomena in context-specific settings in which the researcher does not attempt to manipulate the phenomenon of interest (Bertram & Christiansen, 2014). Therefore, findings are not generalised to other situations or cases, because this is a single case based on a specific context and location. Which means if the findings were to be generalised to a different context, the likelihood of them being consistent is not known because context is a key factor in the truthfulness of representing social realities and this study was only conducted on a single case in one specific location. Due to the research method of enquiry not allowing findings to be generalised transferability criterion is not applicable, which refers to transferring findings to another context or participants with an expectation to be consistent (Omal, 2012). Hence, in qualitative research, the interpretivist paradigm acknowledges that people's realities or truths are contextually based and their behaviour which is not static. Therefore, emphasis is not placed much on transferability of findings, but it is placed on the change or transformation brought about by insights uncovered from exploring a given phenomenon (Rallis, 2015; Mason, 2016; Olson & Rao, 2017).

3.3.9.3. DEPENDABILITY

Dependability speaks to consistency on the study, on how consistent the researcher was in generating data, tools that were used, how data was analysed to ensure that the research findings represents the social reality as it was expressed by the participants (Nel & Schoeman, 2015). Code-recode procedure was used to account to consistency, whereby the researcher coded and re-coded the transcripts of interviews. Also, findings were shared with participants for them to capture consistency by confirming the result that they represent the social reality as they expressed it. Such ensured that methods were not changed in between data generation which could result into the change in data, such as manipulation of the case or context. Therefore, consistency in generating data, analysing data and presentation of findings established dependability in this study's research findings. Consistency in that manner minimise trustworthiness because it means there is truth in

how the data was generated, analysed and linked to the ECT phenomenon or social reality upon presenting findings.

3.3.9.4. CONFIRMABILITY

Confirmability is concerned with neutrality of the researcher with inter-subjectivity of data, whereby the researcher avoids interpreting data based on his preference or view point (Korstjens & Moser, 2018). In others words, neutrality is concerned with minimising researcher biasness. Interviews were made semi-structured to avoid driving the participants to the researchers preconceived results or perceptions. Interviews being semi-structured does not mean that they are totally neutral to the researcher biasness, however, it was a measure put in place to allow participants to share any information that they may have about the ECT phenomenon. Source triangulation also helped in achieving confirmability through attaching findings with existing literature to confirm that the findings are not based on the researcher preferences of or biased perception.

3.4. LIMITATIONS OF THE STUDY

This is a qualitative case study. Therefore, the findings are based on a singular case of Yellow secondary school. For that reason, trustworthiness of findings of this study are limited to the Yellow secondary school case. These were identified study limitations: the study sample was only based on Yellow secondary school, SNA forms and DBST could have also added on the richness of data. Therefore, the study findings cannot be generalized to other similar conditions due to the nature of the study's case study method of enquiry. Hence, finding are limited in terms transferability to other similar cases in order to assess them.

3.5. CHAPTER SUMMARY

Chapter three provided an introduction and a discussion on research design. Research design is the structure that governs the process of how the research is conducted. The design of the study is developed from the study purpose. This study is designed as a case study. Interpretivist paradigm was adopted as the lens of the study, complimenting case study research enquiry design. The

research design drives methodology of the research. Methodology provided a discussion on what methods were chosen and why they were chosen for the study. Methodology is concerned with methods used to collect data, how data is collected, who is it collected from, how it is analyses and presented, issues of trustworthy and ethical issues. Methodology discussion speaks to the trustworthiness of the study, it critically evaluates whether the correct methods are used, issues of trustworthiness are taken into account, ethics were upheld and study limitations acknowledgement in order to yield trustworthy findings. Lastly, chapter summary was provided. The following chapter four looks into analysis of data and findings presentation.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1. INTRODUCTION

Chapter three provided a discussion on the research design, which outlined how the research is designed in relation to the purpose of the study. In addition, chapter three also discussed the study methodology which spoke to the methods used in the study in order to yield trustworthy findings. Chapter four intends to present, analyse and interpret qualitative data from semi-structured interviews and *Integrative School Health Policy* and *Screening, Identification, Assessment and Support* basic education policy documents. This chapter seek to respond to the research questions.

4.2. ANALYSIS AND INTERPRETATION OF QUALITATIVE DATA

A bottom-up study design with an interpretative approach accords well with the emergent nature of the qualitative research paradigm that generates data and an analysis process that is not finalised from the beginning of the study, but which studies a phenomenon that evolves through the input of those who live it in their particular context (Suter, 2012). Therefore, QDA is intertwined with the process of generating data and analysing it. Memos and field notes that are compiled at the stage of generating initial data are the first tentative QDA that aid the researcher in the conceptualisation stage. Field data before analysis are usually an unorganised mixture of the participants' unprepared current thoughts at that given moment of data being generated from the field notes. The participants' thoughts are often dependant on factors such as the level of education, beliefs or culture. Such a garbled mixture in the QDA process requires strategic methods to sift through irrelevant material to extract relevant data and to transform it into meaningful knowledge.

This study used organisation, description and interpretation methods to process and analyse data that responded to the study questions. In so doing, the researcher was not oblivion to emergent of data, which were based on any knowledge that emerged through the process of generating data, which the research questions or interviews did not capture. Description consisted of coding or categorising memos and interview transcripts. This is a process of conceptualisation or development of theoretical constructs, whereby themes are identified by examining interview

transcripts and field notes, searching for relationships, patterns, repeated use of words or phrases to extract meaningful knowledge from such data (Scott & Usher, 2010; Vosloo, 2014).

Interpretation was this study's last QDA aspect. This is where the participants' understanding and interpretation of the phenomenon is presented. Interpretation of raw data is like 'breaking a code' whereby a descriptive model about the ECT phenomenon is sought, which can later be tested for causes and effects (Flick, 2013). Once the raw data has been organised, coded, described and analysed. The researcher can then transform such data into generalised statements that can be applied to other contexts.

DoBE policies were secondary data, from which policy documents were analysed. The funnel method was used to include excluded criteria of policies that were analysed. Inclusion of policies was based on the specific rural environment, support structures and learning barriers. Therefore, polices that did not involve those concepts were excluded as irrelevant to the study.

4.3. DATA PRESENTATION AND DISCUSSION OF FINDINGS

Qualitative data analysis (QDA) involves analysis and interpretation of data in an iterative process of synthesising data in a strategic manner in order to extract general statements therefrom (Vosloo, 2014). Semi-structured in-depth interviews were conducted with teachers in a rural school located in KwaZulu-Natal (KZN) upper Mariannhill. The purpose was to explore teachers' experiences of working with rural learners in a rural context who had suffered from ECT. The aim was to gain in-depth understanding of teachers' challenges of working with emotionally traumatised learners and strategies they use to manage such challenges in secondary school learners in a rural context. Using an interpretivist approach, the relationship between a participant and the researcher was explored placing both on an equal footing and, if not, the participant is the most important person. Therefore, the relationship between data generation and analysis in this qualitative study became interwoven bringing a stronger rigor to the interpretation of data (Schurink, Fouche & De Vos, 2013; Atkins & Wallace, 2012; Tuckman & Harper, 2012). Hence, QDA involves interpretation of qualitative data in an iterative process that involves inductive reasoning, which is the process of analysing data from the participants (a bottom-up approach). This allowed for interpretation, re-interpretation

and construction as well as re-construction of understanding of ECT phenomenon as a learning barrier in a rural context. As ECT is a learning barrier, basic education policies were also explored, as they govern teachers. This was also undertaken to find out if the Department of Basic Education (DoBE) puts measures in place to equip teachers in order for them to manage ECT learning barrier in a rural school.

Interviews, that produced primary qualitative data, were analysed using the thematic data analysis technique. The thematic QDA approach seeks to

> "search for general statements about relationships among categories of generated data" (Vosloo, 2014: p. 358).

In other words, it is a process of breaking down the data into themes, categories, similarities or differences to make sense of the participants' views (Vosloo, 2014; Flick, 2013; Schurink, Fouche & De Vos, 2013). Once the data has been broken down into sensible themes or categories, it is then transformed through the qualitative researcher constructing an interpretative narrative from the generated data by means of thorough analysis and description to yield clear, understandable and insightful knowledge about the phenomenon for the reader (Vosloo, 2014; Leedy & Ormrod, 2010). Thus, analysis and interpretation of qualitative data is a process of seeking to capture the complexity of the views and voices of the participants and to create from this meaningful, understandable knowledge. DoBE polices (*Integrated School Programme* [ISHP], 2012 & *Screening, Identification, Assessment and Support* [SIAS], 2014) are secondary data that are explored as the support structure for the school, teachers, learners and various stakeholders involved in the schooling processes in rural areas to spearhead inclusive education.

4.3.1. INTERVIEWS ANALYSIS

This project's interviews findings are outlined in themes, categories and sub-categories from QDA. The interviews data presentation and discussion of findings is based on results from teacher's experiences shared through interviews. 4 themes, 6 categories and 15 sub-categories were identified from the analysis of five participant interview transcripts.

4.3.1.1. THEME 01: ACADEMIC PERFORMANCE DECLINE CHALLENGE

Theme	Categories	Sub-categories
1. Academic performance decline challenge	1.1 Attachment	• Insecure attachment patterns • Parent absenteeism • Social competency
	1.2 Self-regulation	• Brain • Self-concept • Survival mode

***Table I**: Theme 01, Categories and Sub-categories* *Source: Table created by the researcher.*

> ***Note to the reader**: the participants expressed themselves in both English and IsiZulu languages. As much as IsiZulu parts of the interviews were translated to English, the original English expressions of participants were maintained as original. Therefore, in the rest of this chapter quotations from participants are mostly presented verbatim. The original expression has been preserved to maintain authenticity even when the expression in English is poor. To edit this would amount to putting words into the mouths of participants.*

ECT contributes to academic performance decline or worse in a drop-out of learners in rural areas, concurred by Participant 1, 2, 4 and 5. ECT hampers the learning brain which results in attention loss during the learning process or in paying no attention to schoolwork generally. Academic performance declines due to disruption in the brain because of ECT that causes lack of attention, which is the most important aspect of learning, being lost in a learner.

Participant 1:

> *She can't cope and she has lost focus. As a result, she has lost the ability to pass as well.*

Hhaay! they lose concentration, some don't even do the schoolwork. When you enquire, there is no reason for not doing his/her schoolwork, or would say is not able to speak English or they do not understand. But when we teach, we teach all of them at the same time.

Very poor concentration. They are unable to concentrate. They are unable to focus on their work.

It is difficult to impart knowledge to a learner like that because you'd teach and a learner will not listen. [This] contributes to the learner failing.

Participant 5:

Mmhh Mr all in all I'd say it's [the] performance of a learner. That is the most important thing. So, the child ends up losing focus, because there is nothing more important than focus in a child.

Participant 2:

Ey they are trying Mr, even though it is difficult, but their focus, their focus, you'd find that one can only focus for 30 minutes. And then after 30 minutes, their minds would be like getting out of that and see[ing] other things.

One would then start talking, start a conversation, attempting to disturb you, you'd have to attend [to] him/her and leave this thing because it needs focus. It is as if one could go out to relieve him/herself. You see, we even implement cards, we are trying to, maybe it is better if only 2 go out per class. Because it would be like one could go out of class and get fresh air, when he/she sees that it is still disturbing.

Participant 4:

Sometimes you'd notice that other children get disturbed mentally…There are children that we are teaching who are disturbed mentally.

The brain gets affected a lot and the behaviour. Others would drop out of school.

Ey chances are very slim for the learners to be able to learn if they are traumatised emotionally, it is not easy, unless if you help the child. But it won't be all of them who'll be able to get help, because there is a lot of them, which makes it difficult to identify them.

Loss of attention is a result of disturbance in the brain due to emotional disruption caused by ECT. Diminished thinking, reasoning and decision-making occurs when emotions are disrupted and this is common knowledge. This results in unwanted behaviour in school and in academic under-achievement. Common behaviour that was noted by Participants (1, 2, 3, 4 and 5) involved the use of drugs that caused learners to be out of the classroom. Drugs use is the common coping mechanism that learners turn to which in turn diminishes their attention to their schoolwork. This unwanted behaviour is a major contributing factor to learner academic performance decline and to the rate of dropping out which stems from the manifestation of ECT in a learner.

Participant 1:

> *Yes, and they won't perform [drastic drop in academic performance]. One would end up dropping out from the school.*
>
> *Yes, trauma does contribute a lot to dropping out of learners. Others would have [a] drugs problem, they'll smoke, others we refer them to social workers. They go to sessions. One you'd say must go to the session and[they] never come back.*

Participant 5:

> *So as the child is using drugs now, he/she has [pays] no attention for [to] his/her schoolwork. He/she is more focused on drugs. So that causes all of his/her work…even writing, you'd find that a person does not even want to write. When he/she writes, he/she writes things in halves. So those are the things, maybe it is his/her way of coping that if he/she uses this, it might boost him/her to be alright.*

Participant 2:

> *That leads to him staying outside most of the time. Because now the problem is he/she is being, it is the drugs now that are, as the saying goes, chillies become dominant in a food, you understand.*
>
> *It does get disturbed Mr [learning behaviour]. As I am saying that you'd call him/her because you can see that he/she is dropping. When he/she drops becomes quiet or super hyperactive on drugs.*

Ey they are drop out most of them Mr. Yes, they end up dropping because this thing keeps on abusing [affecting] him/her.

Participant 3:

Yes, it does affect the performance a lot, it affects it a lot. Because sometimes others end up dropping out of school. You'd end up sending a message, maybe if you sent a neighbour child, the message would come back and say "hhaw that one has thrown in the towel", hhaw just like that

Aah they daydream those that have used drugs. You notice them sleeping. Or sometimes you would be talking, okay its fine he/she is awake and then ask what was I saying, notice by a person getting awaken by astonishment. You'd see that his/her mind is far [away], but the body is here in class.

Participant 4:

Thirdly, maybe a child involves him/herself in things that are not alright. Might get involved in drugs to try and forget the trauma.

CATEGORY 1.1: ATTACHMENT

Attachment is one of the key players in academic performance of a leaner in a secondary school level, based on expressions of Participants 1, 2 and 4. It is often perceived as a teacher-learner relationship. However, data revealed that in education, attachment is a multifaceted concept. A learner must be attached to a teacher, the subject area, the task(s) and the school at large. It also co-exists with attachment patterns from outside school, particularly from home. ECT impedes attachment then extends to school and to academic performance of a learner. Insecure attachment patterns from home lead to a child developing an inability to form and maintain relationships with either teachers or learners in school. Data revealed that insecure attachment is intertwined with social incompetency. Participant 1, 2 and 4 asserted that some become attention seekers, or aggressive and others tend to isolate themselves. Such support the notion that occurrence of insecure attachment results in social incompetency.

Participant 1:

Attention seekers, some want to keep being taken care of, are bunking classes, they are so aggressive, even if you touch them a little, they are sensitive and fearful. They isolate themselves, even when you talk to them generally jokingly, but they'll take that seriously. Some do say it because they were abused. Some don't like to be talked to, you can hear [it in] the language that [they use] ay.

mmmh, he/she would not be comfortable to sit with other people. A traumatised person isolates him/herself a lot, don't like to engage with content in school.

They do not have relations with other learners. They'd stand by themselves and isolate themselves even when you give them group work, others would say this one does not engage in what we are doing.

The traumatised ones do not talk, so building a relationship with their peers is a challenge.

We have attention seekers a lot. A child that always tries to be seen by a teacher. Even when your lesson is over and out of the class, one would follow you, ask for food, or he/she wants to just talk. Which shows that at home he/she is unable to talk to the parent, but he/she is able to talk to you as a teacher.

Participant 2:

Yes, they'd become attention seekers. You'd find that in a classroom one wants to be seen. So, he/she is trying to get the attention of the teacher to fill in that void of not being loved at home.

Ehh it's a manner of speaking Mr. an abused child you hear [it in] his/her manner of speaking. One could speak without thinking, but just say that thing. Bullying other children, then you notice that this one has problem. One you'd find that he/she does not wear uniform properly, because he/she want attention, is looking for that love. So, he/she is doing something that can put him/her on a spotlight and be noticed.

One Mr, maybe adding [symptoms], *could just cry in toilet, just cry, and cry, he/she has a problem for real. You'd notice that he/she has been crying. That one is the one that becomes common. So, as I mentioned that we are in a school environment, it's the results. A child that*

was top upping [good academic achievement], *you notice, he/she is down below on number 10, you notice that something is missing here.*

The manner of speaking also Mr as we have mentioned. If there is a rude child, you end up knowing him/her. You'd notice him/her changing, maybe he/she used to talk a lot, but changes and begin[s] to be quiet.

In our cases it develops self-esteem and self-confidence as I have explained, from teacher's support. So, the child may end up developing a sense of belonging, that feeling that I also belong to this group. Because trauma, as I was saying you lose, you lose everything, focus, even yourself. So, I think support helps a lot in those things Mr.

Participant 4:

You'd notice that he/she has a problem that he/she is not getting love at home, because he/she does not want to laugh. When you play with him/her, gets angry. You can see that in that person, emotionally it is not right, inside him/her.

Feelings of being loved, cared for and valued are a human need. Insecure attachment presents the opposite to a child. As a result, children internalises those insecure attachment attributes such as not being loved and of being unworthy and their needs not being met by their caregivers. This leaves the child with a poor sense of belonging. They also view other potential attachment figures like teachers and peer learners from that biased point of view (Participant 1). When the child experiences insecure attachment, the child avoids being attached to other people that are potential attachment figures. This affects the teacher-learner relationship, relationship with peers and the relationship with the school at large because they feel like they do not belong or fit in anywhere and at times they tend to isolate themselves (Participant 2). That lack of attachment, especially from home, and a sense of belonging means that the learner suffering from ECT will be unable to work with others in a school, resulting in less motivation and attachment to school and a reduced capacity to acquire the knowledge that he/she is supposed to acquire from school (Participant 3 and 4). Such becomes a teacher's challenge in working with an emotional traumatised learner. If the learner perceives a teacher as a caregiver that abuses him/her, teacher-learner relationship will be affected because the learner will look at the teacher from the erroneous insecure attachment

IWM of the abusing caregiver that will not meet his/her needs. Lack of sense of belonging may result into a learner being demotivated to learn, which will also present a challenge to a teacher of teaching a demotivated, unwilling to learn learner.

Participant 1:

> *Yeah it happens that when a child looks at a teacher and sees a person like his/her parent that abuses him/her. But we are trained that at the end a child must learn no matter how a behaviour of a child is.*
>
> *We have attention seekers a lot. A child that always tries to be seen by a teacher. Even when your lesson is over and out of the class, one would follow you, ask for food, or he/she wants to just talk. Which shows that at home he/she is unable to talk to the parent, but he/she is able to talk to you as a teacher.*
>
> *It is very difficult. But they'll engage in bad habits, so they'll be accommodated.*
>
> *Our learners are smoking, some even sell drugs trying to earn a living. We have so many cases of such. Ey there is nothing except engaging in drugs. I don't know whether it makes them brave or what. But the major problem we have in school is drugs.*

Participant 2:

> *Or he/she will isolate him/herself from others. You'd notice that this child is isolating him/herself from others and ask yourself why.*
>
> *It would be like he/she…what can I say, in a group…it would be like he/she is not fitting to other people. So, trauma does that.*

Participant 3:

> *It is very destroying, the relationship between children and a teacher. Because let's say I am teaching mathematics and I am giving that child a homework. Only to find that they'll come the following day having not done it. Then now that becomes clear that if he/she has not done the homework, there is no one who encourages him/her that, "haw today what did you study at school, what is the homework, bla-bla-bla. Okay can I help you there", maybe by saying I will iron for you, continue doing what you are doing. So that means the child is by*

him/herself, he/she does not care whether he/she sleeps having done the homework or not. That causes a conflict between them. In the end a teacher as well won't keep on accommodating someone who does not want to do his/her work. That is why there would be that issue, that okay, because you do not want to do my work, when I come into class, you go out. If you do not want to get out, which means I do not come in.

Participant 4:

Because their life is overwhelmed with fear and do not trust other people, unable to trust a male person, and unable to trust…just not be able to trust.

Also traumatised children like to fight. They are aggressive, "you why are always fighting, even yesterday we were disciplining you even today", and you'd notice by that-that one is traumatised, he/she is always in trouble attending disciplinary classes for fighting.

They are also attention seekers. Likes to follow you, "I'll carry books for you, I will…", always he/she wants to be close to you. You'd notice that maybe he/she does not get love back home, you'd then try to be loving.

The internalisation of insecure attachment and loss of sense of belonging also leads to poor decision-making. As a child is searching for love and fitting in socially, poor decisions are made which also lead to other problems. Participants confirmed that the internalised insecure attachment also contributes to teenage pregnancy, use of drugs and to dropping out. Children model their behaviour on that of their parents such as in cohobating or they are just searching for love to obtain a sense of belonging.

Participant 1:

And some end up taking drugs because they want to be accepted by their peers.

Participant 2:

Some would get into drugs Mr, just because he/she wants to fit in. So, he/she just join the group because he/she wants to get rid of the stress or trauma. While others could get in drugs so that in class…you see, maybe he/she thinks that what could help him/her[escape] from what he/she is.

As I have mentioned that this thing of dating emanates from, it hits groups mostly. They'd long for fitting in a certain group. So, it is that dating and drugs. It would have an influence, they have been caused by his/her background, he/she is traumatised. Isn't now he/she is trying to release stress. Maybe it will be better, if I date this one maybe I will be alright. So sometimes, problems emerge anywhere.

Already this one has a problem (girl), from there she took off and dated the boy. So, the boy is also taking her to live with him. Isn't that is where the situation is, there at the back, the cause is at the back. The child is already damaged, ended up cohabiting with this boy. She ended up being pregnant. But it's started there from the parents.

…you know some you'd wash your hands off them (x2)*, but in the end you have to find them because really, trauma Mr is a thief. A child would just have a boyfriend. You'd scold her for dating, as we were explaining that that person is looking for love, now I am scolding her. One could be smoking Mr, you'd find that even girls they'll be hanging out in toilets smoking, "hhaw you smoking" then they'll start talking, "Gogo is abusing me* [x2]*". So, you'd find the problem of a child there.*

Participant 4:

It gets affected indeed (teacher-learner relationship) *in those cases where a person does not get love. As I am saying that you'd joke and one would be angry, you can see that…once the person is angry there is nothing they'll hear from you that you might say.*

Yes, and it leads to teenage pregnancy. A person knows that if they did not get love, they might as well drop out of school and go get married to find someone who will actually love her, because she does not get love at home. They do that, have boyfriends at an early age.

…the abuse of children does not happen inside school then become emotionally traumatised. In most cases it happens at home then they'll come here with a performance…with a behaviour and you'd notice. But as I am saying that there is little that we can do, because even if you would speak to a social worker, at the end the child goes back where the source of abuse is. Where you would not be able to protect or prevent it.

You'd find that his/her mother is cohabiting (ukukipita), people who are at the age of 20, that this child they found at…that is also something they'd write, that they were given birth by someone who is also a teenager. It is very difficult because emotionally you are always not right because you do not live with your mother, you do not know your mother's love. Your mother is also busy searching for love because she also still young.

Its rate is very high this side (teenage pregnancy). *What we've found in these children from this community also is that he/she is a child, but he/she was also given birth by another child. So, they live without parents in two ways, through death or teenage parents, a teenage mother. In most cases we do have that problem here, that children have teenage mothers who do not give them love because she is also still searching for love. You'd find that a child comes to school not in good condition because there is no taking care of him/her.*

What emerged from the data is that overcrowding in school was a major challenge for teachers to be able to ensure that attachment is secured with all the learners. Issue of overcrowding in classes, especially in General Education and Training phase (GET) hindered teachers in their ability to give individual attention, and support and to identify ECT as a learning barrier. Overcrowding challenge overshadowed the strategies that teachers engage in efforts to manage ECT learning barrier.

Participant 1:

Ey there is lot of them. So, it becomes difficult to give each learner that space to communicate. You end up not knowing some of them.

To the small ones we, its start on 50 to 60 (senior). *Those who are teaching language and life orientation have got a huge number. Then it becomes better to the big ones* (FET). *So, it becomes better to identify them at FET.*

Because there is a lot of them. We have a problem of overcrowding in classrooms. Secondly is the inability for us to identify them. So, if there is many of them it ends up able to hide and end up not being identified.

It happens that I say a child has a problem, is traumatised only to find that he/she is just shy. Some are very lazy, so it could laziness that causes him/her not to perform well.

Participant 3:

There is, especially in grade 8, eehh grade 8, grade 9, then it would be grade 10. But yeah especially the general. But there is an issue of overcrowding.

But we will go back to that point of overload on us in such a way that you would see that if a person were to try and go to solve that problem at this time, you will miss out on a certain class.

Participant 4:

Ey chances are very slim for the learners to be able to learn if they are traumatised emotionally, it is not easy, unless if you help the child. But it won't be all of them who'll be able to get help, because there is a lot of them, which makes it difficult to identify them.

Data indicated that parent absenteeism leads to insecure attachment. Absence of parents can be emotionally traumatic for children. Participants asserted that it results in the loss of a sense of belonging, to isolation behaviour and to children avoiding forming relations with other people due to their previous insecure attachment as a result of parent absence, fearing that they will eventually lose them as well. Besides affecting their education, it also diminishes social support, which means they lose not only tangible support like finance or help with schoolwork, but emotional support from parents which affects upbringing and role modelling of psychological aspects of support.

Participant 1:

She does not have parents that is why she is living with her mother's younger sister.

Yes, she is working, she is mostly absent from school. It is that absenteeism, poor performance.

It does have an influence (parent absenteeism). *Children that we have are being raised by grandparents. Fathers and mothers are working, some are single parents. So, it does. It begins at home mostly with the upbringing of children is a major problem.*

Participant 2:

> *The stress is increasing. Which means schoolwork is already out here Mr. She started at home, there wasn't support, there was no one cared to help with homework, being shown care, just care Mr, it is a very important thing for a school going child. Especially if you're a child.*

Participant 3:

> *…it begins at home. Yeah, if there is no school, education says first education is the home one. The one we are in is the second option because its work. Now it means parents as well, for not teaching especially female children, way of behaving. As we know that back in the days there would be time for girls gathering, there would be amaqhikiza* (a grown-up girl who advises the younger girls) *and teach them about all those things. Then it results to this whole situation.*

Participant 4:

> *Some, as I was marking, you'd ask them a question like…I am teaching LO* (Life Orientation)*, ask maybe: "what can you say about living with your parents?". You see, ask such a question, a lot of children would answer the question and say it is painful not have parent. Sometimes you live with an uncle, and you find that an uncle is married. When you report the case that the uncle has raped the child and the aunt would not believe that and side with her husband.*
>
> *So, you'd notice that it is traumatic even for children to keep writing about this.*
>
> *Ehh-hhee, you are giving him/her love, but he/she does not want to be given love, because he/she is seeing that as if you're annoying him/her. You'd see that this one is emotional.*

Apart from commonly known parent absenteeism factors such as imprisonment, death or illness, migration in rural areas due to work is the major factor of parent absenteeism.

Participant 2:

Parent absenteeism has a huge influence on emotional child trauma. Maybe let's look at it practical. When they explain it Mr, you see hardworking people they normally complain that they do not have time for their families. So, once you do not spend time with your child, most of the time the child ends up thinking that his/her parents does not love him/her. The job is more important than me. So that has a huge influence Mr, you'd find that you only know your child when he/she is older, you don't know him/her young. That traumatises the child.

Emotionally, even if you have not beaten the child before. Or sometimes a parent has certain expectations about the child, and the child turns out to be something else. Some even neglect the child completely, or you'd hear that they have chased the child away. So, the cause is parent absenteeism.

…But it is parents, the absenteeism of parents the most. You'd find that the parent at home does not have a relationship with a child. Because a family Mr, even if you'd like to help, but the problem, you see as he/she has been neglected by that person it becomes very difficult on him/her. Because you end up dealing with the effect, the child goes back home to the source of the problem.

Participant 3:

…when you ask them who do they live with at home, and he/she would tell you that he/she lives with a sister, lives with an uncle. And then where are the parents? "aah my parents live at work, comes back once a month". So, which means you can see this person, that he/she does as he/she pleases sometimes, he/she is uncontrollable, also her sister if it is a sister or her aunt maybe is a drunkard, does not even care if he/she does his/her school work. So, it is just an unruly home.

Parent absenteeism also results in child-headed homes. In such cases, schoolwork becomes second, making end meets for survival becomes a priority.

Participant 2:

Ey they are drop out most of them Mr. Yes, they end up dropping because this thing keeps on abusing him/her. You'd find that one is a parent at home. You'd hear that he/she had

gone to look for a job, maybe be absent for two weeks, he/she was absent, had gone to look for a job. Maybe he/she has come back because there were certain problems. And as time goes by they end up dropping.

Findings indicate that there is a correlation between insecure attachment and poor relationship between a teacher and an emotional traumatised learner in a rural secondary school case. Insecure attachment consists of caregiver or attachment figure deficits such as neglect, emotional unavailability, rejection or authoritarianism, which makes it a major factor in ECT (Hodgdon, Blaustein, Kinniburgh, Peterson & Spinazzola, 2016). Attachment deficits are thus internalised, which develops a child's internal working model (IWM) of relationships which a child uses to appraise relationships as good or bad, based on his/her previous experience (Tawana, 2020). Consequently, this influences the relationship perception of the child, resulting in a biased appraisal of future relationships towards insecure attachment patterns, viewing attachment figure(s) (teacher, school or peers) through the same attachment deficits IWM. Most of the participants expressed the view that ECT sufferers tended to isolate themselves from social engagements or from establishing and maintaining relationships, which are challenges teachers needed to deal with in order for learning to occur in such learners. Thus, biased attachment appraisal results in the learner isolating him/herself in social engagements like participating in class, not seeking help even when he/she needs it from the teacher or peers and being attached to school at large, which hampers a learning process (American Psychiatric Association [APA], 2013). Therefore, findings indicate that ECT compromises attachment psychological domain of an emotional traumatised rural learner, which makes ECT a learning barrier that contributes to academic decline of such learner.

Findings affirms that caregiver absenteeism exacerbates insecure attachment and aggravates ECT in rural areas, which contributes to academic performance decline in a rural school case. Literature asserts that there is a positive correlation between healthy and stable child-caregiver relationships and good academic performance through healthy social adjustment and self-regulation provided by secure attachment, whereby a child is shielded from ECT psychopathology (Raby et al., 2015; Maguire et al., 2015; Kinniburgh et al., 2017). Data highlighted that caregiver absenteeism impedes learner social adjustment through loss of sense of belonging and motivation which refers

to compromise of social competency skills such as leadership, communication or collaborative skills. Data revealed that emotionally traumatised learners tend to be aggressive, unable to work with other learners and isolate themselves. Social adjustment skills obviously involve a lot of neuropsychological knowledge such as emotional brain (amygdala) and frontal cortex (the brain responsible for reasoning, planning and problem solving) that helps a learner regulate his/her cognition, emotions and behaviour in social interactions (Meadows, 2012). Deficits in social adjustment skills affect learning (cognitive skills), because a child as a learner will lack social adjustment skills like working under-pressure or working with others, as teaching is a social process. Therefore, the fundamental school of social skills is the informal school at home, which affects a child's school readiness that in turn hampers academic performance of rural learners if social skills development is marred by ECT. Learner academic decline thus becomes a teacher's challenge, which will require teacher's intervention to ECT learning barrier.

CATEGORY 1.2: SELF-REGULATION

Data highlighted that in education, ECT hampers brain functioning of a learner. A learner may be unable to think straight, might be absentminded or may daydream, which is also expressed by Participant 3 below. Thinking skills are very important in a learning process because they equip a learner with abilities of reasoning and planning for grasping new knowledge and for executing tasks.

Participant 1:

> *Some sleep in the class. You would teach, he/she would be sleeping, that is how we identify them. You would ask them question and they'll be not present with their minds, they do not even hear what you are asking.*

Participant 2:

> *…mentally the child is not here. Isn't now as the child is not present mentally, he/she needs a social worker that will be able to socialise him/her to be able to cope when he/she is doing things. So that I won't be just here and my mind be at home Mr.*

The mind gets disturbed. You'd notice when you ask questions. They'd give an answer that is not even close. Isn't you must also begin to notice that there is something wrong here. I asked something else, he/she diverted and answered his own question.

He/she would study but you can tell that this person is not in class.

Self-concept, which result to low self-esteem and self-confidence, data affirms that it gets hampered by ECT. The learner begins to doubt his/her abilities or does not feel good enough to participate in educational activities, which shows signs of low self-esteem and self-confidence.

Participant 1:

It drops the way he/she speaks in school [expression]. *Mmmh it also drops self-confidence in a child.*

Participant 5:

Ey it is a problem because they are unable even to do the work, even to answer questions in a classroom they'll be scared, they are shy, they don't even want to read, even if you give them an extra work, they can't even read. When you ask why, it's not because they don't know how to, they don't want to.

Participant 2:

Ey in groups it is difficult. As we have explained that a challenge, you'd find that he/she does not feel confident, so he/she loses it, loses hope, you see those things.

Or things he/she says maybe feel like they are not good enough. You'd find that at times, he/she feels like he/she does not fit in that group.

Participant 4:

They would normally have challenges of seeing themselves as being different to other people. It would be like they are abandoned children who are not loved.

…they do not even want to socialise with other children at times. When you call them to send [them] somewhere, they'd ignore you purposefully, "come", he/she would say "hhaw Ma'am you'd really call me".

You see, they are not confident, they do not think that you'd actually call them to send them somewhere. We would normally send them to our cars to pick up something, "hhaw you'd send me to your car, who am I to send to your car", so they are not confident in themselves.

Participants expressed that learners that learners that have suffered from ECT tend to live in constant fear.

Participant 1:

At that point they are not thinking, and no longer self-confident.

Participant 2:

The brain Mr, it stays in constant fear, you'd end up being frightened by nothing because you keep thinking about that event that had befallen you. And then the brain as we have explained it, ends up losing focus. Because you have these things that you're scared of that they might happen again. Because you think about it when it happened, that if I did things differently, I would have been alright. It goes back to hope and to losing faith.

Mhh, the child is always fearful. Fear is the main controlling factor. So, the child lives in constant worry. So, it's like the child ends up feeling like what befallen him/her might happen again.

Sometimes you'd ask if there is a problem at home, if there is something bothering the child because you can see that he/she does not enjoy being a child. There is this thing that like ruling or guiding him/her.

Participant 4:

Because their life is overwhelmed with fear and they do not trust other people, they are unable to trust a male person.

Findings indicate that ECT results in a lower self-concept in a learner, which has been found in association with intellectual and behavioural problems, poor academic performance, as well as unhappiness (McArthur, Filardi, Francis, Boyes & Badcock, 2020). Low self-concept has also been found to positively correlate with low self-esteem, which has characteristics of poor motivation and poor coping skills (Coelho, Bear & Brás, 2020). This is because learners with impaired self-concept incur deficits in developing autonomy, in acquiring the ability to imitate and in operating with authority in doing tasks (Lu et al., 2017). Lower self-concept and self-esteem development in a learner due to ECT, occurs largely because of maladaptive IWM formed through internalisation of feelings of not deserving to be happy, unworthy or being loved from deficits emanating from ECT such as insecure attachment (Kinniburgh et al., 2017). All of these deficits contributes to the inability to avoid doubt, guilt or confusion (Marcia & Josselson, 2013).

Self-concept and self-esteem are self-psychological aspects of an emotionally traumatised child made of IWM that are marred by ECT. Hence, self-regulation begins with oneself, which plays a pivotal role in a learning process as an adaptive skill that involves regulating, directing and planning cognitions, emotions and behaviour that enables a person to adjust or adapt socially, which results to learning process being impeded when it is disrupted (Morrison et al., 2011; Liew, 2012; Zhou et al., 2012; Korucu et al., 2017). Therefore, ECT also compromises learner's self-regulation system through deficits such as low self-concept and self-esteem, which contributes to poor academic performance.

Negative cognition and biased appraisal information processing due to ECT results in biased perception (Mhongera & Lombard, 2020). Findings indicates that ECT psychopathology hinders cognitive functioning in a learner. Hence, such a learner comes to school with an already fractured IWM, which yields derogatory thoughts like persistent confusion, of not being good enough or in weak feelings of self-worth. Which means, such a learner pays more attention to surviving and his/her perception of new information is based on such fractured IWM. This results in perception bias, whereby a learner will overgeneralise a threat even in situations where there is none (McGuire, Orr, Essoe, McCracken, Storch & Piacentini, 2016). As a result, teacher's instructions and tasks will receive minimal attention from the learner, motivation to learn is diminished and

therefore learning is hampered due to of ECT manifestation. The teacher than face the challenge of his/her instruction being given insufficient attention, which evidently contributes to the challenge of learner academic performance decline.

4.3.1.2. THEME 02: LACK OF SELF-REGULATED LEARNING

Theme	Categories	Sub-categories
2. Lack of self-regulated learning	2.1 Motivation to learn	• Self-esteem • Information processing • Learning behaviour
	2.2 Executive functioning	• Attention • Planning • Appraisal bias

***Table II**: Theme 02 Self-regulated learning* *SOURCE: Table generated by the researcher.*

Data outlines that ECT hampers academic performance through self-regulated learning (SRL). Hence the child comes to school with self-regulation system and attachment already affected by ECT. In such cases the child comes to school to be a learner with incompetence in various aspects of learning. Lacking the attachment abilities of forming relationships with peer learners, teachers, school and schoolwork. As well as, self-regulation, that is regulation of thoughts, emotions and behaviour. SRL is thus hampered with such deficits in attachment and self-regulation, because SRL requires a learner to be able to regulate their cognition, emotions and behaviour in order to learn and perform well academically.

Participant 1:

> *Very poor. Concentration, they are unable to concentrate. They are unable to focus on their work.*

Participant 2:

Because this thing is a burden in actual fact that needs to be removed. So, it affects the brain. Especially the child's results drop I think that is one of the big things, and participation in school activities.

CATEGORY 2.1: MOTIVATION TO LEARN

Data indicates that deficit in self-esteem is how ECT hampers academic performance. Loss of self-esteem results in loss of motivation and in the will to learn. This is largely because a learner suffering from ECT already has a low self-esteem and low self-confidence in his/her learning abilities according to the participants. Poverty being no stranger to rural areas, food becomes the only motivation to come to school for some learners, but not to learn. Information processing relies on motivation and willingness of a learner to learn. It is not something you can impose on a learner. And if motivation and willingness are not there, academic performance will be hampered because a learner will not learn. Therefore, SRL is affected by the inability to regulate one's cognitive processes to enable a focus on processing information that becomes knowledge.

Participant 1:

The child loses focus, performance becomes very poor, loses self-confidence, self-opinion. Even the reason for coming to school.

Lose motivation for coming to school. Some even come late, aiming for the break time. We even locked a lot of them outside, they went home.

When you ask a question, they'll keep quiet and don't answer. If you keep on asking, they'll end up becoming upset and they ask why the teacher keeps asking me alone when there is a lot of us. But it is because you're giving them a chance to speak as well and share ideas because all the learners must be involved in teaching and learning.

Participant 4:

When you enter to teach, he/she is seeing this as an annoyance that "there is that one, keeps saying she loves us, she loves us while she comes to annoy us, we do not want to study". Like we have a problem that here in school there is food. So, you can see that some other children only come for food in school, once they have eaten they are done. So, if you

enter in the classroom to show love and teach, he/she does not see that as a right thing because you're doing the exact thing that he/she does not want to happen to him/her.

And also, it would be like they might as well not study because it does not help them anyway.

Data also revealed that deficits in emotional regulation hamper learning behaviour, such as paying attention, listening, doing one's tasks and adhering to a teachers' instructions. In other words, lack of emotional control (self-regulation) results in unwanted behaviour that does not contribute to academic achievements, which is poor SRL. Hence, SRL is centred around the learner being able to pay attention in lessons and to avoid other events competing with his/her attention with lessons or overall school work to process information given or discovered in lessons in order to develop knowledge out of it.

Participant 1:

But when a behaviour changes, like they have been performing well then you see that they have changed, performance drops, then that is where we see that there is a problem. Then we try to intervene. Some would talk, some would lose the culture of learning completely.

So that what makes our learners fail a lot, it's trauma.

It is difficult. You can teach him/her and give him/her some work, he/she would not write and ask why you didn't write, he/she won't tell you why.

Participant 2:

You'd notice that this child, maybe you know him/her from grade 8 to 10. You keep noticing that his/her marks are dropping. He/she does not do his/her work. Those are the first thing we notice. Because sometimes you do not notice them quickly enough through drugs and dating. But it starts here, because what concerns us the most is teaching and learning, "hhaw you no longer write your work. So, your results are dropping. So, and so, sometimes you don't come to school". Isn't Mr, even though we do not understand children very well, but your children, you know them. That so and so is absent, that one suddenly spends a lot of time outside the classroom and bunk classes.

Ey they are trying Mr, even though it is difficult, but their focus, you'd find that one can only focus for 30 minutes. And then after 30 minutes, their mind would be like getting out of that and seeing other things.

One would then start talking, start a conversation, attempting to disturb you.

Participant 4:

They do not want to do the work, homeworks they never do them. That is where you first identify the child, "hhaw I gave you a homework, what is your problem with doing homeworks?", (imitating the child) *"I forgot",* (participant responds) *... then you'd call him/her on the side. But in most cases, it starts with homework, it begins with not wanting to do schoolwork.*

Data presented on motivation category indicate that lack of motivation to learn hinders SRL. The learner comes to school on survival mode, the mind is switched on to surviving the fear imposed by ECT in rural learner (Lawson, & Akay-Sullivan, 2020). Therefore, the mind-set and behaviour are skewed to surviving more than to learning. Hence, ECT suffering learners tend to develop isolation traits which means that they tend to exclude themselves in lessons, some have a short focus span and this shows that they are unable to self-regulate their learning, which is also closely tied to lack of motivation for learning or education when ECT occurs (Harris & Murray, 2017). Thus, the SRL learning behaviour component, which requires giving schoolwork sufficient attention, participating in lesson activities, doing tasks and following teacher instructions, is hampered by emotional disruption imposed by ECT, which then hampers academic performance of a rural learner.

Compromise of attachment and self-regulation tend to make a child lose perspective in their self-concept (Lu et al., 2017). According to Wang et al. (2015) low self-concept refer to negative perceptions in a child such as viewing oneself as not being worthy, not deserving happiness or as a failure emanating from deficits such as insecure attachment. Such negative perspective of a child result into low self-esteem and self-confidence in a child (Kinniburgh et al., 2017). Learning aspects such as problem-solving, decision-making or creativity will be hampered by such low self-

concept, self-esteem and self-confidence. When learning is hampered, academic performance will also be hampered as a result of inability to learner. ECT hampers academic performance of a learner, because a skill of self-regulation is very important in a school setting, which involves a degree of self-regulated learning. Also, cognitive abilities are salient aspects of a school environment because a learner needs to cognitively process new knowledge in order to learn (Muwonge, Ssenyonga, Kibedi, & Schiefele, 2020). Thus, that is how ECT hampers academic performance through affecting SRL and executive cognitive functioning. In working with rural emotionally traumatised learners, teachers encountered a challenge of poor SRL in rural emotionally traumatised learners, which also contributes to learner academic performance decline challenge.

CATEGORY 2.2: EXECUTIVE FUNCTIONING

Attention was a recurring term from the participants. However, it has different dimensions. The afore discussed attention referred to loss of attention or focus due to use of drugs or other external social events. Hence, the afore discussed attention took more of sociological dimension, therefore it is a psychosocial term. It is worth noting that attention in executive functioning follows a cognitive process dimension of knowledge. Therefore, it is a neuropsychological term when it is linked with executive function cognitive process domain, which is also expressed by Participant 2 in page 110.

Participant 1:

> *She can't, she has lost the focus. And passing as well.*
>
> *Hhaay they lose concentration, some don't even do the schoolwork. When you enquire, there is no reason for not doing his/her schoolwork, or he/she would say is not able to speak English or they do not understand. But when we teach, we teach all of them at the same time.*
>
> *It is difficult to impart knowledge to a learner like that because you'd teach and a learner will not listen, which contribute to the learner failing.*

Participant 5:

Mmhh Mr all in all I'd say it's a performance of a learner. That is the most important thing. So, the child ends up losing focus, because there is nothing more important than focus in a child. And also, just to enjoy the childhood. You'd find that the child is young but experiencing adult things. So that ends up having an effect on education.

Data revealed that appraisal bias occurs due to affected planning and attention. ECT suffers tend to pay attention more to threat. Appraisal is the judgement of events. In other words, ECT sufferer appraisal of events is biased towards threats. There are various aspects that lead to that in education. Participants conferred distorted self-concept, whereby one thinks that other people see what he/she is going through and conditioned fear, where the learner sees threats even if they are not there.

Participant 1:

Yeah it happens that when a child looks at a teacher sees a person like his/her parent that abuses him/her.

Participant 2:

Ey it does get damaged sometimes, because it causes anger. You'd find that he/she has anger towards other children because it is like they are laughing at him/her or it is like they know, you see something like that. Like people are able to see that you have not eaten, or they can see that you were raped. So, in a very short spaced of time he/she gets angry, it's like he/she can fight. You see those kinds of things, so it one of those that causes problems.

Participant 2:

The brain Mr, it stays in constant fear, you'd end up being frightened by nothing because you keep thinking about that event that befallen you. And then the brain as we have explained it, ends up losing focus. Because you have these things that you're scared of that they might happen again.

Attention, planning, decision-making and reasoning are the most important facets of learning. Those facets are known as executive functions part of the brain, which is located in the fore brain (Chu et al., 2019). However, even if the brain is healthy and functional, if emotions are disrupted that part of the brain incurs a deficit to function optimally, which is why ECT hampers the attention domain of the brain (Muwonge et al., 2020). In a classroom attention is the most salient aspect of learning a teacher needs in order to teach new knowledge to a learner. If a learner is unable to pay attention to the lesson, minimal, if at all, learning will occur in that learner. Participants conferred that learners that are or have suffered from ECT are unable to pay attention to lessons. Attention in self-regulation is thus compromised in a learner that suffering from ECT, which hinder learning in a child at school. Also, appraisal bias caused survival mode, where a learner pays more attention on threats than neutral events or information hinders learning in a rural child suffering from ECT, which in turn hinders the rural learner's academic performance.

4.3.1.3. THEME 03: ECT AND ACADEMIC COMPETENCY

Theme	Categories	Sub-categories
3. ECT and academic competency	3.1 Self-efficacy shortfalls	• Social support • Performance declining behaviours
	3.2 Self-concept shortfalls	• Self-confidence

***Table III**: Theme 03 ECT and academic competency* *SOURCE: Table created by the researcher*

Self-concept and self-efficacy shortfalls are the reasons why ECT hampers academic performance in rural areas, which was shown by the data. Competency is the heart of a meeting between a learner, teacher and the school. When the learner is incompetent, it is whereby a learner is under-achieving academically, which is shown by his/her school results. Competency aspects that were discovered are self-efficacy, which is the ability of a learner to execute learning and tasks successfully; social support, which is support from home and school; as well as academic performance declining behaviour, which refers to behaviours exhibited by ECT sufferer learners that contribute to academic under-achievement in school. Also, self-concept shortfalls contribute to academic under-achievement through lack of self-confidence.

CATEGORY 3.1: SELF-EFFICACY SHORTFALLS

Self-efficacy is the belief in oneself and in one's ability to learn and to execute tasks successfully. When self-efficacy is low in a learner, he/she is deemed academic incompetent, scholastic under-achievements (school results) is an outcome of low self-efficacy that shows academic incompetency. A series of learning events leads to academic under-achievement, which participants noted as reading, writing and participation in learning activities.

Participant 1:

> *Ey it is difficult. They are unable to work in groups. But some cases need a group work, so you'd have to force the child. Some end up participating, some don't.*

Participant 2:

> *Mhhh, laziness. Isn't now the child is always thinking about that one thing. The more the child think about that thing it ends up making the child laz…get tired or another may be always down. No longer hyper in the language of childhood.*
>
> *No energy yes, when he/she thinks of writing, this thing comes back straight.*
>
> *Because once he/she is in groups, even in groups you'd find that he/she does not want to participate because what he/she is going to say, you'd find that emotions take over.*
>
> *It is trauma Mr, they are traumatised, because you can't as child be able to just cope, in such problems like that, a child that is unable to write, unable to read. You'd be shocked by grade 12 reading skills. He/she would be reading, and just say something else. Or would read something that is not there. So why, being scolded or it is that thing that he/she is thinking about that he/she has seen.*

Participant 3:

> *It does, if they are really abused, because some would say that I did not do the work because I am failing to do it. But you'd notice that no, how can a person say they are failing to do something so simple that you would have explained in class. But he/she would tell you that I have tried but, which means now that is the way one hides that he/she failed to do a task. But you would notice that this one did not do the work because in any case his/her mind is*

still focused on whatever that has befallen him/her. With this you're annoying him/her, you're wasting his/her time.

Lack of social support also was found to be a contributing factor to academic incompetency. Social support refers to any person or persons a child can turn to for support. It involves friends, teachers, but mostly family. In discussion of attachment, it was established that parent absenteeism is rife in rural areas. Such results into unwanted behaviours in school, which does not contribute to academic achievement, such as isolation, inability to seek help, biased IWM and bad habits such as use of drugs as coping mechanisms. Lack of social support thereof, either from teachers or families proves to hamper academic performance of learners in rural areas.

Participant 1:

Ay when a child does not have resources to learn or not comfortable at home, we are able to notice such as teachers in schools. Sometimes you see a child seeking attention, showing a sign that he/she does not get love at home.

Sometimes one is performing well, but as time goes you notice that the performance is dropping, then you quickly find out that at home they are poor or the child is being abused at home.

Participant 2:

The stress is increasing. Which means schoolwork is already out here Mr. She started at home, there wasn't support, there was no one cared to help with homeworks, being shown care, just care Mr, it is a very important thing for a school going child. Especially if you're a child.

Yes, so when no one cared for her and came to this one thinking with give her care, only to find that he will damage her even more.

Compromise on self-regulation hampers the behaviour of a learner which result in performance declining. The most noted behaviours were drug use, late coming, absenteeism and ECT suffered/suffering learners not giving sufficient attention to their schoolwork.

Participant 1:

> *They fail to study once they have been traumatised, inability to focus in a classroom. They even absent themselves form classes.*
>
> *The child loses focus, don't do schoolwork and the child's performance would drop tremendously. Because they are no longer able to work with…even you as a teacher they'll skip classes because they know that they have not written the work because of trauma.*

Participant 5:

> *Its weak self-confidence, some sleep during the class lessons, some do not like socialising with others and isolate oneself, wouldn't even want to participate in class.*

Participant 2:

> *Ehh results, participation in school projects even in sport activities and everything.*
>
> *Ehhh, I think it takes us back Mr, maybe results. Also, absenteeism as well. So, the result will decline.*

Participant 5:

> *So as the child is using drugs now, he/she has no attention for his/her schoolwork. He/she is more focused on drugs. So that causes all of his/her work to be poor…even writing, you'd find that a person does not even want to write. When he/she writes, he/she writes things in halves. So those are the things, maybe it is his/her way of coping that if he/she uses this, it might boost him/her to be alright.*

CATEGORY 3.2: SELF-CONCEPT SHORTFALLS

Data indicated that self-concept short falls diminishes the ECT learner's academic efficacy. Self-esteem and self-confidence and self-control being affected by ECT, learner's abilities to learn and execute academic tasks are hindered. Learner loses confident to read, write or stand in front of the class, which diminishes his/her participation in lesson activities, which is also expressed by Participant 5 in page 116 and 117. This hampers academic performance of the ECT learner in rural areas because lesson activities are informal assessments that train a learner for formal assessments.

When the emotionally traumatised learner does not engage in informal assessments like class activities and homework that means they are not learning because that knowledge will be tested in formal assessments.

Participant 1:

> *Some don't respond. Even if you say they must read or do orals, they don't even do them. They can't stand in front of other learners. Even if you ask them to read standing where they are, one would say you may as well put zero. I can't talk or stand in front of people.*
>
> *They'll speak those few words with their peers. But they'll never stand up and represent the group because they are scared and they don't have self-confidence.*

Findings suggest that occurrence of ECT in a learner has dire consequences in learning processes such as reading, writing and participation in school activities, which are the series of learning events that lead to academic under-achievement or incompetency in a rural learners' secondary school case. Incompetency, which is shown by school results, occurs as a result of low self-efficacy in a learner, which is the belief in one's abilities to perform and execute tasks put before him/her successfully (Sticca, Wustmann Seiler & Gasser-Haas, 2020). Self-efficacy is tied to various internal psychological aspects such as self-concept, self-esteem, attachment and mental wellbeing of a learner. Thus, deficits in self-concepts, self-confidence and low self-esteem as mentioned above will cause the learner to be less confident and to become demotivated, which results in a learner being less confident to read in a classroom or less motivated to write school work (Swart, 2013; Cook et al., 2017; Harris & Murray, 2017). Competency is a results of attachment and self-regulatory deficits, among others, imposed by ECT on a learner, which means it is more of a summary outlining the academic incompetency in rural learners due to learning deficits incurred from suffering from ECT. Such academic incompetency becomes a teacher's overarching challenge of working with a rural emotional traumatised learner, since it is the teacher's job to teach and manage learning barriers the best they can in order for learners to learn and academically progress.

Debilitating attachment causes attachment issues that result in relationships shortfalls in a learner like forming relationships with peers and teachers, and this minimises learner's participation in school activities, hence the child forms erroneous IWM with regard to such attachment. This occurs largely because IWM makes children's fundamental assumptions about themselves and about the world around them, which is the worldview or lens through which they view and evaluate events and relationships (Mhongera & Lombard, 2020). In other words, IWM help make meaning of children's experiences and enables them to function effectively when it has developed from healthy previous experiences. An environment that is not nurturing, in which children endure unstable attachments develop a flawed IWM made of negative self-image and the view of the world (Romano, Babchishin, Marquis & Fréchette, 2015). As a result, those rural learners that has suffered from ECT, go to school with such flawed IWM, which sabotages their competency to hear and understand teacher's instructions, to perform well academically, and to behave appropriately, but tend to constantly scrutinize the school environment for any signs of threats (Cole, Eisner, Gregory & Ristuccia, 2013).

This results in compromise of cognition, emotions and behavioural regulation. Compromises in attachment and self-regulation systems hinders the SRL aspect in a learner, which is the ability to pay attention to instructions, plan and execute tasks like reading and writing (Antman, 2011, 2012). It also compromises the ability to socially adjust in a socially competent manner whilst participating in school activities through regulating one's emotions in such a way as to result in a sound mind-set yielding approved school behaviour (McKenzie, & Rapoport, 2011; Zhang et al., 2014; Wu & Zhang, 2017). As a result, children that experienced ECT tend to have a negative self-perception and are prone to unhappiness, anxiety and academic underperformance in rural areas (Burke et al., 2011; Bruchmuller et al., 2012; Stewart, 2015; Wu & Zhang, 2017).

Lack of social support, which occurs due to rife caregiver absenteeism in rural areas, contributes to academic incompetency in rural learners' academic performance. Rural conditions influence caregiver absenteeism as parents migrate to cities for better opportunities to combat poverty (Gaydosh, 2015). Mortality rate is high in KwaZulu-Natal (KZN) by 17.7%, correlating with low Socio-Economic Status (SES) and poor education which are risk factors of death, exposing

children in rural areas to permanent absence of caregivers (Stats SA, 2015). This results in unwanted behaviour in school, which does not contribute to good academic performance, such as isolation, inability to seek help, biased IWM and bad habits such as use of drugs as coping mechanisms (APA, 2013). Parent absenteeism robs a child of the critical development aspect of attachment and non-cognitive skills that helps a child in social adjustment skills and regulation of thoughts, emotions and behaviour. This influences academic underperformance in rural learners through the incidence of avoidant behaviour often used as coping mechanisms to numb the pain.

4.3.1.4. THEME 04: INTERVENTIONS AND SUPPORT IMPEDIMENTS

Data indicates that teachers used deflective intervening strategies such as taking the learner in to live with them in some instances, or supporting financially when they can. Such intervening strategies are viewed as deflective because they will not be applicable to all the learners suffering from ECT. Teachers will not take in all emotionally traumatised learners, or continuously support all of them financially.

Participant 1:

> *…step-father was abusing a child and she ended up being pregnant and got a child. One of the teachers took her in. She was very smart. We identified her by dropping her performance and she would be absent. So Ma'am took an initiative and took her in.*
>
> *We provide support, but to a certain extent. If a child does not have a uniform, we are able to intervene and buy him/her one. But we are unable to buy for many learners. One that has been identified we support him/her. We can even go as far as supporting them financially or refer him/her to an appropriate place to get help.*

Participants also highlighted in giving learners a chance to talk with them as a strategy to intervene in managing ECT.

Participant 1:

Progress becomes very poor. If they are traumatized they're unable to work. Unless if they talk about the issue and we deal with it. Then thereafter they gain confidence, trust you as a teacher.

Participant 2:

On LO I began with having a Bandura box, where a child will write his/her problems, without writing his/her name. Then I as a teacher I'll have to find those problems that okay we have these and those kind of problems. And then we try something like an organization, where we talk about our problems, all of us, things we've experienced in life.

Involvement of parents is also a strategy that was shared by participant 4 in intervening to manage ECT in a rural learner:

Another way of intervening that we use a lot is calling a parent. That strategy of working with a parent works very well, but other children you'd say they must come back with a parent and leave forever and be like you have chased the child away. But if he/she comes back with a parent, once there is a communication between a teacher and a parent. Because you'd tell a parent that we have a problem here, performance of a child is not good in 1, 2 and 3. Then if the parent is smart, he/she that the child is being helped, but if the parent does not come, it becomes difficult to handle the situation because you'd help the child here and when they get home the child gets abused again.

Participants confirmed that support from the DoBE in rural areas is minimal. Most participants asserted that the DoBE needs to do more in meeting them halfway, they have no relations with District-Based Support Teams (DBST) or Special Schools as Resource Centres (SSRC). ISHP and SIAS policies place emphasis on DBST and SSRC as support structures, especially in rural areas to minimise the challenges rural schools face but from the feedback from those on the ground this splendid concept is not working in effect (DoH & DoBE, 2012; DoBE, 2014). DoBE support structures impediments are further discussed in policy analysis, where ISHP and SIAS educational policies are discussed.

Firstly, with regard to support structures, most of the participants asserted that they do not have School Based Support Teams (SBST) in the school.

Participant 1:

> *Ay…we do not have school based* (School Based Support Teams). *We would normally intervene as humans. We do not have school based support teams.*

Participant 2:

> *Yeah (exhales deeply), as a school it is what we are trying to develop, but we do not have them really.*

Participant 3:

> *Mhhh I am not sure, maybe because most of the time its policies, maybe the principal of the school, then it would be the principal who will distribute [this function] to committees. I am not sure about that one.*

No relationship with the SSRC was also noted by participants.

Participant 1:

> *We haven't worked with them* [SSRC].

Participant 2:

> *Mhhh the department does say Mr* (refer learner to an SSRC for a better support/intervention)*, but in the end rural children have a problem because you'd find that their parents cannot afford the help, but you see that really-really this person needs a special school. But the problem, as I was saying if you look at the background. So, it becomes difficult, a parent would come up with a lot of reasons.*

Participant 3:

> *No, no, no. We have never, because if we have, I know that according to department especially when it comes to matric, they always ask whether the school has a child that*

maybe has an eyesight problem so on and so forth. So, there are forms whereby they have to be filled in by the principal.

Referral taxonomy put forward, mostly by ISHP and SIAS, is thus affected. Taxonomy involves three stakeholders, who are: the teacher, the SBST and the DBST (DoBE, 2014). All these three stakeholders oversee learning barriers. Based on resources, one stakeholder refers to another when resources one has are not equal to the learning barrier. A Special Needs Assessment (SNA) form is used, whereby the initial form (SNA 1) is filled in by the teacher who sends this to the SBST (DoBE, 2014). The SBST fills in a SNA 2 form and sends this to the DBST who fills in the SNA 3 and refers this to a specialist with regard to a particular learning barrier of a learner (DoBE, 2014). If one stakeholder in this long bureaucratic string of referrals does not play their part, then the referral system is disrupted, and the learner suffers the consequences of not getting the support to mediate his/her learning barrier. Teacher as a support structure plays a crucial part of building a learner profile and in identifying learning barriers, which is primal information of SNA 1 (van Rensburg & Rau, 2017). As established, there is a minimal relationship between teachers, the SBST and the DBST, and the question, arises as to where the teachers can refer learners with learning barriers, because DBST's major role is to screen learners for learning barriers, refer them to relevant institutions for help and to do follow-ups.

Participant 1:

You communicate with the parent or guardians. If there is a need for intervention, at school we are able to organise that they go see social workers.

Yes, but they only spoke with the child, because us, we do not do follow-up as far as going to the child's home.

The long process of the referral proves to be a challenge for teachers.

Participant 1:

Because we have them, the department…(raises tone) even though it becomes a long process because there isn't many of them. It is still a very long process.

If parents are capable, then they are able to afford a private one, so they won't have to wait for the government one because it takes time.

Participant 4:

Ey Department is like that, it's like saying we're waiting for government. Department is like a person you don't know that could even come next year while there is a problem now. So, the teacher I think is the person who should take the initiative, as we are three-sided, parent, teacher and a child. So, government is far away, by the time government comes things would have escalated to a mess. We are the ones who should take an initiative and intervene. Have policies that when a child is like this how does he/she get helped.

Yes, but it takes a while for a child to be transferred there. And another thing is that parents do not want to admit that their children have to move from this school because of this and that. So, they like to keep their children here in school. Even if the social worker approves that the child needs to be transferred to those special schools, but we would end up having a case of a child failing because the parent does not agree with that (transfer).

Lacking support from the DoBE is a challenge. This means that the DBST does not play its role in visiting schools to provide support. It is known that rural area schools are resource impoverished, hence they rely on the DoBE for support. Thus, lack of support from the DoBE and lack of resources in rural areas is another contributing to teachers' challenges of working with emotional traumatised learners because they do not receive sufficient support from DoBE.

Participant 1:

uh-mmh. So, the department is lacking in support structures.

Yes, they came to collect children information like orphans and who do they live with.

They do come, but only if there is an emergency. Maybe if it happens that children are involved in a car accident. But if the child is also pregnant or raped then they intervene. And only if we report.

They only take the statistics and it ends there.

We do not have resources. Even so we only hope that if there is a traumatised child or a rape case, we report…get social workers. We would even get those that are working

around. Contact them if it is a matter of emergency, because if you are waiting for the government one's response nje (stops, meaning you will wait a long time).

Participant 2:

They are not enough Mr. They are not enough because some of the schools in developed areas, you'd find that in such schools there is a social worker, there is a psychologist, they are around those people. But we have mentioned it is because of limited budget. So they are not enough at all. Because we are trying to play our role, but our main aim is to teach. Ay never Mr, nothing. Here in the area, there isn't. It is something very small in the community that makes a difference. Resources are lacking big time. Clinics, for clinics they have to take transport, which means resources are lacking.

Participant 3:

There is a shortage of them, they are short. But okay it's fine, it would seem like a teacher must do everything, but he/she is also a human being. Eeeh me going out to the social work needs time, I have to make a plan. And by the time I go to them, because I think they can't just come over here. They will come once they are called. Even there you must go sit down with them and report to them that I am teaching at a school like this and that, we have learners like this and that. Then, what can you guys do. Maybe those you're reporting to they must also report to their superiors. So, things like that, I would also look at them, ey this now I must spend, of which it not the job really I have been employed for. Now I am doing some other job, but my purpose is to help the community. So, which means the community as well is sleeping big time. Now other parents would normally focus in telling their children to go to school, and they know that the teacher will be a nurse, doctor, lawyer, police officer and be everything.

Overcrowding makes it a challenge to identify ECT at the GET phase. Repercussions of overcrowding and ECT not being identified contributes to the drop-out rate.

Participant 1:

To the small ones, its start on 50 to 60 number of learners in a classroom (senior phase). Then it becomes better to the big ones (FET phase) as they choose different subjects which makes number of learners small per class, but based on a subject. So, it becomes better to identify them at FET. Those who are teaching language

and life orientation have got a huge number because it is mandatory for all learners to do those subjects. So they tend to have big numbers of learners per class, which makes it difficult to identify learning barriers like child trauma.

4.3.2. POLICY ANALYSIS

2012 *Integrative School Health Policy* (ISHP) and 2014 *Screening, Identification, Assessment and Support* (SIAS) are two educational policies that were explored. Interpretation of the two policies is presented below.

4.3.2.1. 2012 INTEGRATIVE SCHOOL HEALTH POLICY/PROGRAMME

Integration of different governmental departments	• Collaboration • Participation • Knowledge • Resources (human) • Lack of support from provincial level
Biased health provision	• Focuses on medical conditions and social well-being
Screening and referral system	• Resources (for screening) • Biased towards foundation phase (Grade R-3)

***Table IV**: Integrative School Health Policy/Programme analysis* *Source: (DoBE, 2012)*

4.3.2.1.1. INTRODUCTION

The *Integrated school health policy* was launched in 2012, largely targeting poor rural schools (DoH & DoBE, 2012). Its salient goals were to implement school health policy and to have different stakeholders involved in education, working int

egratively together in order to minimise learning barriers in basic education (Lenkokile, 2016). ISHP is an educational policy that involves three major stakeholders, which are: the Department of Health (DoH), the Department of Basic Education (DoBE) and the Department of Social Development (DoSD). Thus, the apparent acknowledgment was that a healthy learner physically

and cognitively is an able learner hence the implementation of school health programme in rural SA schools was considered to be highly desirable (Khoza, 2016). Also, health in learners involves various stakeholders such as medical, psychological and social experts, hence the need for integration of Education, Health and Social Development Departments.

According to the ISHP, these stakeholders have different roles and responsibilities. The DoH and the DoBE are jointly responsible for

> *"provision of the package of school health services; creating an enabling environment for the provision of the ISHP"* (DoH & DoBE ISHP *school health nurse resource manual*, 2012, p. 17).

The DoSD is

> *"responsible for assisting learners to access services, particularly where financial barriers to accessing services are present. This includes providing transport to health facilities where necessary*" (DoH & DoBE ISHP *school health nurse resource manual*, 2012, p. 16).

ECT is a cognitive health condition, which is a learning barrier that is specifically a psychological disorder (APA, 2013). With such cohesive departments being support structures to teachers in schools, it should be one of the learning barriers which a school health policy is able to curtail.

4.3.2.1.2. COLLABORATION

Vision

The optimal health and development of school-going children and the communities in which they live and learn.

Goal

To contribute to the improvement of the general health of school-going children as well as the environmental conditions in schools and address health barriers to learning in order to improve education outcomes of access to school, retention within school and achievement at school.

Principles

The Integrated School Health Programme is part of the comprehensive primary health package which operates within the DBE's CSTL Framework and should:

- Focus on achievement of health and educational outcomes;
- Be implemented within a child's rights approach. This means that children should not be passive recipients, but must be empowered actors in their own development;
- Ensure full coverage of all learners starting in the most disadvantaged schools;
- Ensure that appropriate assessment, treatment, care and support services are available and accessible to all learners who are identified as requiring them;
- Be informed by local priorities;
- Take into account quality and equitable distribution of resources;
- Be implemented as a partnership between the Departments of Health (DOH), Basic Education (DBE), Social Development (DSD) and all other relevant stakeholders and roleplayers;
- Be guided by ethical standards as outlined in the principles of professional bodies (such as the South African Nursing Council and Health Professions Council of South Africa).

***Box A**: ISHP vision, goal and principles* *Source: (DoBE, 2012, p.10)*

The ISHP has multi-sectorial responsibilities that require collaborative work to achieve implementation of the school health programme in SA schools ranging from top to bottom, which is a

> *"national, provincial, district, primary health care facility and school levels"* (Khoza, 2016, p. viii).

Each sector and department has its own objectives or responsibilities. Thus, different departments or sectors become biased or prioritise their objectives to achieve annually with its limited resources and side-line the ISHP objectives, which minimises collaboration among multi-sectors (Lenkokile, 2016). Lack of provincial sector support is a major collaboration shortfall of the ISHP (van Rensburg & Rau, 2017). Learner support structures involves the multi-sectorial bureaucratic hierarchy, which is national, provincial, district and school. Lack of support from provincial levels, results in ineffective and inefficient functioning of subordinate sectors to it like district, school health outreach teams and schools. Hence, this study's Participant 1 (p. 122) asserted that District-Based Support Teams (DBST), which represent a district sector, only visit schools to generate

statistics, but not to assist with challenges the school is facing as district structure. Therefore, fractured collaboration imposes malfunctioning of the ISHP and school health suffers, which leaves learners vulnerable to the ECT learning barrier in rural areas.

Primarily, the policy is meant to be an implementer of integration or collaborative work between the stakeholders about how they must systematically coordinate in order to achieve their main objective of school health. However, indecisive coordination among the three stakeholders results in the failure of effective operation of the ISHP which stipulates that

> *"the national and provincial DoHs, DoBE and DoSD must ensure co-ordination between all the relevant service providers related to the school health programme. Regular meetings are necessary to ensure that the collaboration required for the implementation of the policy is achieved at all levels"* (DoH & DoBE ISHP *school health nurse resource manual*, 2012, p. 16).

Research shows that DoSD does not feel itself to be an integral part of the ISHP, which diminishes their participation in school health programmes (Lenkokile, 2016; van Rensburg & Rau, 2017). On the focus groups sessions of van Rensburg and Rau, (2017, p. 23) study, the DoSD provincial coordinator asserted that:

> *"There's none [involvement in the ISHP] …No. Social Development is doing certain programmes in schools, but it's not necessarily doing it within the Integrated School Health Programme, which is what I'm saying. We need something to bring everything together"* (Provincial Coordinator, DoSD).

Such a comment indicates the collaboration fracture within the ISHP, which minimises their contribution as a psychosocial role-player in a school health programme and support structure for teachers. This, leaves learners vulnerable to psychological learning barriers like ECT through minimal participation of the DoSD, because that is where experts like social workers comes from which are crucial in intervention on ECT.

Moreover, lack of information dissemination about implementation and operational of the ISHP is another source of fragmentation among stakeholders. Information gaps between the DoBE, districts, schools and communities create various challenges for role-players to work collaboratively towards school health, such as school resistance to work with school health teams, parent's resistance to consent for their children's screening, referral, feedback and follow-ups. In

van Rensburg and Rau, (2017) study, participants referred to such challenges induced by lack of information-sharing about operational challenges:

> *"I spend about an hour every time I go to a new school trying to convince the principal that I need to do what I came to do." (School Health Team Focus Group participant)* (p. 24).

> *"Unfortunate part of it they are always sending information, we never get back, we never get feedback as to that" (School Principal).* (p. 37)

> *"I remember, one day I was called: 'There's a challenge here, we can't get into the schools.' Then I called the Principal who said: 'I know nothing about that.' I said, 'No, please remember, we said you should inform them'." (District Coordinator, DoBE)* (p. 27)

Consequently, lack of information sharing results in school health support structures collapsing leaving learners exposed to psychological learning barriers like ECT in rural areas. For that reason, ECT becomes a contributing factor to academic underperformance of learners in rural areas due to scarce psycho-social health support.

Resource impoverishment imposes a break-down in collaboration of role-players involved in the ISHP. According to van Rensburg & Rau, (2017), there is a shortage of human resources which are health experts like nurses and dentists that make up a school health team. Then there is the lack of physical resources like transport vehicles that are important for long distance trips to rural areas and there is a lack of fuel.

> "*Provincial School Health Committee members on the other hand expressed frustration with a lack of financial resources for travel to (especially) rural programme implementation sites"* (p. 31).

This signifies lack of participation of certain stakeholders because a school health team is made up of different experts, e.g. nurse from the DoH or social worker from DoSD. The breakdown of support structures or lack of participation by certain stakeholders as a result of collaboration breakdown means a reduction of resources, and in turn the school health suffers. Learning barriers like ECT are more inclined not to be identified due to lack of resources if there is no school health team, and a lack of school health team visits due to transport issues (Khoza, 2016; van Rensburg & Rau, 2017). Even if it is identified by one role-player, due to collaboration breakdown any intervention process (referral, feedback & follow-ups) will remain a challenge. Hence, one role-player refers to another with adequate resources to intervene, e.g. school refers to a social worker

or mobile clinic to a hospital. This leaves a learner suffering from ECT with an unattended learning barrier in a rural environment.

4.3.2.1.3. BIASED HEALTH RESOURCES PROVISION

Mental health is a fundamental component of health. Although there are no nationally representative epidemiological data on the prevalence of psychiatric disorders in adolescents in South Africa, estimates suggest that approximately 17% of youth between the ages of 6-16 years have poor mental health. Local studies indicate high prevalence rates for anxiety disorders, post-traumatic stress disorders, depression, and conduct disorders amongst children and adolescents. Various biological, social, and psychological factors are known to contribute toward the high prevalence of mental disorders among young people; whilst poor mental health is associated with, amongst other things, educational underachievement, social disadvantage and poor health and well-being. The mental health needs of children and adolescents can be addressed on numerous levels and intervention sites, and schools can play an important role.

***Box B**: ISHP mental health* *Source: (DoBE, 2012, p. 25-26)*

Box B indicate that ISHP does acknowledge that mental health is important to take note of in providing school health. However, the policy is biased or prioritises physical health more than mental health. It acknowledges the existing literature about rifeness of mental risk factors in education, but does not put forward strategies of intervention compared to physical health. With physical health it provides a school team that will be headed by a professional nurse that will provide on-site medical service, screening and learner assessment,

> "*The School Health Team should be led by a professional nurse. The recommended norm for delivering of individual learner assessments is one professional nurse for every 2,000 learners to be assessed per year*." (Doh & DoBE, 2012, p. 20).

The ISHP outlines health-related factors such as hearing, vision, speech impairments, chronic illness [Human Immunodeficiency Virus (HIV) or Tuberculosis (TB)] and nutritional factors (stunting or over-weight). The DoSD is the Department that would be expected to provide psychosocial support, but it is given a role and responsibility of financial intermediator where

parents are unable to access or afford other health facilities, (DoH & DoBE, 2012). Health related learning barriers like those that involves physical health such as vision, experts are provisioned for it by DoH. However, psychosocial health related learning barriers such as ECT, minimal resources are provisioned for it, as it is stipulated that DoSD collaboration to school health is poor and where it is supposed gets involved, it is given a role of financial intermediator.

Biased health resources provision indicates a significant neglect of ECT in schools. For social support, the policy provides a *Child Grant Support* (CGS), *Integrated Nutrition Programme* (INP) and *National School Nutrition Programme* (NSNP) to combat poverty and financial constrains; for medical and chronic illness, *National Action Committee for Children affected* and infected by HIV and AIDS (NACCA), school health teams headed by a nurse, immunisation policy (Doh & DoBE, 2012). However, for mental health, specifically child trauma, the policy mentions only physical assault and sexual abuse:

> *"Young people also experience high levels of violence and trauma. The number of cases of violence-related deaths increases in the 15-19year age group and peaks in the 25-29 age category56 The YRBS found that one in ten learners (8.2%) reported carrying a gun and one in six learners (16.4%) reported carrying a knife, in the month prior to the survey. In their lifetime, 15.1% of learners had been assaulted by either their boyfriend or girlfriend, 13.5% had assaulted their boyfriend or girlfriend, and 10.0% of learners had been forced to have sex, while 9.0% had forced someone else to have sex"* (Doh & DoBE, 2012, p. 26-27).

ECT is not mentioned, and there is no strategy of intervention put forward by the policy like in other health areas such as medical and social well-being. It becomes a dilemma with ECT learning barriers because with resource provision skewed towards medical and social support, it does not have physical evidence, which makes it a challenge to identify this as a problem.

4.3.2.1.4. SCREENING, REFERRAL AND FOLLOW-UP SYSTEM

The screening and referral system lies at the heart of the ISHP. When learners are screened, and provided with support on-site or referred to a relevant health practitioner, then health- related learning barriers can be combated to maximise academic performance in rural areas. The ISHP (DoH & DoBE, 2012, p. 10) indicated that there were a number of challenges related to the screening, referral and follow-up system, which are:

- "Insufficient staff and infrequent visits to schools; this limits their ability to give children the time and attention that they need;
- Lack or insufficient basic equipment such as scales to weigh children;
- Lack of a conducive environment in classrooms for screening and examining children properly, including mental health assessment due to lack of privacy;
- Referral systems are not always available to respond to identified health needs;
- Follow-up is rarely conducted, as nurses generally visit schools only once a year; and
- Unavailability of transport, poor roads and infrastructure curtails access to hard to reach schools."

Over the years, those same challenges of staff shortage, lack of resources and transport persisted without viable intervention from relevant Departments at National, Provincial or District levels (Shung-King et al., 2014; Khoza, 2016; van Rensburg & Rau, 2017; Rasesemola et al., 2019; Reddy, 2019). Lack of screening means lack of identification and referral of ECT for intervention. Therefore, it leaves learners in rural areas vulnerable to ECT learning barrier.

Screening in secondary schools is also marred by skewness or biased attention towards the primary level. The policy is harnessed towards screening foundation phase (grade R-3) more than senior and Further Education and Training (FET) phases (Khoza, 2016). However,

> *"dropout rates increase among secondary school learners, especially after the age of 15, to the extent that 20% of 18-year-olds are out of school" (Shung-King et al., 2014, p. 03).*

For that reason, if a learner suffers from ECT after he/she has passed the primary level, he/she is more likely to have his/her ECT learning barrier not identified because secondary school level is overshadowed by primary level as the participants asserted that they have not been visited by the school's health team for learner assessment.

4.3.2.2. 2014 SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT

SIAS was first proposed in implementation of EWP6 version 2 by the DoBE (2007). EWP6 had taken a major stride in inclusive education adoption. Prior, to this the white paper focused on

redressing apartheid inequality education which imposed political learning barriers. In such cases of political learning barriers, learners were excluded on the bases of race and impairments such as cognition or physical body limbs like an amputated leg (Engelbrecht et al., 2016). Thus, inclusive education moved from limited inclusion of learners based on the previous apartheid inequality in the education system, to inclusion of all learners with different learning barriers beyond race and impairments. EWP6 acknowledged that all learners can learn, regardless of diversity of learning barriers if they are provided with support (DoE, 2001). Hence, SIAS stipulated that learner needs or barriers are drivers that arise

> *"from a range of factors including physical, mental, sensory, neurological and developmental impairments, psycho-social disturbances, differences in intellectual ability, particular life experiences or socio-economic deprivation"* (DoBE, 2014, p. 07).

This assert, then, that learners have various needs that require a range of support structures not biased to special needs to make education inclusive.

4.3.2.2.1. SIAS POLICY BACKGROUND

SIAS thus adopted a holistic learner needs approach instead of special needs in order to accommodate all learners in schools (Nel & Grosser, 2016). It inter-linked with the ISHP, and required school health to look out for wellness of learners. SIAS is a system of ensuring wellness of learners by support structures in basic education. It begins with screening for learning barriers. Once screening has taken place learning barriers will be identified and assessed for an appropriate support. The difference is in screening; in the ISHP the outreach school health team is the initial screener; whereas in SIAS it is the teacher that does the initial screening of learning barriers. As a system, it aids teachers to assess learner needs and refers them to an appropriate support structure for intervention (Hess, 2020). Hence, it has a clearly devised referral taxonomy, which has three stages, based on intensity of a learning barrier(s) for schools.

4.3.2.2.2. REFERRAL TAXONOMY STAGES: STAGE 1

Referral stages are known as Special Needs Assessment (SNA). SNA 1 (stage 1) is conducted by a teacher. Thus, SIAS says teacher is an immediate support structure of a learner. In SNA 1, the teacher's role is to develop a learner profile and the background of a learner (DoBE, 2014). In the

initial process of screening, a teacher collects relevant information about the learner that may cause a learning barrier, such as strengths and weaknesses, medical history, family history, communication, behaviour, learning or school environment in order to identify a learning barrier(s) (DoBE, 2014). When the learning barrier is identified, but the teacher does not have sufficient resources to mediate the learning barrier, he/she refers the learner to the to SBST. Therefore, a teacher intervenes in the case of low intensity learning barriers and provides support that suits the school curriculum, budget, norms and standards (DoBE, 2014).

4.3.2.2.3. STAGE 2: SNA 2

SBST receives SNA 1 from a teacher that has information about the learning difficulties of a learner. The role of SBTS is to liaise with learners, parents, School Governing Body (SGB), to identify school needs and to minimise barriers to learning, to enforce SIAS policy to be observed by teachers, to encourage collegial or peer support in an effort to devise an intervention programme for a learning barrier(s) based upon a teacher report (SNA 1) (DoBE, 2014; Inclusive Education South Africa [IESA], 2019). SNA 2 takes this one step further to an Institutional Level Support Team (ILST), from a teacher report to a school report about learning difficulties as an institution. It involves a moderate level of support to moderate the intensity of learning barriers, such as dyslexia or sight loss (Nel & Grosser, 2016). However, the SBST also operates within the school resources in intervening to address learning barriers. If SBST does not have resources to intervene, they refer the issue to the DBST.

4.3.2.2.4. STAGE 3: SNA 3

SNA 3 is a district level support structure. It involves the DBST that the SBST refers to for support. The DBST utilises district and provincial resources, hence its role is to liaise with various basic education role-players such as medical experts (doctors, dentists, dieticians or optometrists), psychosocial experts (psychologists or social workers), communities (SGB or parents) and others (DoBE, 2014). It deals with high intense learning barriers such as neurological conditions (autism, traumatic head injury or epilepsy), impairments (speech, vision or hearing) and others (DoBE, 2014). Therefore, it provides a high level of support that an ordinary school does not have access to, usually, such as specialists like a speech therapist.

4.3.2.2.5. CHALLENGES

Screening	Identification	Assessment	Support
• Training • Overcrowding • Poor follow-ups • Resource impoverishment	• Overcrowding • Symptoms overlapping	• Multi-departments collaboration	• SBST • DBST • Integration

***Box C**: SIAS Challenges* Source: (DoBE, 2014)

SIAS stages and referral system is a helpful strategy in helping teachers and learners to rid themselves of learning barriers. It is thus a great effort to ensure inclusive education in SA, especially for rural areas that are marred by resource impoverishments as it includes DBST that has an abundance of resources supported by the districts. However, lack of participation from role-players of other sectors involved in education, poses a challenge of including learners with ECT as a learning barrier in rural areas (Khoza, 2016). Parent absenteeism in rural areas, presents a problem not only for learners, but for teachers to establish learner profiles (SNA 1) as per SIAS. This problem is rife in rural areas. Thus, it becomes another contributing factor in the inefficient operation of SIAS in rural areas.

Participant (1) asserted:

> *"Yes, it contributes, because some parents we would call them and they don't come and say they are working. They do not see their children, they don't have their time, they don't do a follow up on their schoolwork, even things children do on a day to day basis they don't see. They do not support us as teachers. They are not involved in their children's education".*

Lack of parental participation is a challenge for teachers to develop SNA 1 and follow through the SIAS referral system. Hence, education

> "*is a three-legged pot, like a Zulu pot. So once one leg is broken, you see that from there it won't be able to balance nicely. So, we need stakeholders to work together as well as department* (participant, 2).

Lack of SNA 1 development means lack of screening for learning barriers and learner support, which leaves learning barriers like ECT not attended to in rural learners.

Lack of knowledge about education and the ECT phenomenon from parents in rural areas also adds a challenge in intervention to abate the ECT learning barrier (Khoza, 2016). Participant (2) outlined that learners in rural areas are more exposed to suffer from ECT learning barrier and they do not get help because parents lack knowledge about the phenomenon. Instead they may get punished by parents for it, rather than seeking help.

> *"Those in rural areas, especially parents, you'd find that they would take trauma to a traditional healer. You're sick but something does not add up. So those from the other side you'd find that the parent is able to see that the child has a 1,2,3 problems, so the child needs a certain thing. But the other one, maybe gets a hiding, chased away, no one is doing a follow up as to where exactly is his/her problem. So, lack of knowledge from parents most of the time. So, the rural children are more vulnerable and the others it is easy to them because of resources, they access them easily."*

Participant (3) noted lack of educational knowledge from parents as another contributing factor for parents' lack of participation in the education of their children in rural areas. This results to in parents not even picking up the red flag warnings of academic under-achievements of a child because they themselves are not educated. At worst, a child's academic under-achieving may be attributed to his/her misbehaving, rather than seeing it as a learning barrier. Thus, 'all children and youth can learn, provided that they are supported' notion of EWP6 is defied, as well as inclusive education, because that learner is not receiving help to mediate their ECT learning barrier.

> *"Yeah. As I have mentioned that if a father or whomever is an elder is not educated, but their focus is on cows, that means he does not see a need for education. He only knows that cows must be taken to the dip by children.*
>
> *Yeah, it does that. As I am saying that if the father is not educated, one he will tell you that this thing of a doctor, I do not have money for doctors. Take some herbs and perform enema. Eeeh and it would be the those of emotions, when a child is damaged emotionally. You'd find that when a child is emotional, a parent will approach that with that manner of a child being disrespectful, that is why he/she is doing things like this. But he/she won't look at the causes, as to where does that comes from, that results to a child doing things in that manner".*

SCREENING

Screening is the pivotal part of SIAS. Hence, that is where the learning barriers are identified. In SIAS, the teacher is the first to identify learning barriers. However, training of teachers and school

health role-players persist to be a stumbling block in effective operational of SIAS since its inception. According to Romm (2018), teachers and health practitioners involved in school health in rural areas

> *"were not trained in any of the factors related to inclusion, psycho-social needs and support, and emotional needs and support" (p. 07).*

The DoBE *annual report* (2018) focused on training teachers for curriculum delivery. In KZN, only 515 teachers were trained for SIAS on curriculum delivery factors like reading and mathematics (DoBE *annual report*, 2018). Therefore, the DoBE is giving minimal attention to psychosocial and inclusive education training. Psychosocial learning barriers like ECT do not receive government attention, which results in poor academic performance and contributes to poor learner retention in rural areas.

Screening as an initial process of identifying learning barriers is marred by a variety of factors in rural areas. Schools in rural areas are faced with overcrowding challenges which makes it difficult for them to screen every learner and still deliver the curriculum. Participant 01 expressed that there is a burden with the overcrowding of learners

> *"Ey there is lot of them. So, it becomes difficult to give each learner that space to communicate. You end up not knowing some of them".*

With SNA 1 of SIAS screening, a teacher is expected to develop a learner profile, which includes visiting or meeting with parents or caregivers. When a learner is not given space to communicate, that is the first sign of poor delivery of curriculum. Not knowing the learner means there is no screening of learning barriers occurring.

Moreover, a co-component of screening is follow-ups. When a teacher is/has screened a learner, follow-ups on the case are necessary to develop the SNA 1 report. Participants expressed that time becomes a scarce commodity for follow-ups to be done:

> *"Yes, but they only spoke with the child only, because us, we do not do follow-up as far as going to the child's home"* (Participant 01).
> *"Yeah, my brother, now if we look at the curriculum, most of the time it is too much. As you can see, you see all these stacks of papers, I have to go through all of them, over there as you can see that filing it also needs me, children are also here. Only to find that sometimes really there is a class you'd end up omitting, trying to cover other things*

> *because there is targets that okay department needs this, you also have to leave from here to Truro, from here to Margate, sometimes small things come up"* (Participant 03).

Scarcity of time means more attention is paid to delivering the curriculum (teaching) than to addressing learning barriers. Teachers do not have time to involve parents in endeavouring to develop a learner profile according to SNA 1 of SIAS. Hence, psychosocial learning barriers in rural areas receive the least attention of all levels of intervention (national, provincial, district or school levels).

A healthy learner maximises learning efficacy, hence health and education are interdependent disciplines (Lenkokile, 2016; Bundy, Schultz, Sarr, Banham, Colenso & Drake, 2017). Effective screening requires training of teachers to equip them with skills to address not only direct curriculum learning barriers like inability to read, but with psychosocial learning barriers like ECT as well, in order to maximise inclusivity of learners suffering from psychosocial learning barriers like ECT. However, a dearth of training of schoolteachers about health (psychosocial) learning barriers and the absence of a school nurse in rural schools are overbearing factors of SIAS screening aspect. Absence of school nurses in rural schools and mediocre coverage of school health teams leave health/psychosocial learning barriers to be

> *"supervised by education-based administrators who have no clinical preparation in the delivery of health services"* (Lenkokile, 2016 p.13).

Participant (01) confirmed that teachers are not trained on basic health-related learning barriers. When asked if they are equipped to manage learning barriers like emotional abuse in learners while they await professional help, the response was:

> "*No we're not. Because we don't even know how to do first aid. We have never been trained for such*".

Participant (01) continued to express dismay at the lack of teacher training in psychosocial learning barriers, when asked if they are equipped to deal with emotional trauma in learners, the response was:

> *I : In your view, are teachers well trained to be able to deal with emotional child trauma?*
> *P1 : Not at all. We trying as parents and community members, but we are not equipped.*
> *I : In your view, is it a teacher's job to deal with this kind of learning barrier?*

P1 : Mhhh yes, a little. Our job is to teach but if I encounter such a situation I have to handle it. I have to be trained for that because we are the one spending a lot of time with learners. Because they say they cannot afford for a school to have a social worker and a psychologist.

I : You think it would be better if the school had a counsellor of social worker?

P1 : Even if it is not like that, but at least one teacher who is trained for that so that if there is such a problem, he/she would be able to deal with it.

Therefore, screening of learning barriers is marred by overlooking psychosocial learning barriers, focusing more on curriculum delivery. Lack of teacher training on psychosocial learning barriers is a major factor that hampers SIAS screening. Lack of support from the DBST level also contributes to the unsatisfactory situation which is not helped by the absence of a school health nurse and school health teams' mediocre coverage of rural schools. Such a situation means that the ECT learning barrier is not only misunderstood, but it is poorly screened in rural areas, compromising suffering learners' academic performance.

IDENTIFICATION

Identification is the stage whereby a learner has been screened and his/her needs have been identified. Identification can occur at any stage of screening between SNA 1, 2 or 3. It involves inter-sectorial intervention at different levels of basic education with several role-players involved in screening of learners to identify barriers (Bundy et al., 2017). Hence, different inter-sectorial levels are expected to work interactively to yield inclusive education. It would generally be hoped for teachers in rural areas to receive support from the DBST that consisted of a school health outreach team for screening and identifying learning barriers. However, stakeholders input is marred by resource impoverishment.

Overcrowding in rural schools produces a work overload for the DBST and the school health teams, which experience lack of resources and overload of cases to be worked. Looking at human resources, which are support structures for learners with learning barriers in rural areas, roles and responsibilities are frequently overloaded. School managers (principal, School Management Team [SMT], or SBST) in rural areas are overburdened with school health-related matters that they are not trained to deal with, diverting their attention and time from their primary task of delivering a curriculum (Lenkokile, 2016; van Rensburg & Rau, 2017; Reddy, 2019). The primary role of a teacher is to teach, learner health is the responsibility of DBST and school health teams. Roles and

responsibilities overload and confusion among role-players signifies a persistent trend of school health personnel shortage and ignorance of psychosocial learning barriers which includes ECT by SIAS.

Overload does not only impose a burden on and confusion of roles and responsibilities for school personnel, but it is an overwhelming burden for school health practitioners. School health in rural areas has an overload of learners that they are expected to screen and to identify learning barriers, which results in them being unable to cover many schools. Staff shortage and overload of learners results in mental health not being assessed in rural areas. 65% of rural schools confirm that they have no collaboration with a school health nurse (Rasesemola et al., 2019). A single school health nurse has a load of 2000 learners to screen and identify learning barriers, and he/she is still responsible for heading a school health team in delivering health services on site (DoH & DoBE, 2012; Rasesemola et al., 2019). Such an absurd ratio of 1:2000 of a school health nurse and learner signifies a strong work overload and school health staff shortage. Consequently, 65% of rural schools have unidentified learning barriers, including ECT which indicate lack of governmental support to rural learners and teachers.

Dilapidated infrastructure resources also pose a challenge to identification of learning barriers. Transport is still an issue that impedes school health team's visits to rural schools that are usually far from towns (Shung-King et al., 2014; Lenkokile, 2016; Hess, 2020). School health teams reported not having sufficient equipment needed for screening, classrooms in some of rural schools or electricity, which curtails identification of learning barriers in rural areas (van Rensburg & Rau, 2017). Top issues affecting basic education in rural areas, are: learner-overcrowding, lack of psychosocial training in teachers and resource impoverishment leaving learners vulnerable to ECT (Hess, 2020). Hence, it becomes one of the stealth contributing factors to academic performance decline because of mediocre identification.

ASSESSMENT

Assessment is a subsequent process of screening and identification of learning barriers. Once a learning barrier has been identified, it is then assessed to outline what kind of support it needs and where it must be referred to in order to mitigate it. It is a recurring process from all stages of SNAs and all support structures. Thus, learner assessment in SIAS involves an identified learning barrier

from screening, which is the process of special needs assessment (DoBE, 2014). SIAS and ISHP adopted a holistic approach to learning barriers, therefore learner assessment requires an assessment network of a number of Departments, a number of sectors and multiple inputs from national level, provincial level, district level, school level and down to community level (Rasesemola et al., 2019). A learner not screened cannot be assessed for intervention; a learning barrier not identified cannot be assessed for appropriate support. Hence, issues identified in screening and identification processes subsequently curtail or annihilate learner assessment efforts to address learning barriers.

As the assessment network consists of input from many different Departments, integration of role-players in Departments becomes key. However, integration of role-players has proved to be a constant issue in the provision of sufficient learner assessment since the inception of school health, ISHP and SIAS (Hess, 2020). DoBE and DoH should seemingly work collaboratively in serving school health in rural areas. However, DoSD is excluded, which curtails mental assessment of learners (van Rensburg & Rau, 2017; Rasesemola et al., 2019). Deficits in mental illness learner assessment, means insufficient ECT assessment as a psychosocial learning barrier in rural areas.

Collaboration of role-players is also affected by lack of participation of parents in rural areas, which results in curtailment of learner assessment for learning barriers. It is apparent that the rife parent absenteeism in rural areas results in poor participation of parents in rural learners' education. For school health practitioners to conduct their screenings, they need to obtain consent from learners' parents. van Rensburg and Rau (2017) discovered that parents in rural areas resist providing teachers and school health teams with consent because they believe their children with be tested for diseases like HIV and AIDS or TB. So, parents who worry about such disease's stigma, those that might have diseases do not consent for their children to be screened by the school health teams. In such cases, school health teams are left with their hands tied in delivering health services to learners below the age of 18, which impedes learner assessment, leaving rural learners vulnerable to ECT learning barrier.

SUPPORT

Support is the ultimate objective of the DoBE and SIAS policy objectives that they aim to achieve. Learning barriers should be screened, identified, and assessed with the sole purpose of providing

learner support to learner needs in order to ensure that no learner is excluded from education due to the learner's individual needs that can become a barrier to learning. Learning barriers vary according to biological, psychological and social needs. SIAS support aspect involves participation of various levels of support structures, such as national, provincial, district, school and community levels. Hence, it warrants an integration of different support interventions from multiple Departments such as the DoBE, the DoH and the DoSD to safeguard learners from learning barriers (Engelbrecht et al., 2016).

Issues just identified with the implementation of the SIAS stages impedes support intended to be provided to learners, especially in rural areas. Departments' poor integration fragment the means to supply resources to mitigate learning barriers. Some of the Departments are not playing their roles with regard to school health (Khoza, 2016; van Rensburg & Rau, 2017). Roles and responsibility confusion are a common assertion in literature caused by blurry vision and goals of the SIAS (Nel & Grosser, 2016; Mathikithel & Wood, 2019; Setlhare & Wood, 2019; Vergottini & Weyers, 2019). Multiple support curtailment emanates from roles and responsibilities confusion of stakeholders or Departments, due to them not being clear about their roles they are supposed to play in school health. Support curtailments such as school health team visits, resources for screening learners, financial injection to school health and transport for school health teams bedevil the system. Such administrative ineptitudes impede support to rural schools, and ECT learning barrier mediation is curtailed.

SIAS support is skewed towards primary learners rather than towards secondary school level learners. SIAS policy insists on screening learners from grade R-03 (DoBE, 2014; Khoza, 2016). This leaves learners in secondary school level vulnerable to learning barriers, like ECT. ECT is not a psychological illness that one is born with, therefore it may occur at any stage of life due to traumatic life events one may encounter at any given time. Hence, a learner may have been screened between grade R and 3 and found to be clear of ECT. However, if a learner becomes a victim of emotional abuse at a secondary school level of education, he/she needs support as well. Rural schools are known to have low learner enrolment and high learner dropout, which warrants a need for extensive support provision to rural secondary schools (du Plessis & Mestry, 2019). Psychosocial problems are one of the major contributing factors to learner dropouts in rural area secondary schools (Weybright, Caldwell, Xie, Wegner & Smith, 2017; du Plessis & Mestry, 2019)

and literature affirms that most learner dropouts occur at a secondary school level (Shung-King et al., 2014). Support as an ultimate objective of SIAS, it outlines the impediments from screening to the to support. Impediments on support may be a contributing factor in issues and challenges of achieving inclusive education, which involves inclusion of rural areas in education. In a rural school setting, impediments in support means rural learners' needs are not sufficiently met, which leaves them vulnerable to ECT learning barrier.

4.4. CHAPTER SUMMARY

This chapter presented data originality used in responding to the research questions and objectives. The analysing of data aimed at presenting salient findings from that data. The analysis involved organising data into themes and then interpreting the results. It also reflected on secondary data from various literature sources regarding the ISHP and the SIAS educational policies. Primary data (interviews) findings indicate that teachers mostly encountered academic decline in working with rural emotional traumatised learners. Academic decline result from ECT manifesting as a learning barrier in school and thereby impedes learning process. It hampers the most salient domains crucial to learning which are attachment, self-regulating systems and competency.

In addition, secondary data (policy documents) findings indicated that ISHP and SIAS educational policies gives insufficient attention to psychosocial learning barriers like ECT. Findings showed a significantly poor resource provision to rural area schools that included training of school health out-reach teams, staff shortage, insufficient training of teachers and lack of integration among Departments and role-players. This curtails support needed in school to minimise learning barriers and to protect the fundamental right to education of every child in SA. The following chapter (five) will discuss the findings as empirical evidence that supports the study objectives.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

This concluding chapter evaluates whether or not the data collected met the study objectives or answered the research questions. This study's purpose was to explore teachers' experiences of working with emotionally traumatised learners in one rural secondary school in KwaZulu-Natal as a case study. The study aimed to gain in-depth understanding of challenges encountered by teachers of working with learners suffering from emotional child trauma and the strategies they use in mediating such challenges in a rural secondary school environment. Hence, this chapter aims to provide conclusions about teachers' experiences of working with emotionally traumatised learners in a rural secondary school. The conclusions are connected to the research questions and chapter four, hence they are drawn from the findings found interpretation of data.

5.2. CONCLUSIONS

In this section conclusions are provided which are informed by the study's research questions and the findings of the study based on chapter four.

5.2.1. TEACHEERS' EXPERIENCES OF WORKING WITH EMOTIONALLY TRAUMATISED LEARNERS IN A KWAZULU-NATAL RURAL SECONDARY SCHOOL

ECT compromises attachment and self-regulation learning domains. Firstly, attachment is one of the key integral part of learning. Learning involves interacting with the teachers, peers, the school as an infrastructure and the curriculum. Failure to satisfy the need for attachment, which is endemic to forming relationships with peers, teachers and the school at large is a contributing factor to academic performance decline. The ECT learner's prime basis of attachment is insecure attachment patterns. Meaning their attachment or relationship frame of reference is driven by insecurities, consisting of uncertainty, confusion and lack of confidence. Insecure attachment patterns may manifest in different ways depending on the cause of ECT and how the child respond to it, but they are the common ground in the attachment domain of an ECT affected learner.

Thus, trust is a scarce commodity in such a learner with insecure attachment imposed by ECT. Trust in believing that they have abilities to complete school tasks, confidence in asking questions or to seek help when it is needed. That insecure frame of reference creates an internal dialogue that perhaps his/her efforts of seeking help might be interpreted as evidence of incompetency. Henceforth, trust issues emanating from insecure attachment patterns result in social incompetency and learning behaviour in a learner. School is clearly a social setting where interaction occurs in a regulated fashion to yield desired results. Insecurities make learners prone to avoidant behaviour. Avoidant behaviour extends the contribution of attachment deficit, which resulting in academic performance declining, because such a learner will tend to avoid becoming involved in lessons or in learning engagements, like participating in class, working in groups or asking questions, and insecurities diminish confidence as well in a learner. For that reason, ECT does hamper social adjusting skills, which result to social incompetency and poor learning behaviour attachment deficits in a learner, which consequently, impedes learning process and academic performance.

Secondly, self-regulation is a human system that every human being uses to adapt to the world and it is a skill that humans develop in order to regulate thoughts, emotions and behaviour through a continuous interaction with the world. ECT disrupts emotions, which compromises emotional intelligence in a learner, which is an important ability to regulate one's emotions towards others that may affect a child's behaviour as well. Learning behaviour is intertwined with cognitive functioning, because thoughts are exhibited through behaviour in a learner. Disruption of emotions extensively affects cognitive functioning as it becomes a challenge to think straight in humans when one is extremely sad, anxious or angry. Therefore, derailed emotions compromise higher order thinking skills, such as planning, attention, decision making and goal orientated behaviour. Deficits in thinking skills denotes inabilities in aspects like reasoning and planning needed for grasping new knowledge and for executing tasks. Derailment of emotions results in a poor self-concept, which involves lack of self-esteem and self-confidence. Deficits in cognitive functioning yields poor learning behaviour such as a learner not participating in lessons like completing tasks as a result of the learner being in a surviving mode induced by ECT.

Being in survival mode is a result of a child being exposed excessively on emotional traumatic psychological events. That tends to condition the brain to be hyper-vigilant and to supress the capacity to regulate thoughts, behaviour and emotions to adapt in a school environment. Inability to adapt in a school environment indicates a compromise in social adjustment skills of a learner influenced by ECT factors. Hence, the surviving brain (fight/fright/freeze) out-weighs the learning brain, which means learning occurs at an insufficient level at best, or it does not occur at all.

5.2.2. CHALLENGES ENCOUNTERED BY TEACHERS OF WORKING WITH EMOTIONALLY TRAUMATISED LEARNERS IN A KWAZULU-NATAL RURAL SECONDARY SCHOOL

Participants shared various challenges that they encounter of working with emotionally traumatised learners in a KwaZulu-Natal rural secondary school. Challenges consisted of poor self-regulated learning and academic competency decline.

5.2.2.1. POOR SELF-REGULATED LEARNING AS RESULT OF COMPROMISED ATTACHMENT AND SELF-REGULATION PSYCHOLOGICAL DOMAINS IN A LEARNER DUE TO ECT

ECT hamper Self-Regulated Learning (SRL). SRL refers to the ability of a learner to self-regulate his/her emotions, thoughts and behavior in order to learn and progress academically in school. A learner suffering/suffered from ECT comes to school with an array of problems, such as emotional problems, cognitive problems and behavioural problems. Self-concept is the pivotal part of self-regulation. Deficit in self-concept means less self-control, less confidence or demotivation in a learner. The best teacher with a well-prepared lesson would encounter a challenge teaching new knowledge to a less motivated learner. Motivation and willingness to learn is the first aspect needed to take in new knowledge. Cognitively, the learning brain is compromised, and the surviving brain is heightened in occurrence of ECT due to extreme emotional distress encountered or still occurring in a learner's life. Heightened surviving brain results to appraisal bias cognitively in a learner. He/she will tend to pay more attention to threats or worse they will see them where they are not (they appraise non-threatening events as threats) due to a cognitive state of surviving.

Children that have suffered/suffering from ECT through enduring emotional traumatising maltreatments tend to develop a negative self-concept and self-cognition such as in being unlovable, helpless or deficient, which has numerous detrimental cognitive functioning effects such as difficulty in expressing oneself, flexibility and creativity in problem-solving skills, attention deficits or inability to indulge in abstract reasoning. Such cognitive effects become learning difficulties in a school, which becomes teacher's challenges of working with an emotionally traumatised learner. Participants expressed the view that very few cases occur where learners show cognitive resiliency, which is the ability to regulate cognition as is required for problem-solving skills or for focusing on instructions or learning with the difficulties imposed by ECT, resulting in compromise in cognition regulation and functioning for school purposes. As a result, learners suffering from ECT run short of cognitive resources to match the immense extraneous ECT learning barrier, which affects the learning process because such learners tend to focus more on ECT than on learning.

ECT tend to induce emotional disruption, which hampers learning in rural learners by hindering SRL abilities of a learner. Emotions regulation is involved in emotional intelligence and information processing important aspects of learning. When emotions are disrupted due to emotional traumatic stress, learner's ability to regulate his/her emotions, thoughts and behaviour in relation to teachers, learners and school environment diminishes. Hence, the findings maintain that aggression is a common behavioural phenomenon in such a learner, due to inability to regulate emotions. Compromise in emotional regulation therefore results in a learner making a biased appraisal of social events that becomes a teacher's challenge in a school. In a school environment the appraisal of events refers to instructions, tasks, activities, relations with teachers and learners. Emotional disruption consequences are deficits in internal psychological aspects like self-concept, self-esteem, self-efficacy and mental wellbeing of a learner. Thus, rural learner's internal psychological deficits induced by ECT is a challenge a teacher needs to deal with as effort to teach an emotionally traumatised learner in a rural area, as they become learning difficulties in school.

Occurrence of ECT induces behavioural problems in a learner. Deficits in cognition and emotion results in inadequate coping skills in children. Thus, learners suffering from ECT stemming from

emotional abuse tend to engage in avoidant coping mechanisms to escape anguish and also to fit in or to find a sense of belonging in social events. Distracting risky behaviour is common in learners that are ECT survivors on the case of the rural area school. They use such behaviour to mediate distress or discomfort and this can result in alcohol bingeing, stealing, aggression or unprotected sex. In rural areas escapist risky behaviour was expressed by the study participants as a contributing factor to substance abuse, teenage pregnancy rate escalation, aggression that has been found to be rife in rural learners due to ECT, which also contributes to the school drop-out rate, while some end up being imprisoned.

Compromise in SRL due to ECT means that a learner will have deficits in required abilities to adapt (self-regulation systems) in a school setting. Deficits in abilities required to adapt in a school setting is how ECT impedes academic performance in a learner. The learning brain being outweighed by a surviving brain affects learning behaviour, such as being motivated to learn, paying attention in a lesson and cognitive skills like the ability to process new information.

5.2.2.2. ACADEMIC PERFORMANCE DECLINE

ECT diminishes competency of a learner in a school environment, which is why it hampers a learner's academic performance. The established impediment on learning (attachment & SRL) in a learner suffering from ECT result in academic performance decline (incompetency). Attachment deficits result in social incompetency and self-concept shortfalls, whilst SRL results in cognitive incompetency in a school setting. The reason why, it is because they diminish self-efficacy of a learner suffering from ECT, which is the belief in one's ability that he/she will be able to execute academic tasks successfully.

Insufficient support from external structures also contributes to the reason why ECT hampers academic performance in rural areas. Resource impoverishment and lack of support becomes a double-edged sword in the case of a rural learner suffering from ECT. Rural areas resource impoverishment is a contributing factor causing ECT in a learner, which includes lack of training in teachers by DoBE about ISHP and SIAS to equip teachers to be more trauma-informed teachers, lack of social support due rife parent absenteeism and DoBE support. The DoBE that enacts

policies such the ISHP and the SIAS as efforts to ensure that every child's right to basic education is also protected in rural areas, does not meet the rural area school halfway as a support structure. Policies are neglectful of ECT, which means that school and learners receive minimal support in relation to the ECT learning barrier. Without support to minimise learning deficits imposed by ECT, it means that it persists as a learning barrier in rural learners, hampering their academic competency and resulting in academic performance decline.

5.2.3. STRATEGIES USED BY RURAL TEACHERS TO MANAGE ECT LEARNING BARRIER

Lack of training and support from DoBE result to rural teachers' interventions to mediate trauma to be limited. Lack of training about ISHP and SIAS educational policies diminishes teachers' strategies to manage psychosocial learning barrier such as ECT, which is part of primary health care on the policies. However, primary health care is expressed as one of the main objectives of DoBE on ISHP and SIAS policies. Teachers rely on non-clinical counselling learners that suffer from ECT. They also involve other stakeholder of the school such as parents and social workers, that is if they are available. As participants expressed that social workers are scarce, and when they do visit the school, they only come to take numbers of learners that have issues. Parent involvement is affected by issues such as lack of knowledge and the identified parent absenteeism. Therefore, involvement of these role players' effectiveness as a mediating strategy is also very limited, as the stakeholders are not reliable sources of support.

5.3. SUGGESTIONS FOR FURTHER RESEARCH

More research into emotional child trauma in rural areas needs to be undertaken. With statistics based on rigorous research studies concerning the ECT phenomenon, perhaps these would win the attention of the DoBE and other stakeholders involved in delivering school health in rural areas. Therefore, further quantitative research can assist with statistics and cause and effects variables involved in academic performance of rural learners. More research, with a representative sample can also help with generalising the effects of ECT on rural learners' academic performance.

5.4. RECOMMENDATIONS

DoBE needs to workshop and train teachers with new policies as they are the foot soldiers who operationalise the policy visions and objectives. The principal in Yellow secondary did not know of and had never heard of SIAS or ISHP and confirmed that workshops rarely occur in rural areas with regard to new policies unless it is a curriculum policy. This is important because a healthy learner is a learning learner. ISHP and SIAS focus on instilling school health, which will ensure that a learner is healthy and this should maximise learning. It also helps teachers to know the support structures they can utilise to address learning barriers like psychosocial learning barriers such as ECT.

5.5. LIMITATIONS

This is a qualitative case study. Therefore, the findings are based on a singular case of Yellow secondary school. For that reason, trustworthiness of findings of this study are limited to the Yellow secondary school case. These were identified study limitations: the study sample was only based on Yellow secondary school, SNA forms and DBST could have also added on the richness of data. Therefore, the study findings cannot be generalized to other similar conditions due to the nature of the study's case study method of enquiry. Hence, findings are limited in terms transferability to other similar cases in order to assess them or to make statements about teachers' experiences of working with emotional traumatised learners on rural secondary school.

5.6. CHAPTER SUMMARY

Learning barriers like ECT illness compromises self-efficacy in rural learners. It hampers attachment and SRL domains. The DoBE, the ISHP and the SIAS policies, as well as other support structures are evidently lagging behind. This contributes to academic performance decline, which is a study conclusion. As a result, academic performance declines and it is deemed as academic incompetency. This chapter sought to respond to whether the study objectives were met and research questions were answered or not. It also provided suggestions for further research, recommendations and limitations.

REFERENCES

Adams, B. G., Wiium, N., & Abubakar, A. (2019, April). Developmental assets and academic performance of adolescents in Ghana, Kenya, and South Africa. In *Child & Youth Care Forum* (Vol. 48, No. 2, pp. 207-222). Springer US.

Adeleke, N. A., Adebimpe, W. O., Farinloye, E. O., & Olowookere, A. S. (2019). Rural and urban prevalence of sexual assault against women in an African population. *Bangladesh Journal of Medical Science*, *18*(3), 628-635.

Ahn, J., Luna-Lucero, M., Lamnina, M., Nightingale, M., Novak, D., & Lin-Siegler, X. (2016). Motivating students' STEM learning using biographical information. *International Journal of Designs for Learning*, 7(1).

Alisic, E., Jongmans, M. J., van Wesel, F., & Kleber, R. J. (2011). Building child trauma theory from longitudinal studies: A meta-analysis. *Clinical psychology review*, *31*(5), 736-747.

Alvesson, M., & Sköldberg, K. (2017). *Reflexive methodology: New vistas for qualitative research.* London: Sage.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5®). Arlington, VA: American Psychiatric Pub.

Anfara Jr, V. A., & Mertz, N. T. (Eds.). (2014). *Theoretical frameworks in qualitative research.* Thousand Oaks, CA: Sage publications.

Anis, L., Letourneau, N. L., Benzies, K., Ewashen, C., & Hart, M. J. (2020). Effect of the Attachment and Child Health Parent Training Program on Parent–Child Interaction Quality and Child Development. *Canadian Journal of Nursing Research*, 0844562119899004.

Antman, F. M. (2011). The intergenerational effects of paternal migration on schooling and work: What can we learn from children's time allocations? *Journal of Development Economics*, 96(2), 200-208.

Antman, F. M. (2012). Gender, educational attainment, and the impact of parental migration on children left behind. *Journal of Population Economics*, 25(4), 1187-1214.

Asampong, E., Ibrahim, A., Sensoy-Bahar, O., Kumbelim, K., Yaro, P. B., McKay, M. M., & Ssewamala, F. M. (2021). Adaptation and Implementation of the Multiple-Family Group Intervention in Ghana. *Psychiatric Services*, appi-ps.

Assembly, C. (1996). Constitution of the republic of South Africa. *Cape Town*, *230*(38), 1241-1331.

Atkins, L., & Wallace, S. (2012). *Interviewing in educational research*. London: Sage publications.

Aveyard, H. (2010). Doing a literature review in health and social care: A practical guide (2nd ed.). Berkshire, Great Britain: Open University Press.

Baglivio, M. T., & Epps, N. (2016). The interrelatedness of adverse childhood experiences among high-risk juvenile offenders. *Youth Violence and Juvenile Justice*, 14(3), 179-198.

Baloyi, M. E. (2020). An analysis of how socioeconomic issues affect the performance of learners in rural schools: a case study of Ga-Sekgopo high schools grade 8-10 learners (Doctoral dissertation): University of KwaZulu-Natal.

Bandura, A. (2010). Self-efficacy. The Corsini encyclopedia of psychology, 1-3. New York: Academic Press.

Bannister, T. (2019). Teaching is a Work of Heart: A Narrative Inquiry on the Impact of Trauma-Informed Practice on Teacher Self-Efficacy: University of Victoria, Oak Bay, Canada.

Banyard, V., Hamby, S., & Grych, J. (2017). Health effects of adverse childhood events: Identifying promising protective factors at the intersection of mental and physical well-being. *Child Abuse & Neglect*, 65, 88-98.

Barbosa, L. P., Quevedo, L., da Silva, G. D. G., Jansen, K., Pinheiro, R. T., Branco, J., & da Silva, R. A. (2014). Childhood trauma and suicide risk in a sample of young individuals aged 14–35 years in southern Brazil. *Child Abuse & Neglect*, 38(7), 1191-1196.

Bean, J. C. (2011). *Engaging ideas: The professor's guide to integrating writing, critical thinking, and active learning in the classroom*. 989 Market Street, San Francisco, CA 94103-1741: John Wiley & Sons.

Bendassolli, P. F. (2013, January). Theory building in qualitative research: Reconsidering the problem of induction. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 14, No. 1).

Bendassolli, P. F. (2014). Reconsidering theoretical naïveté in psychological qualitative research. *Social Science Information*, 53(2), 163-179.

Berger, M., Leicht, A., Slatcher, A., Kraeuter, A. K., Ketheesan, S., Larkins, S., & Sarnyai, Z. (2017). Cortisol awakening response and acute stress reactivity in first nations people. *Scientific reports*, *7*(1), 1-10.

Bergin, C., & Bergin, D. (2009). Attachment in the classroom. *Educational psychology review*, 21(2), 141-170.

Berkowski, M., & MacDonald, D. A. (2014). Childhood trauma and the development of paranormal beliefs. *The Journal of nervous and mental disease*, 202(4), 305-312.

Bertram, C., & Christiansen, I. (2014). *Understanding research: An introduction to reading research*. Pretoria: Van Schaik.

Beuving, J., & De Vries, G. (2015). *Doing qualitative research: The craft of naturalistic inquiry.* Amsterdam University Press.

Black, M. M., Walker, S. P., Fernald, L. C., Andersen, C. T., DiGirolamo, A. M., Lu, C., & Devercelli, A. E. (2017). Early childhood development coming of age: science through the life course. *The Lancet*, 389(10064), 77-90.

Blair, C., & Raver, C. C. (2015). School readiness and self-regulation: A developmental psychobiological approach. *Annual review of psychology*, 66, 711-731.

Boshoff, D. (2015). Utilising sustainable tourism indicators to determine the environmental performance of Sun City Resort (Doctoral thesis): University of South Africa, North West Province, Sun City Resorts.

Braza, P., Carreras, R., Muñoz, J. M., Braza, F., Azurmendi, A., Pascual-Sagastizábal, E., & Sánchez-Martín, J. R. (2015). Negative maternal and paternal parenting styles as predictors

of children's behavioral problems: Moderating effects of the child's sex. *Journal of Child and Family Studies,* 24(4), 847-856.

Brink, A. J., & Wissing, M. P. (2013). Towards a theory-based positive youth development programme. *Journal of Child & Adolescent Mental Health*, 25(1), 7-22.

Buist, K. L. (2016). Attachment During Adolescence. *Encyclopedia of Adolescence*, 1-6: Department of Clinical Child and Family Studies, Utrecht University, Utrecht, The Netherlands.

Bundy, D. A., Schultz, L., Sarr, B., Banham, L., Colenso, P., & Drake, L. (2017). The school as a platform for addressing health in middle childhood and adolescence. In *Child and Adolescent Health and Development.* 3rd edition: Washington, The International Bank for Reconstruction and Development/The World Bank.

Burton, P., Ward, C. L., Artz, L., & Leoschut, L. (2015). *The Optimus study on child abuse, violence and neglect in South Africa.* Cape Town: The Centre for Justice and Crime Prevention.

Caesar, M. I. M., Jawawi, R., Matzin, R., Shahrill, M., Jaidin, J. H., & Mundia, L. (2016). The Benefits of Adopting a Problem-Based Learning Approach on Students' Learning Developments in Secondary Geography Lessons. *International Education Studies*, 9(2), 51-65.

Campion, M. A., Fink, A. A., Ruggeberg, B. J., Carr, L., Phillips, G. M., & Odman, R. B. (2011). Doing competencies well: Best practices in competency modelling. *Personnel psychology*, 64(1), 225-262.

Catsman-Berrevoets, C. (2019). Physical activity after mild traumatic brain injury: What are the relationships with fatigue and sleep quality? Is physical activity a key to prevention of post-concussive symptoms? *European journal of paediatric neurology,* 23(1), 4-5.

Chong, W. H., Liem, G. A. D., Huan, V. S., Kit, P. L., & Ang, R. P. (2018). Student perceptions of self-efficacy and teacher support for learning in fostering youth competencies: Roles of affective and cognitive engagement. *Journal of adolescence,* 68, 1-11.

Chu, F. W., Hoard, M. K., Nugent, L., Scofield, J. E., & Geary, D. C. (2019). Preschool deficits in cardinal knowledge and executive function contribute to longer-term mathematical learning disability. *Journal of experimental child psychology*, 188, 104668.

Clinedinst, M., & Koranteng, A. M. (2017). *State of college admission.* National Association for College Admission Counselling. Available at https://www.nacacnet.org/globalassets/documents/publications/research/soca17final.pdf

Cluver, L., Meinck, F., Yakubovich, A., Doubt, J., Redfern, A., Ward, C., & Romero, R. H. (2016). Reducing child abuse amongst adolescents in low-and middle-income countries: A pre-post trial in South Africa. *BMC public health*, 16(1), 567.

Coelho, V. A., Bear, G. G., & Brás, P. (2020). A multilevel analysis of the importance of school climate for the trajectories of students' self-concept and self-esteem throughout the middle school transition. *Journal of youth and adolescence*.

Cohen, L., Manion, L., & Morrison, K. (2020). Research Methods in Education. Routlege: New York.

Collins, C. S., & Stockton, C. M. (2018). The Central Role of Theory in Qualitative Research. *International Journal of Qualitative Methods*, 17(1), 1609406918797475.

Collins, K. S., Freeman, P. A. C., Unick, G. J., Bellin, M. H., Reinicker, P., & Strieder, F. H. (2017). Child attributions mediate relationships between violence exposure and trauma symptomology. *Advances in social work*, 18(1), 284-299.

Collin-Vézina, D., Coleman, K., Milne, L., Sell, J., & Daigneault, I. (2011). Trauma experiences, maltreatment-related impairments, and resilience among child welfare youth in residential care. International *Journal of Mental Health and Addiction*, 9(5), 577-589.

Compagnoni, M., Sieber, V., & Job, V. (2020). My Brain Needs a Break: Kindergarteners' Willpower Theories Are Related to Behavioral Self-Regulation. *Frontiers in Psychology*, *11*, 3567.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., & Mallah, K. (2017). Complex trauma in children and adolescents. *Psychiatric annals*, 35(5), 390-398.

Cooksey, R., & McDonald, G. (2011). *Surviving and thriving in postgraduate research*, Prahran, VIC, Tilde University Press.

Cowan, P. A., Cowan, C. P., Pruett, M. K., & Pruett, K. (2019). Fathers' and mothers' attachment styles, couple conflict, parenting quality, and children's behavior problems: an intervention test of mediation. *Attachment & human development*, 21(5), 532-550.

Craig, S. E. (2015). *Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives, K 5*. New York, NY: Teachers College Press.

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches.* Thousand Oaks, London, New Delhi: Sage publications.

Cresswell, C., Galantino, M. L., & Myezwa, H. (2020). The prevalence of fear avoidance and pain catastrophising amongst patients with chronic neck pain. *The South African Journal of Physiotherapy*, *76*(1).

Daher, M., Olivares, H., Carré, D., Jaramillo, A., & Tomicic, A. (2017). Experience and meaning in qualitative research: A conceptual review and a methodological device proposal. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 18, No. 3, p. 24). DEU.

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187.

Darling-Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2020). Implications for educational practice of the science of learning and development. *Applied Developmental Science*, *24*(2), 97-140.

Davidson, S. (2017). Trauma-informed practices for postsecondary education: A guide. *Retrieved October*, *12*, 2019.

Davis, D. L. (2019). A Survey Study of Elementary Teachers' Perceptions of Student Classroom Behavior. *Walden Dissertations and Doctoral Studies. 6988*.

Davoudi, N., Nayeri, N. D., Raiesifar, A., Poortaghi, S., & Ahmadian, S. (2016). Theoretical Sampling: A Narrative Review. Nursing and Midwifery Studies. Tehran University of Medical Science, Tehran, IR Iran: published online, available at http://eprints.kaums.ac.ir/3059/1/Issues%20of%20Theoretical-38284.pdf

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research.* Los Angeles, London, New Delhi, Singapore and Washington DC: Sage. Vol. 9(2) 139-160

Department of Basic Education. (2018). *Education Statistics in South Africa 2016.* Pretoria: Government Press

Department of Basic Education. (2014). Policy on *Screening, Identification, Assessment and Support*. Pretoria: Government Press.

Department of Education. (2001). *Education White Paper 6: Special needs education: Building an inclusive education and training system.* Pretoria: Government Press.

Dickeson, E., & Smout, M. F. (2018). Is the Wounded Healer or the Psychologically Inflexible Healer in Undergraduate Psychology and Social Work Programs More Empathic or Willing to Violate Professional Boundaries?. *Australian Journal of Clinical Education*, 3(1), 1-13.

Dorsey, S., McLaughlin, K. A., Kerns, S. E., Harrison, J. P., Lambert, H. K., Briggs, E. C., ... & Amaya-Jackson, L. (2017). Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, 46(3), 303-330.

Draper-Clarke, L. J. (2020). Compassion-based mindfulness training in teacher education: The impact on student teachers at a South African university. *South African Journal of Higher Education*, *34*(1), 57-79.

du Plessis, P., & Mestry, R. (2019). Teachers for rural schools–a challenge for South Africa. *South African Journal of Education*, 39(4). Available at http://www.sajournalofeducation.co.za/index.php/saje/article/view/1774/902

Edmonds, W. A., & Kennedy, T. D. (2017). *An applied guide to research designs: Quantitative, qualitative, and mixed methods* (2nd ed). Thousand Oaks, California: Sage Publications.

Eggleston, J. (2017). A Quasi-Experimental Design Determining the Effectiveness of Dynamic Seating on Classroom Off-task Behaviors (Doctoral dissertation, Northcentral University).

Engelbrecht, P., Nel, M., Smit, S., & Van Deventer, M. (2016). The idealism of education policies and the realities in schools: The implementation of inclusive education in South Africa. *International Journal of Inclusive Education,* 20(5), 520-535.

Falk, J. H., & Needham, M. D. (2011). Measuring the impact of a science center on its community. *Journal of Research in Science Teaching,* 48(1), 1-12.

Familiar, I., Chernoff, M., Ruisenor-Escudero, H., Laughton, B., Joyce, C., Fairlie, L., ... & Boivin, M. J. (2020). Association between caregiver depression symptoms and child executive functioning. Results from an observational study carried out in four sub-Saharan countries. *AIDS care*, *32*(4), 486-494.

Fishbein, D., Dariotis, J. K., Ferguson, P. L., & Pickelsimer, E. E. (2016). Relationships between traumatic brain injury and illicit drug use and their association with aggression in inmates. *International journal of offender therapy and comparative criminology,* 60(5), 575-597.

Flick, U. (Ed.). (2013). *The SAGE handbook of qualitative data analysis.* Los Angeles: Sage.

Fourie, J. (2020). School management teams' perception of the strategy of screening, identification, assessment and support in a mainstream school. (Doctoral Thesis / Master's Dissertation). Johannesburg: University of Johannesburg.

Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child abuse & neglect,* 46, 163-173.

French, C. C., & Stone, A. (2013). *Anomalistic psychology: Exploring paranormal belief and experience*. London: Macmillan International Higher Education.

Fry, D. (2016). Understanding determinants of violence in childhood: A secondary analysis of the national baseline survey of the life experiences of adolescents in Zimbabwe. *(Understanding Violence Against Children in Zimbabwe Series, No. 3).*

Gabriel, D. (2013). Inductive and deductive approaches to research. https://deborahgabriel.com/2013/03/17/inductive-and-deductive-approaches-to-research/

Garrison, D. R., & Vaughan, N. D. (2008). *Blended learning in higher education: Framework, principles, and guidelines*. San Francisco, CA: John Wiley & Sons.

Gehman, J., Glaser, V. L., Eisenhardt, K. M., Gioia, D., Langley, A., & Corley, K. G. (2017). Finding theory–method fit: A comparison of three qualitative approaches to theory building. *Journal of Management Inquiry*, 1056492617706029.

Gibbs, A., Willan, S., Sikwyiya, Y., Jama Shai, N., & Washington, L. (2016). Experiences of childhood trauma increases HIV-risk behaviours in young women and men in urban informal settlements in South Africa. Durban: World AIDS Conference (Vol. 2016).

Goleman, D., Boyatzis, R., & McKee, A. (2002). The emotional reality of teams. *Journal of Organizational Excellence*, 21(2), 55-65.

Goodson, P. (2010*). Theory in health promotion research and practice: Thinking outside the box.* London: Jones & Bartlett Publishers.

Gross, J. T., Stern, J. A., Brett, B. E., & Cassidy, J. (2017). The multifaceted nature of prosocial behavior in children: Links with attachment theory and research. *Social Development*, 26(4), 661-678.

Guba, E.G. & Lincoln. Y.S. (1989). What is This Constructivist Paradigm Anyway? in *Fourth Generation Evaluation*, London: Sage Publications, 79-90.

Guetterman, T. C. (2015, May). Descriptions of sampling practices within five approaches to qualitative research in education and the health sciences. In *Forum qualitative Sozialforschung/forum: qualitative social research* (Vol. 16, No. 2).

Hadwin, A. F., Järvelä, S., & Miller, M. (2011). Self-regulated, co-regulated, and socially shared regulation of learning. In B. J. Zimmerman & D. H. Schunk (Eds.), *Handbook of self-regulation of learning and performance* (pp. 65–84). New York: Routledge.

Hammersley, M. (2017). Deconstructing the qualitative-quantitative divide 1. In *Mixing methods: Qualitative and quantitative research* (pp. 39-55). London: Routledge.

Harris, J. L., & Murray, B. J. (2017). Educational Grit and Psychological Trauma. In Developments in Business Simulation and Experiential Learning: *Proceedings of the Annual ABSEL conference* (Vol. 44, No. 1).

Hart, C. (2018). *Doing a literature review: Releasing the research imagination*. London: Sage.

Hemmings, C., & Evans, A. M. (2018). Identifying and treating race-based trauma in counselling. *Journal of Multicultural Counselling and Development,* 46(1), 20-39.

Hess, S. A. (2020). Teachers perceptions regarding the implementation of the Screening, Identification, Assessment and Support (SIAS) policy in mainstream schools (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Hlalele, D. (2012). Social justice and rural education in South Africa. *Perspectives in Education,* 30(1), 111-118.

Hodgdon, H. B., Blaustein, M., Kinniburgh, K., Peterson, M. L., & Spinazzola, J. (2016). Application of the ARC model with adopted children: Supporting resiliency and family well being. *Journal of Child & Adolescent Trauma,* 9(1), 43-53.

Hoffman, L., & Catapano, C. (2015). Emotions Influence Cognition: The Missing Ingredient in School Evaluations. *The Psychoanalytic study of the child,* 69(1), 296-315.

Hong, H., & Lin-Siegler, X. (2012). How learning about scientists' struggles influences students' interest and learning in physics. *Journal of Education.* Advance online publication. doi: 10.1037/a0026224

Huang, L.N., Flatow, R., Biggs, T., Afayee, S., Smith, K., Clark, T., & Blake, M.(2014).SAMHSA's concept of trauma and guidance for a trauma-informed approach (*SMA* No.14-4884).

Humphrey, N. (Ed.). (2013). *Social and emotional learning: A critical appraisal.* New York, NY: SAGE Publications Limited.

Humphrey, N., Curran, A., Morris, E., Farrell, P., & Woods, K. (2007). Emotional intelligence and education: A critical review. *Educational Psychology,* 27(2), 235-254.

Illeris, K. (2018). A comprehensive understanding of human learning. In *Contemporary theories of learning* (pp. 1-14). New York, NY: Routledge.

Isohätälä, J., Järvenoja, H., & Järvelä, S. (2017). Socially shared regulation of learning and participation in social interaction in collaborative learning. *International Journal of Educational Research,* 81, 11-24.

Jacobsen, K. (2013). Educators' experiences with disruptive behavior in the classroom (Masters dissertation: University of St. Thomas, Minnesota).

Jansen, R. S., van Leeuwen, A., Janssen, J., Conijn, R., & Kester, L. (2020). Supporting learners' self-regulated learning in Massive Open Online Courses. *Computers & Education*, *146*, 103771.

Jewkes, R., Sikweyiya, Y., Dunkle, K., & Morrell, R. (2015). Relationship between single and multiple perpetrator rape perpetration in South Africa: A comparison of risk factors in a population-based sample. *BMC public health*, 15(1), 616.

Jonason, P. K., & Ferrell, J. D. (2016). Looking under the hood: The psychogenic motivational foundations of the Dark Triad. *Personality and individual differences*, 94, 324-331.

Kaburi, M. M. (2019). The Relationship between Self-Efficacy and Academic Performance in Mathematics and English Language among Secondary School Students in Nyamira County, Kenya. *Africa Journal of Technical and Vocational Education and Training*, *4*(1), 221-231.

Kamal, S. S. L. B. A. (2019). Research paradigm and the philosophical foundations of a qualitative study. People: *International Journal of Social Sciences*, 4(3), 1386-1394

Kani, N. H. A., & Shahrill, M. (2015). Applying the thinking aloud pair problem solving strategy in mathematics lessons. *Asian Journal of Management Sciences and Education*, 4(2), 20-28.

Khoza, T. R. (2016). An exploration of the learners' perceptions, awareness and satisfaction regarding the implementation of Integrated School Health Programme (ISHP) in selected secondary schools in uMgungundlovu district, Kwazulu-Natal, South Africa (Doctoral thesis). University of KwaZulu-Natal, Pietermaritzburg.

Kienfie Liau, A., Chow, D., Tan, T. K., & Senf, K. (2011). Development and validation of the personal strengths inventory using exploratory and confirmatory factor analyses. *Journal of Psychoeducational Assessment*, 29(1), 14-26.

Kim, A. W., Nyengerai, T., & Mendenhall, E. (2020). Evaluating the mental health impacts of the COVID-19 pandemic in urban South Africa: Perceived risk of COVID-19 infection and childhood trauma predict adult depressive symptoms. medRxiv.

Kinniburgh, K. J., Blaustein, M., Spinazzola, J., & Van der Kolk, B. A. (2017). Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric annals*, 35(5), 424-430.

Kivunja, C., & Kuyini, A. B. (2017). Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education*, 6(5), 26-41.

Ko, D., Rahman, F., Schnabel, R. B., Yin, X., Benjamin, E. J., & Christophersen, I. E. (2016). Atrial fibrillation in women: epidemiology, pathophysiology, presentation, and prognosis. *Nature Reviews Cardiology*, 13(6), 321.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120-124.

Korucu, I., Selcuk, B., & Harma, M. (2017). Self-Regulation: Relations with Theory of Mind and Social Behaviour. Infant & Child Development, 26(3), n/a-N.PAG. https://doi.org/10.1002/icd.1988

Kuhn, T. S. (1962). *The structure of scientific revolutions*. (1st Edn). Chicago, IL: University of Chicago Press.

Kumar, R. (2018). *Research methodology: A step-by-step guide for beginners*. Sage.

Lawson, D. M., & Akay-Sullivan, S. (2020). Considerations of Dissociation, Betrayal Trauma, and Complex Trauma in the Treatment of Incest. *Journal of Child Sexual Abuse*, 1-20.

Leedy, P. D., & Ormrod, J. (2010). E. 2010. *Practical Research: Planning and Design*. Ohio, Merrill Prentice Hall.

Lenkokile, M. R. (2016). The implementation of the Integrated School Health Policy in primary schools of Region C in the Gauteng Province (Doctoral thesis). University of South Africa, Pretoria. Available at http://hdl.handle.net/10500/23445

Letourneau, N., Anis, L., Ntanda, H., Novick, J., Steele, M., Steele, H., & Hart, M. (2020). Attachment & Child Health (ATTACH) pilot trials: Effect of parental reflective function intervention for families affected by toxic stress. *Infant Mental Health Journal*.

Lewis, S. (2015). Qualitative inquiry and research design: Choosing among five approaches. *Health promotion practice*, 16(4), 473-475.

Liew, J. (2012). Effortful control, executive functions, and education: Bringing self-regulatory and social-emotional competencies to the table. *Child development perspectives*, 6(2), 105-111.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, London, New Delhi: Sage Publication

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage handbook of qualitative research*, 4, 97-128.

Lin-Siegler, X., Dweck, C. S., & Cohen, G. L. (2016). Instructional interventions that motivate classroom learning. *Journal of Educational Psychology*, 108(3), 295.

Lu, F. Y., Wen, S., Deng, G., & Tang, Y. L. (2017). Self-concept mediate the relationship between childhood maltreatment and abstinence motivation as well as self-efficacy among drug addicts. *Addictive behaviours*, 68, 52-58.

Lund, J. I., Toombs, E., Radford, A., Boles, K., & Mushquash, C. (2020). Adverse childhood experiences and executive function difficulties in children: a systematic review. *Child Abuse & Neglect*, *106*, 104485.

McArthur, G. M., Filardi, N., Francis, D. A., Boyes, M. E., & Badcock, N. A. (2020). Self-concept in poor readers: a systematic review and meta-analysis. *PeerJ*, *8*, e8772.

Mackenzie, N. & Knipe, S. (2006). Research dilemmas: paradigms, methods and methodology. Issues In *Educational Research*, 16, 1-15.

Maharani, L., & Turnip, S. S. (2018). Prevalence of psychotic-like experiences and their correlations with internalizing problems: A study of early adolescents in rural area in Karawang, Indonesia. *Asia-Pacific Psychiatry*, 10(1), e12313.

Makhalemele, T., & Nel, M. (2016). Challenges experienced by district-based support teams in the execution of their functions in a specific South African province. *International Journal of Inclusive Education*, 20(2), 168-184.

Malindi, M. J., & Molahlehi, L. A. (2020). Intercepting the Deluge of Streetism in a Rural Free State Town: The Views of Children-on-the-street. *Rural Ecologies of Teaching and Learning*, *27*(2), 280-309.

Mampane, M. R. (2020). The effect of a community-based social support programme on the resilience of children from vulnerable families. *Early Child Development and Care*, *190*(10), 1638-1653.

Manwa, L. (2014). Determinants of academic performance of female students at a university in Masvingo Province, Zimbabwe (Doctoral thesis). University of South Africa, Masvingo Province.

Marcia, J., & Josselson, R. (2013). Eriksonian personality research and its implications for psychotherapy. *Journal of Personality*, 81(6), 617-629.

Marais, S. (2020). Motherhood experiences of mothers living with HIV and the emerging patterns relating to their mother-child attachment relationships (Doctoral dissertation, North-West University (South Africa).

Marshall, C., & Rossman, G. B. (2014). *Designing qualitative research.* Los Angeles: Sage publications.

Mason, M. C. (2016). Mentoring and Socialization of Future Senior Student Affairs Officers. *Journal of Higher Education Theory & Practice*, 16(4). Available at https://articlegateway.com/index.php/JHETP/article/view/1991

Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, 10(1), 12-31.

Mathe, S. M. (2017). Intersectoral collaboration for consolidating support for learners displaying inappropriate behaviour (Doctoral dissertation, University of the Free State).

Mathikithel, M., & Wood, L. (2019). Youth as Participatory Action Researchers: Exploring How to Make School a More Enabling Space. *Educational Research for Social Change,* 8(2), 77-95.

Mathikithela, M. S. (2020). Vulnerable youth as agents of change: a YPAR approach to making schools enabling spaces for learners (Doctoral dissertation, North-West University (South Africa).

Matthews, F. T. (2016). What is important to looked-after young people during adolescence? A qualitatively driven photo-elicitation study (Doctoral dissertation, University of Leeds).

Mavilidi, M. F. M., Ruiter, M., Schmidt, M., Okely, A. D., Loyens, S., Chandler, P., & Paas, F. (2018). A narrative review of school-based physical activity for enhancing cognition and learning: The importance of relevancy and integration. *Frontiers in psychology*, 9, 2079.

Mayaba, P. L. (2016). *The cultural and linguistic appropriateness of the individual scale for Zulu-speaking pupils: a Bakhtinian analysis* (Doctoral thesis, College of Humanities, University of KwaZulu-Natal, Durban).

McClelland, M. M., & Cameron, C. E. (2011). Self-regulation and academic achievement in elementary school children. *New directions for child and adolescent development,* 2011(133), 29-44.

McGuire, J. F., Orr, S. P., Essoe, J. K. Y., McCracken, J. T., Storch, E. A., & Piacentini, J. (2016). Extinction learning in childhood anxiety disorders, obsessive compulsive disorder and post-traumatic stress disorder: implications for treatment. *Expert review of neurotherapeutics,* 16(10), 1155-1174.

McKenzie, D., & Rapoport, H. (2011). Can migration reduce educational attainment? Evidence from Mexico. *Journal of Population Economics,* 24(4), 1331–1358. https://doi.org/10.1007/s00148-010-0316-x

Meadows, S. (2012). *The child as thinker: The development and acquisition of cognition in childhood.* London, New York: Routledge.

Meinck, F., Cluver, L. D., Boyes, M. E., & Ndhlovu, L. D. (2015). Risk and protective factors for physical and emotional abuse victimisation amongst vulnerable children in South Africa. *Child Abuse Review*, 24(3), 182-197.

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation.* San Francisco: John Wiley & Sons.

Mfidi, F. H. (2017). Mental health issues of school-going adolescents in high schools in the Eastern Cape, South Africa. *Africa Journal of Nursing and Midwifery*, 19(3), 1-13.

Mhlongo, K. (2015). Educators' readiness to implement inclusive education: the case of Umzumbe rural schools, Sayidi circuit (Doctoral dissertation). University of KwaZulu-Natal.

Mhlongo, S. A. (2017). Inclusive education support programmes provision for learners with learning difficulties in full-service school: Umlazi District educators' voices (Doctoral dissertation). University of KwaZulu-Natal.

Miljkovitch, R., Moss, E., Bernier, A., Pascuzzo, K., & Sander, E. (2015). Refining the assessment of internal working models: the Attachment Multiple Model Interview. *Attachment & human development*, 17(5), 492-521.

Molina, V., Molina-Moore, T., Smith, M. G., & Pratt, F. E. (2018). Bridging education and practice with a competency-based learning contract. *Journal of Teaching in Social Work,* 38(1), 18-27.

Mhongera, P. B., & Lombard, A. (2020). Pathways of resilience for children facing socio-economic adversities: Experiences from Future Families' OVC programmes in South Africa. *Children and Youth Services Review*, *108*, 104657.

Moodley, N. (2013). A parent behind bars: investigating the scholastic experiences of learners whose parents are incarcerated (Doctoral dissertation).

Moons, K. G., Kengne, A. P., Grobbee, D. E., Royston, P., Vergouwe, Y., Altman, D. G., & Woodward, M. (2012). Risk prediction models: II. External validation, model updating, and impact assessment. *Heart*, 98(9), 691-698.

Morrison, F. J., Ponitz, C. C., & McClelland, M. M. (2010). Self-regulation and academic achievement in the transition to school. In S. D. Calkins & M. A. Bell (Eds.), Child development at the intersection of emotion and cognition. (pp. 203–224). Washington, DC: American Psychological Association. https://doi.org/10.1037/12059-011

Morton, B. M. (2018). The grip of trauma: How trauma disrupts the academic aspirations of foster youth. *Child abuse & neglect,* 75, 73-81.

Muribwathoho, H. N. (2015). The state of psychological services in secondary schools: experiences of principals, school counsellors, educators and learners (Doctoral thesis). University of KwaZulu-Natal, Pinetown.

Murray, L., Cooper, P., Arteche, A., Stein, A., & Tomlinson, M. (2016). Randomized controlled trial of a home-visiting intervention on infant cognitive development in peri-urban South Africa. *Developmental Medicine & Child Neurology*, 58(3), 270-276.

Muwonge, C. M., Ssenyonga, J., Kibedi, H., & Schiefele, U. (2020). Use of self-regulated learning strategies Among Teacher Education students: A latent profile analysis. *Social Sciences & Humanities Open*, *2*(1), 100037.

Myende, P. E., & Hlalele, D. (2018). Framing Sustainable Rural Learning Ecologies: A Case for Strength-based Approaches. *Africa Education Review*, 15(3), 21-37.

Myende, P.E. 2012. "School-community Partnerships in Education in a South African Rural Context: Possibilities for an Asset-based Approach." Unpublished Master's thesis, University of KwaZulu-Natal, Durban, South Africa.

Naidoo, D., Van Wyk, J., & Waggie, F. (2017). Occupational therapy graduates' reflections on their ability to cope with primary healthcare and rural practice during community service. *South African Journal of Occupational Therapy*, 47(3), 39-45.

National department of health and national department of basic education. *Integrated school health programme school health nurse resource manual*. Pretoria: department of health; 2012. 4th draft. Pretoria: Government Press.

Nel, M., & Grosser, M. M. (2016). An Appreciation of Learning Disabilities in the South African Context. *Learning Disabilities--A Contemporary Journal,* 14(1).

Neuman, W. L. (2011). *Social research methods: Qualitative and quantitative approaches.* Boston: Allyn & Bacon.

Nishiyama, T. (2016). Changes in heart rate variability during anaesthesia induction using sevoflurane or isoflurane with nitrous oxide. *Anaesthesiology intensive therapy*, *48*(4).

Nel, M., & Schoeman, W. J. (2015). Empirical research and congregational analysis: Some methodological guidelines for the South African context. *Acta Theologica*, 85-102.

Oberle, E., Domitrovich, C. E., Meyers, D. C., & Weissberg, R. P. (2016). Establishing systemic social and emotional learning approaches in schools: A framework for schoolwide implementation. *Cambridge Journal of Education*, 46(3), 277-297.

Olson, J. D., & Rao, A. B. (2017). Adopting the edTPA as a high-stakes assessment: Resistance, advocacy, and reflection in Illinois. *Mid-Western Educational Researcher*, 29(4), 377-402.

Osanloo, A., & Grant, C. (2016). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your "house". *Administrative issues journal: connecting education, practice, and research*, 4(2), 7.

Oshri, A., Sutton, T. E., Clay-Warner, J., & Miller, J. D. (2015). Child maltreatment types and risk behaviors: Associations with attachment style and emotion regulation dimensions. *Personality and Individual Differences*, 73, 127-133.

Owens, R. E. (2016). *Language Development: An Introduction* 9e. Boston: Pearson.

Patton, Michael Quinn (2015). *Qualitative research & evaluation methods: Integrating theory and practice (4th ed.).* Thousand Oaks, CA: Sage.

Pretorius, E. (2020). A collaborative partnership between school social workers and educators: a vehicle to address the social contexts of learners and quality of education in South Africa. *Social Work*, *56*(2), 139-156.

Punch, K. F., & Oancea, A. (2014*). Introduction to research methods in education.* Los Angeles: Sage.

Rallis, S. (2015). When and how qualitative methods provide credible and actionable evidence. In Donaldson, S., Christie, C., & Mark, M. *Credible and actionable evidence* (pp. 137-156). Thousand Oaks, CA: SAGE Publications, Inc doi: 10.4135/9781483385839

Rasesemola, R. M., Matshoge, G. P., & Ramukumba, T. S. (2019). Compliance to the Integrated School Health Policy: intersectoral and multisectoral collaboration. *Curationis*, *42*(1), 1-8.

Ravitch, S. M., & Carl, N. M. (2015). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Los Angeles: Sage Publications.

Reddy, M. (2019). Challenges Implementing Oral Health Promotion at Schools: Perspectives of Teachers and Health Managers. *Early Childhood Education Journal*, 47(2), 207-216.

Richter, L., Komárek, A., Desmond, C., Celentano, D., Morin, S., Sweat, M., & Coates, T. (2014). Reported physical and sexual abuse in childhood and adult HIV risk behaviour in three African countries: findings from Project Accept (HPTN-043). *AIDS and Behaviour*, 18(2), 381-389.

Rimm-Kaufman, S., & Sandilos, L. (2011). Improving students' relationships with teachers to provide essential supports for learning. *Teacher's Modules*, 6(8). Available at www.apa.org/education/k12/relationships.aspx#

Ristuccia, J. (2018). The Impact of Trauma on Learning Part (1, 2 & 3): Classroom Behaviour https://www.traumasensitiveschools.org. Accessed date: 01 June 2019.

Robson, D. A., Allen, M. S., & Howard, S. J. (2020). Self-regulation in childhood as a predictor of future outcomes: A meta-analytic review. *Psychological bulletin*, *146*(4), 324.

Rogers, P., & Lowrie, E. (2016). Varieties of childhood maltreatment as predictors of adult paranormality and New Age orientation. *Personality and individual differences*, 92, 37-45.

Romano, E., Babchishin, L., Marquis, R., & Fréchette, S. (2015). Childhood maltreatment and educational outcomes. *Trauma, Violence, & Abuse*, 16(4), 418-437.

Romm, N. R. (2018). Reflections on a multi-layered intervention in the South African public education system: Some ethical implications for community operational research. *European Journal of Operational Research*, 268(3), 971-983.

Roorda, D. L., Koomen, H. M., Spilt, J. L., & Oort, F. J. (2011). The influence of affective teacher–student relationships on students' school engagement and achievement: A meta-analytic approach. *Review of educational research*, 81(4), 493-529.

Rosa, E. M., & Tudge, J. (2013). Urie Bronfenbrenner's theory of human development: Its evolution from ecology to bioecology. *Journal of Family Theory & Review*, 5(4), 243-258.

Roth, W. M., & Jornet, A. (2014). Toward a theory of experience. *Science education*, 98(1), 106-126.

Saçkes, M., Trundle, K. C., Bell, R. L., & O'Connell, A. A. (2011). The influence of early science experience in kindergarten on children's immediate and later science achievement: Evidence from the early childhood longitudinal study. *Journal of Research in Science Teaching*, 48(2), 217-235.

SAHRC Education Rights Charter_Part1.pdf a. Accessed at https://www.sahrc.org.za/home/21/files/SAHRC%20Education%20Rights%20Charter_Part1.pdf: From December 2020.

Salam, N. H. A., & Shahrill, M. (2014). Examining classroom interactions in secondary mathematics classrooms in Brunei Darussalam. *Asian Social Science*, 10(11), 92.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., ... & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & quantity*, 52(4), 1893-1907.

Schoeman, M. 2012. "Developing an Inclusive Education System: Changing Teachers' Attitudes and Practices Through Critical Professional Development." Paper presented at the National Teacher Development Conference at the University of Pretoria, September 17– 19.

Schurink, W., Fouche, C., & De Vos, A. (2013). Qualitative data analysis and interpretation. In A. De Vos, H. Strydom, C. Fouche, & C. Delport (Eds.), *Research at grass roots* (4th ed., pp. 397–423). Pretoria: Van Schaik.

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical

research paradigms. *English Language Teaching*, 5(9), pp. 9–16. https://doi.org/10.5539/elt.v5n9p9 Accessed date: 13 July 2019

Scott, D., & Usher, R. (2010). *Researching education: Data, methods and theory in educational enquiry*. London: Bloomsbury Publishing.

Senanayake, T. (2017). *Intuition in Nursing Practice: Knowledge, Experience, and Clinical Decision Making* (Bachelor Degree thesis). Arcada University of Applied Sciences, Finland, Helsinki.

Sender, J. (2016). Backward Capitalism in Rural South Africa: Prospects for Accelerating Accumulation in the Eastern Cape. *Journal of agrarian change*, 16(1), 3-31.

Setlhare, R., & Wood, L. (2019). A collaboratively constructed action leadership framework for sustainable learner support in contexts of adversity. *Educational Action Research*, *28*(2), 227-241.

Seufert, T. (2018). The interplay between self-regulation in learning and cognitive load. *Educational Research Review*, 24, 116-129.

Sharpless, B. A., & Barber, J. P. (2009). A conceptual and empirical review of the meaning, measurement, development, and teaching of intervention competence in clinical psychology. *Clinical Psychology Review*, 29(1), 47-56.

Shung-King, M., Orgill, M., & Slemming, W. (2014). School health in South Africa: Reflections on the past and prospects for the future. *South African health review*, 2013(1), 59-71.

Simon, M. K., & Goes, J. (2013). Assumptions, limitations, delimitations, and scope of the study. *Retrieved from dissertationrecipes.com*.

Singh, K. D. (2015). Creating your own qualitative research approach: Selecting, integrating and operationalizing philosophy, methodology and methods. *Vision*, 19(2), 132-146.

Soiferman, L. K. (2010). Compare and Contrast Inductive and Deductive Research Approaches. Online Submission. Available at https://files.eric.ed.gov/fulltext/ED542066.pdf

Sommer, J., Hinsberger, M., Elbert, T., Holtzhausen, L., Kaminer, D., Seedat, S., ... & Weierstall, R. (2017). The interplay between trauma, substance abuse and appetitive aggression and

its relation to criminal activity among high-risk males in South Africa. *Addictive behaviours,* 64, 29-34.

Souza, M. T. D., Silva, M. D. D., & Carvalho, R. D. (2010). Integrative review: what is it? How to do it?. *Einstein* (São Paulo), 8(1), 102-106.

Spaull, N. (2015). Schooling in South Africa: How low-quality education becomes a poverty trap. *South African Child Gauge,* 12, 34-41.

Spinazzola, J., Hodgdon, H., Liang, L. J., Ford, J. D., Layne, C. M., Pynoos, R., ... & Kisiel, C. (2014). Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy,* 6(S1), S18.

Stadler, S. (2017). Child disruptive behaviour problems, problem perception and help-seeking behaviour (Master's thesis, University of Cape Town).

Steyerberg, E. W., Moons, K. G., van der Windt, D. A., Hayden, J. A., Perel, P., Schroter, S., ... & PROGRESS Group. (2013). Prognosis Research Strategy (PROGRESS) 3: prognostic model research. *PLoS medicine,* 10(2), e1001381.

Sticca, F., Wustmann Seiler, C., & Gasser-Haas, O. (2020). Familial Risk Factors and Emotional Problems in Early Childhood: The Promotive and Protective Role of Children's Self-Efficacy and Self-Concept. *Frontiers in Psychology*, *11*, 3147.

Stokes, H., & Brunzell, T. (2020). Leading Trauma-Informed Practice in Schools. *Leading & Managing*, *26*(1).

Stokes, H., & Farrelly, A. (2019). Trauma informed positive education: A whole school approach to wellbeing and engagement. *TLN Journal*, *26*(2), 12.

Stokes, H., Kern, M. L., Turnbull, M., Farrelly, A. & Forster, R. (2019) Trauma Informed Positive Education: Research and evaluation of the Berry Street Education Model (BSEM) as a whole school approach to student engagement and wellbeing (2016-2018) (Melbourne: University of Melbourne Graduate School of Education, Youth Research Centre).

Stokes, H., & Turnbull, M. (2016). Evaluation of the Berry Street Education Model: Trauma informed positive education enacted in mainstream schools. Youth Research Centre, Melbourne Graduate School of Education, the University of Melbourne.

Sun, M., Xue, Z., Zhang, W., Guo, R., Hu, A., Li, Y., ... & Huang, X. (2017). Psychotic-like experiences, trauma and related risk factors among "left-behind" children in China. *Schizophrenia research*, 181, 43-48.

Sunday, C. E. (2017). The role of theory in research. Los Angeles: Sage.

Suskind, D. L., Leffel, K. R., Graf, E., Hernandez, M. W., Gunderson, E. A., Sapolich, S. G., ... & Levine, S. C. (2016). A parent-directed language intervention for children of low socioeconomic status: A randomized controlled pilot study. *Journal of child language*, 43(2), 366-406.

Suter, W. N. (2012). Qualitative data, analysis, and design. *Introduction to educational research: A critical thinking approach*, 2, 342-86.

Swart, I. (2013). South African music learners and psychological trauma: educational solutions to a societal dilemma. TD: *The Journal for Transdisciplinary Research in Southern Africa*, 9(1), 113-138.

Tawana, P. M. (2020). Teacher-learner relationships and the effect on student learning at selected secondary schools in the Khomas region (Doctoral dissertation, University of Namibia).

Taylor, C and Gibbs, G R (2010) "What is Qualitative Data Analysis (QDA)?", Online QDA Web Site, [onlineqda.hud.ac.uk/Intro_QDA/what_is_qda.php] Access date: 30 July 2019

Taylor, S. J., Bogdan, R., & DeVault, M. (2015). *Introduction to qualitative research methods: A guidebook and resource.* New Jersey: John Wiley & Sons.

Tellu, A. T., Kadir, A., & Kasim, A. (2018, February). Effect of Parent's Attention, Self-Concept, and Self-Study on Biology Students' Achievement at SMA Negeri 2 Sigi Biromaru. In First Indonesian Communication Forum of Teacher Training and Education Faculty Leaders International Conference on Education 2017 (ICE 2017). Indonesia, vol. 174: Atlantis Press. Available at https://www.atlantis-press.com/proceedings/ice-17/25893090

Thabede, S. L. (2017). Representation of disability in IsiZulu literary works (Doctoral thesis). University of KwaZulu-Natal, Durban.

Tol, W., Greene, M. C., Lasater, M. E., Le Roch, K., Bizouerne, C., Purgato, M., & Barbui, C. (2018). Impact of Maternal Mental Health Interventions on Child-Related Outcomes in Low-and Middle-Income Countries: A Systematic Review and Meta-Analysis. Available at SSRN 3208958. 02 August 2019.

Touat, M., Talmasov, D., Ricard, D., & Psimaras, D. (2017). Neurological toxicities associated with immune-checkpoint inhibitors. *Current opinion in neurology*, *30*(6), 659-668.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative inquiry*, 16(10), 837-851.

Tuckman, B. W., & Harper, B. E. (2012). Conducting educational research. Rowman & Littlefield Publishers.

US Department of Health and Human Services. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

van Rensburg, A. J., & Asta, A. (2017). Assessment of the Integrated School Health Programme in rural South Africa: A qualitative study using Normalisation Process Theory. University of the Free State, South Africa, Bloemfontein: ResearchGate.

van Rooij, S. J., Stevens, J. S., Ely, T. D., Hinrichs, R., Michopoulos, V., Winters, S. J., & Rothbaum, B. O. (2018). The role of the hippocampus in predicting future posttraumatic stress disorder symptoms in recently traumatized civilians. *Biological psychiatry*, 84(2), 106-115.

Van Tongeren, D. R., DeWall, C. N., Green, J. D., Cairo, A. H., Davis, D. E., & Hook, J. N. (2018). Self-regulation facilitates meaning in life. *Review of General Psychology*, 22(1), 95-106.

van Wyk, B. (2012). Research design and methods Part I. University of Western Cape. https://d1wqtxts1xzle7.cloudfront.net/35022489/Research_and_Design_I.pdf?1412649196=&response-content-disposition=inline%3B+filename%3DResearch_and_Design_I.pdf&Expires=1597484298&Signature=S6i1xUatuuMXAGY48yEHm4tPu1YTBNtc9Ft43gfxRT~9pt7~z4f2mgcA

OIO3r~IHs8Cr8Fev5IEmOK3uxGGC5pXoXhEfj-XlWfl1pJKZTNpiMojOCAyV0gyj7T5MH8ScmbydlTcQwyh3TWnOQx4-atNZmxXTHKxsjMBazXEjI5Pm5aFGdxCb351m5MTbV8F~nmqiiKF5t7oCa8dBrece1npO0WYmlWb2mci8N2zTHkc6znRDFzVxKRtmWVOYdVU-8VaZaAmixjxO5AeCvt~tgFAcfKhBXG-4sCP50nxaOtOQpKu-QpVt6DzvNgF5jQYueXJc6zBAAu1GAseO5ia9Pw__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA Retrieved in June 2019.

Veresov, N. (2010). Forgotten methodology: Vygotsky's case. In *Methodological thinking in psychology: 60 years gone astray?* (pp. 267-295). United State: Information Age Publishing.

Vergottini, E. M., & Weyers, M. L. (2019). South African provincial departments of education's expectations of school social workers in their employ. Towards the establishment of practice standards for South African school social work, 71 (Doctoral thesis). North-West University, Free State province.

Vergunst, R., Swartz, L., Mji, G., MacLachlan, M., & Mannan, H. (2015). 'You must carry your wheelchair'–barriers to accessing healthcare in a South African rural area. *Global health action*, 8(1), 29003.

Vosloo, J. J. (2014). Chapter 6: Data analysis and interpretation. *Data Analysis and Interpretation*, 449(53), 316-324.

Vosloo, J. J. (2014). A sport management programme for educator training in accordance with the diverse needs of South African schools (Doctoral thesis). North-West University, Free State province.

Wallace, C. S. (2012). Authoritarian science curriculum standards as barriers to teaching and learning: An interpretation of personal experience. *Science Education*, 96, 291–310.

Wang, X., Ling, L., Su, H., Cheng, J., Jin, L., & Sun, Y. H. (2015). Self-concept of left-behind children in China: a systematic review of the literature. *Child: care, health and development*, 41(3), 346-355.

Wasserman, T., & Wasserman, L. D. (2016). How We Learn: Models of Learning and Cognition. In *Depathologizing Psychopathology* (pp. 13-21). Cham.: Springer.

Weissberg, R. P., Durlak, J. A., Domitrovich, C. E., & Gullotta, T. P. (Eds.). (2015). *Social and emotional learning: Past, present, and future.* In J. A. Durlak, C. E. Domitrovich, R. P.

Weissberg, & T. P. Gullotta (Eds.), *Handbook of social and emotional learning: Research and practice* (p. 3–19). Washington DC: The Guilford Press.

Wells, T. C. (2020). Modes of Misbehavior Pedagogy and Affect in the 19th-Century (Doctoral dissertation, Arizona State University).

Weybright, E. H., Caldwell, L. L., Xie, H., Wegner, L., & Smith, E. A. (2017). Predicting secondary school dropout among South African adolescents: A survival analysis approach. *South African journal of education*, 37(2), 1353.

Williams, A. A. (2020). How Informed Is" Trauma-Informed"? The Voices of Black Male Principals in Urban High Schools Concerning Trauma-Informed School Policy (Doctoral dissertation, Howard University).

Woolfolk, A. (2010). *Educational psychology.* Global Edition. Upper Saddle River, NJ: Pearson

Wu, J. Q., Szpunar, K. K., Godovich, S. A., Schacter, D. L., & Hofmann, S. G. (2015). Episodic future thinking in generalized anxiety disorder. *Journal of Anxiety Disorders*, 36, 1-8.

Wu, J., & Zhang, J. (2017). The effect of parental absence on child development in rural China. *Asian Economic Policy Review*, 12(1), 117-134.

Yin, R. K. (2015). Qualitative research from start to finish. New York: Guilford Publications.

Zarra-Nezhad, M., Moazami-Goodarzi, A., Nurmi, J. E., Eklund, K., Ahonen, T., & Aunola, K. (2018). Children's Shyness Moderates the Associations between Parenting Behaviour and the Development of Children's Pro-Social Behaviours. Journal of Child and Family Studies, 27(9), 3008-3018.

Zhang, H., Behrman, J. R., Fan, C. S., Wei, X., & Zhang, J. (2014). Does parental absence reduce cognitive achievements? Evidence from rural China. *Journal of Development Economics*, 111, 181-195.

Zheng, B., Chang, C., Lin, C. H., & Zhang, Y. (2020). Self-Efficacy, Academic Motivation, and Self-Regulation: How Do They Predict Academic Achievement for Medical Students?. *Medical Science Educator*, 1-6.

Zhou, Q., Chen, S. H., & Main, A. (2012). Commonalities and differences in the research on children's effortful control and executive function: A call for an integrated model of self-regulation. *Child development perspectives*, 6(2), 112-121.

APPENDICES

APPENDIX A: ETHICAL CLEARANCE LETTER

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

05 June 2019

Mr Alpheus Z Makhathini 212500005
School of Education
Edgewood Campus

Dear Mr Makhathini

Protocol reference number: HSS/0004/019M
Project title: Teachers' experiences of Working with Traumatised Learners in Rural Secondary School, KwaZulu-Natal.

Full Approval – Full Committee Reviewed Application

With regards to your response received 22 March 2019 to our letter of 05 February 2018, the Humanities and Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 1 year from the date of issue. Thereafter Recertification must be applied for on an annual basis.

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

Yours faithfully

[redacted]
.....
Dr Shamila Naidoo (Deputy Chair)

/px

cc Supervisor: Nompumelelo Madonda
cc Academic Leader Research: Dr A Pillay
cc School Administrator: Ms S Jeenarain, Ms M Ngcobo, Ms N Dlamini and Mr SN Mthembu

Humanities & Social Sciences Research Ethics Committee
Dr Rosemary Sibanda (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 **Facsimile:** +27 (0) 31 260 4609 **Email:**
Website:

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APPENDIX B: PERMISSION LETTER FROM THE DEPARTMENT OF EDUCATION

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma Tel: 033 392 1063 Ref:2/4/8/1678

Mr AZ Makhathini
PO Box 906
Hibberdene
4220

Dear Mr Makhathini

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"TEACHERS' EXPERIENCES OF WORKING WITH TRAUMATISED LEARNERS IN RURAL SECONDARY SCHOOL, KWAZULU-NATAL"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 16 October 2018 to 02 March 2021.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers below,
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

(PLEASE SEE LIST OF SCHOOLS/ INSTITUTIONS ATTACHED)

[redacted]

Dr. EV Ndama
Head of Department: Education
Date: 16 November 2018

..Championing Quality Education - Creating and Securing a Brighter Future

KWAZULU-NATAL DEPARTMENT OF EDUCATION
Postal Address: Private Bag X9137 - Pietermaritzburg - 3200 - Republic of South Africa
Physical Address: 247 Burger Street - Anton Lembede Building - Pietermaritzburg - 3201
Tel.: +27 33 392 1063 - Fax.: +27 033 392 1203- Email:Phindile.Duma@kzndoe.gov.za -Webwww.kznedcation.gov.za
Facebook: KZNDOE....Twitter: @DBE_KZN....Instagram: kzn_education....Youtube:kzndoe

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

LIST OF SCHOOLS/ INSTITUTIONS

1. Mathinta Secondary School

KWAZULU-NATAL DEPARTMENT OF EDUCATION
Postal Address: Private Bag X9137 - Pietermaritzburg - 3200 - Republic of South Africa
Physical Address: 247 Burger Street - Anton Lembede Building - Pietermaritzburg - 3201
Tel.: +27 33 392 1063 - Fax.: +27 033 392 1203- Email:Phindile.Dunse@kzndoe.gov.za -Web:www.kzneducation.gov.za
Facebook: KZNDOE ... Twitter: @DBE_KZN ... Instagram: kzn_education ... Youtube:kzndoe

APPENDIX C: REQUEST LETTER TO THE SCHOOL PRINCIPAL

Yellow Secondary school

Dear principal

My name is Alpheus Zwelakhe Makhathini and I'm currently beginning a research project for my Masters degree in Educational psychology at University of Kwa-Zulu Natal (UKZN), Edgewood campus. My area of interest is emotional child trauma and it impact on academic performance of children.

Subject to approval by UKZN Ethics this study will be using interviews to assess information from teachers about their understandings of emotional child trauma based on their experience of teaching, interacting with different children every day. Learners will not be interviewed or involved at all in this study. Their (learners) documents like Support Needs Assessment (SNA) will not be used in this study.

I'm writing to ask your permission to be allowed access to your school and interview teachers. This should not take a large amount of time and can be conducted at a convenient time and date to be arranged taking into consideration the critical time of examination at this time of a year in schools. All I will need is to arrange a suitable time with the teachers to come and do a 15 minutes interview per teacher. The teachers I am interested in interviewing are those which are members of School Based Support Teams (SBST) and Life Orientation (LO). 5 of them will be very helpful in completing my study which will include: 3 from SBST and 2 of LO teachers.

All recordings from interviews are kept strictly confidential and the results will be reported in a research paper available to all participants on completion.

If this is possible please could you E-mail me at 212500005@stu.ukzn.ac.za. A phone call is also welcomed on 076 873 7963 / 079 542 8445 to confirm that you are willing to allow me (AZ Makhathini) access to conduct my Masters research study in Yellow Secondary school.

Yours sincerely

AZ Makhathini

APPENDIX D: PRINCIPAL APPROVAL LETTER

education
Department:
Education
PROVINCE OF KWAZULU-NATAL

Mathinta Secondary School
P.O Box 2421
Pinetown
3600

Enquiries: Mrs C.K. Zulu
Cell no. : 081 581 5561

07November 2018

I C.K. Zulu principal of MATHINTA SECONDARY hereby acknowledge that Mr A.Z. MAKHATHINI has requested research participants from our staff teachers. I have granted him the permission to use our staff teachers in collecting data for his study using interviews as a data collecting technique.

Date: 07/11/2018

Mr Makhathini signature: [redacted]

MATHINTA SECONDARY SCHOOL

[redacted]

C.K. Zulu (Principal)

APPENDIX E: TEACHER PARTICIPANT CONSENT FORM (ENGLISH & ISIZULU)

Informed Consent Form

TITLE OF STUDY

Teachers' Experiences of Working with Traumatised Learners in Rural Secondary School, Kwa-Zulu Natal

PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to explore the impacts of Emotional Child Trauma (ECT) on academic performance in rural area schools at a grass root level delving to teachers' experiences in working with emotionally traumatized learners as role players in school communities who experience such impacts first hand.

STUDY PROCEDURES

Face-to-face semi-structured interviews will be used to collect data. Learners will not be interviewed learners.

Duration: interview will only be a minimum of 20 minutes to 30 minutes maximum.

Audio taping: voice recording device will be used to record the interview to be transcribed later. Please tick on agree/disagree to be recorded on the boxes below;

AGREE	DISAGREE

BENEFITS

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may contribute to education, especially the policy makers, curriculum designers and academics who will gain insights on what should be emphasised by teachers as positive intervention or guidance to

Participant's initials:_____

improve students' performance by exercising inclusivity through accommodating learners that have endured some adversities in their lives. By enhancing knowledge about impacts of child trauma, adversities will be enlightened as an extrinsic learning barrier that is often misunderstood and results will contribute by providing teachers with some knowledge on how to identify child trauma symptoms and how to apply positive guidance as an intervention to minimize the impacts of child trauma and protect the child's right to education through applying relevant socio-pedagogies, inclusivity and be supportive.

CONFIDENTIALITY

Your responses to this interview will be anonymous. Please do not tell your real names or any identifying information on this interview. Every effort will be made by the researcher to preserve your confidentiality including the following:

Measures that will be taken to ensure your confidentiality:

- Assigning code names/numbers for participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Researcher, please contact the University of Kwa-Zulu Natal Humanities and Social Sciences Research Ethics Committee (HSSREC) on Tel: (031) 260 4557 Fax: (031) 260 4609.

Participant's initials:_____

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

Participant's initials:_____

Ifomu lesivumelwano

Isihloko socwaningo

Teachers' Experiences of Working with Traumatised Learners in Rural Secondary School, Kwa-Zulu Natal

INHLOSO YOCWANINGO

Uyacelwa ukuba ubambe iqhaza kucwaningo. Ngaphambi kokuba uthathe isinqumo sokuthi ubambe iqhaza kulolucwaningo, kubalulekile ukuba uqonde ukuthi kungani lolucwaningo lwenziwa futhi luzobandakanya ini. Uyacelwa ukuba ufunde lolulwazi ohulandelayo ngononophelo. Uyacelwa ukuthi ubuze umncwaningi uma kukhona okuthize okungacacile kahle noma uma udinga ukwengezelwa ngolwazi.

Inhloso yalolucwaningo ukucwaningisisa imithelela yokugula komntwana ngokuhlukumezeka ngokomphefumulo ekuphumeleleni ngokwezifundo kumfundi ezikoleni ezisemakhaya, sicwaningisisa ngokujulile phansi ezimpandeni zesipiliyoni sabafundisi abasebenza nabafundi abahlukumezekile ngokomphefumulo njengabanye ababamba iqhaza kwimiphakathi yesikole abayizwa kuqala imithelela.

IZINQUBO ZOCWANINGO

Inhlolovo yobuso nobuso izosetshenziswa ukuqoqa ulwazi. Abafundi ngeke babuzwe imibuzo.

Ubude: inhlolovo izothatha isikhathi esiyinizuzu engu-20 kuya kwengu-30 ubude, kuphela.

Ukuqoshwa kwamazwi: isiqopha mazwi sizosetshenziswa ukuqopha inhlolovo ezokhishelwa ngokubhalwa phansi. Sicela umake lapho kubhalwe khona ukuthi uyavuma/awuvumi ukuthi uqoshwe kulamabhokisi angezansi;

NGIYAVUMA	ANGIVUMI

IZINZUZO

Izinhlamvu zamagama omhlanganyeli:_____

Ngeke ibe khona inzuzo eqondile ezoza kuwe ngokubamba iqhaza kulolucwaningo. Kodwa siyethemba ukuthi ulwazi oluzotholakala kulolucwaningo lungalekelela kwezemfundo, ikakhulu kwizishaya nthetho, abahleli bohlelo lokufunda nokufundisa kanye nezifundiswa zonkana abazothola ulwazi mayelana nokuthi yini ekumele igcizelelwe abefundisi njengesingenelelo esinohlonze ukwenza kancono ukuphumelela kwabafundi ngokuzijwayeza (**inclusivity**) ngokufukamela bonke abafundi asekebahlukumezeka ezimpilweni zabo. Ngokwandisa ulwazi ngemithelela yokuhlukumezeka kwabantwana, ukuhlukumezeka kuzovezwa njengengqinamba ekufundeni evela ngamphandle kwesiqu somfundi ejwayele ukuphanjaniswa nezinye izingqinamba, kanti imiphumela izolekelela ngokunikeza abafundisi ulwazi lokuthi bangakuhlonza kanjani ukuhlukumezeka kubantwana kanye nokuthi bangazisebenzisa kanjani izingenelelo ezinohlonze ukunciphisa imithelela yokuhlukumezeka kwabantwana emfundweni, ngakho bavikele ihlungelo lomntwana lokuthola imfundo ngokusebenzisa amasu okufundisa afukamela aphinde eseke bonke abafundi.

UBUMFIHLO

Izimpendulo zakho kulenhlolovo zizogcinwa ziyimfihlo, amagama akho angeke avezwe. Uyacelwa ukuba ungawasho amagama akho angenqpela noma yiluphi ulwazi ongahlonzeka ngalo kulenhlolovo. Umncwaningi uzokwenza yonke imizamo ukuthi agcine lokhu kuyimfihlo, kanye nalokhu okulandelayo:

Izinyathelo ezizothathwa ukuqinisekisa ubumfihlo:

- Kuzosethsenziswa amagama amakhodi abahlanganyeli kuwo wonke amanothi nemibhalo yalolucwaningo
- Amanothi, imibhalo ekhishelwe yenhlolovo, kanye nakho konke okunye okungahlonza umhlanganyeli kuzovalelwa egunjini lamafayela lomncwaningi.

ULWAZI LOKUXHUMANA

Uma unemibuzo, noma ingasiphi isikhathi mayelana nalolucwaningo, noma uzwa ukuhlukumezeka okuwumphumela wokuhlanganyela kulolucwaningo, ungathintana

Izinhlamvu zamagama omhlanganyeli:_____

nomcwaningi kulemininingwano ekulelikhasi. Uma unemibuzo mayelana namalungelo njengomhlanganyeli kucwaningo, noma kuvela izinkinga ongakhululekile uzisoxa nomncwaningi oyinhloko, uyacelwa ukuba uthintane neKomidi loKuziphatha leNhlalosintu laseNyuvesi yaKwa-Zulu Natal kule nombolo: (031) 260 4557, Inombolo yesikhahlamezi: (031) 260 4609.

UKUHLANGANYELA NGOKUZITHANDELA

Ukuhlanganyela kwakho kulohucwaningo kungokuzithandela okungenanzuzo. Kukuwe ukuthi uthathe isinqumo sokuthi uyalibamba iqhaza noma cha kulohucwaningo. Uma unquma ukubamba iqhaza kulohucwaningo, uzocelwa ukuthi usaye ifomu lesivumelwano. Uma usulisayinile ifomu lesivumelwano, usakhululekile ukuhoxa noma inini, futhi ngaphandle kokunikeza isizathu. Ukuhoxa kulohucwaningo ngeke kube nanthelela kubudlelwano, uma ninabo, nomcwaningi. Uma uhoxa kulohucwangingo ngaphambi kokuphothulwa kokuqoqwa kolwazi, ulwazi lwakho luzobuyiselwa kuwe noma lishatshalaliswe.

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ngilufundile futhi ngaluqonda lolulwazi engilunikiwe lapha, kanti ngilitholile ithuba lokubuza imibuzo. Ngiyakuqonda ukuthi ukubamba kwami iqhaza akunanzuzo futhi ngikhululekile ukuhoxa noma ingasiphi isikhathi, ngale kokunikeza isizathu, nangaphandle kwezindleko. Ngiyaqonda ukuthi ngizonikezwa ikhophi yalefomu lesivumelwano. Ngiyavuma ukuzinikela ngaphandle kokubheka inzuzo kulohucwaningo.

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Isiginesha yomcwaningi _____ Date _____

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APPENDIX F: EDITOR'S CERTIFICATE

ASOKA ENGLISH LANGUAGE EDITING
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CELL NO.: 0836507817

DECLARATION

THIS IS TO CERTIFY THAT THE FOLLOWING DISSERTATION HAS BEEN ENGLISH LANGUAGE EDITED

Teachers' experiences of working with emotionally traumatized learners in a rural secondary school in KwaZulu Natal (KZN)

Candidate: Alpheus Zwelakhe Makhathini

[redacted]

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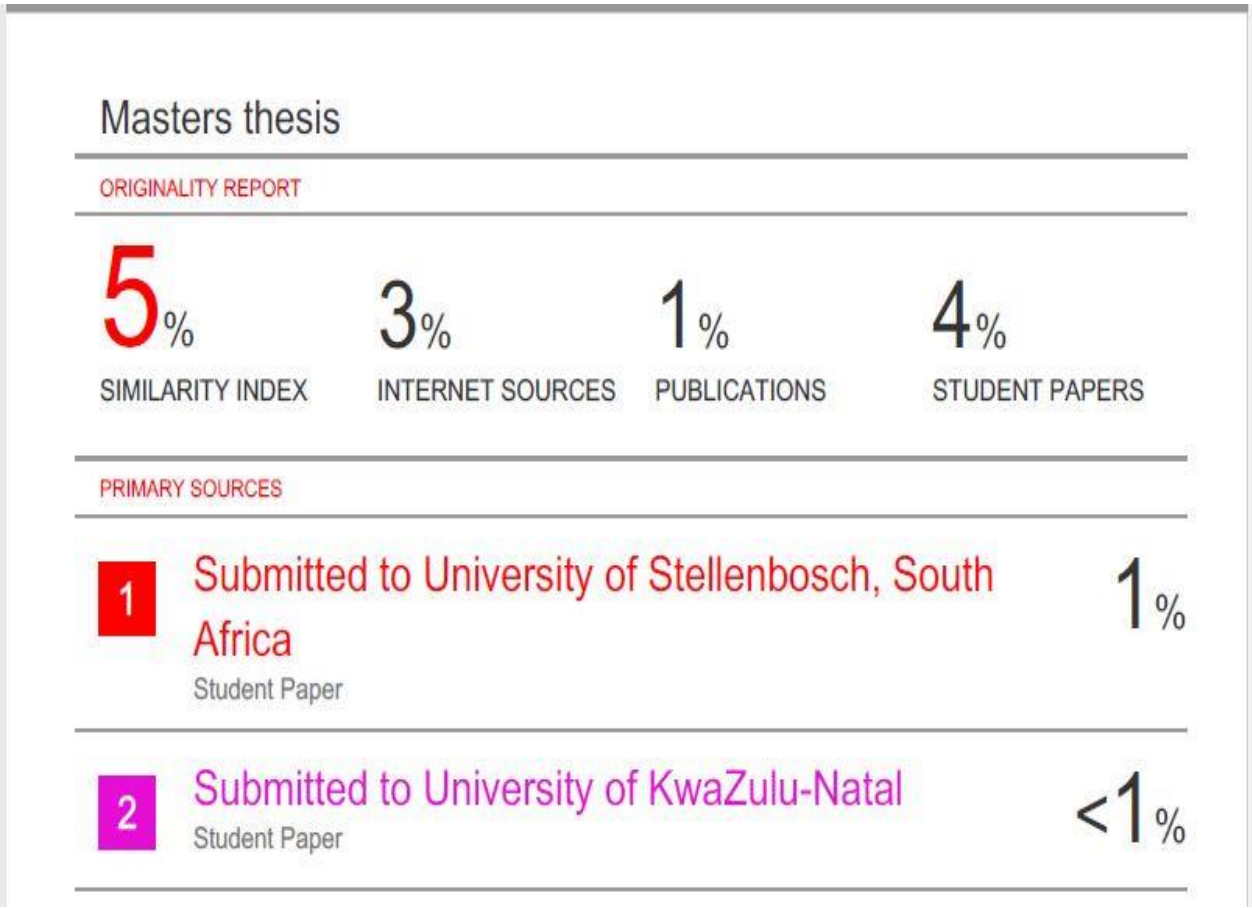
APPENDIX G: TURNITIN CERTIFICATE



Masters thesis

ORIGINALITY REPORT

5%	3%	1%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of Stellenbosch, South Africa Student Paper	1%
2	Submitted to University of KwaZulu-Natal Student Paper	<1%

APPENDIX H: SEMI-STRUCTURED FACE-TO-FACE INTERVIEW QUESTIONS FOR TEACHERS

Teachers' experiences of working with emotionally traumatised learners in a rural secondary school in KwaZulu-Natal.

The purpose of this schedule was to explore teachers' experiences of working with emotionally traumatised learners in a rural area in order to gain more understanding about the impact of emotional child trauma on academic performance of learners suffering from emotional child trauma in a rural environment. Interviews were conducted on a sample of five teachers in their school. The sample was purposefully selected based on a sample frame of Life orientation, School-Based Support Team and school management.

Semi-structured face-to-face interview schedule for teachers

Section 1. General knowledge about childhood trauma

1. Since you are working with children, childhood trauma may be one of a learning barrier to children can you explain in details what is childhood trauma? **Probe** how many types of child trauma do you know, how do you know about child trauma, through self-studying, from school (varsity), personal experience, cases in school?
2. How does trauma impact a child's education?
3. What are your duties as a teacher when encountering a case of a child that has or currently suffering from trauma?

Section 2. Support structures

1. What support structures have the school put in place for teachers and learners?

Section 3. Emotional child trauma

1. What is emotional child trauma in your own understanding?
2. In your understanding does child trauma impact on academic performance of a learner?
3. Why do the impact of emotional child trauma impact on academic performance of a learner?

Section 4. Challenges

1. What are challenges of teaching a learner that has/is suffering from emotional child trauma?
2. What worked for you in teaching a learner that has/is suffering from emotional child trauma that you can advise another teacher to apply to ensure that the learner is not left behind academically?

Section 5. Suggestions

1. What are your suggestions in responding to emotional child trauma as a learning barrier effectively and ensure that the learner is included in lessons in a classroom?

Thank you so much for your time!!!

APPENDIX I: INTERVIEW TRANSCRIPTIONS

Participants transcriptions

Participant 1 transcription

- If we look at types of trauma, as you have explained that trauma differs, there is a physical and emotional and so on, on my study I am focusing on emotional child trauma. In your understanding, what kind of trauma is emotional child trauma?

  She can't cope and she has lost focus. As a result, she has lost the ability to pass as well.

  Ay when a child does not have resources to learn or not comfortable at home, we are able to notice such as teachers in schools. Sometimes you see a child seeking attention, showing a sign that he/she does not get love at home.

  Sometimes one is performing well, but as time goes you notice that the performance is dropping, then you quickly find out that at home they are poor or the child is being abused at home. Yes, but they only spoke with the child, because us, we do not do follow-up as far as going to the child's home.

- Looking at a learner, what are the things that get damaged because of ECT, for a learner to learn he/she needs to focus and able to think in class, when given tasks be able to do them, what are the things you would say they get damaged due to ECT?

  Hhaay! they lose concentration, some don't even do the schoolwork. When you enquire, there is no reason for not doing his/her schoolwork, or would say is not able to speak English or they do not understand. But when we teach, we teach all of them at the same time.

- How is their attention, focus and confidence?

  Very poor concentration. They are unable to concentrate. They are unable to focus on their work.

- What are the challenges of teaching an emotionally traumatised learner?

It is difficult to impart knowledge to a learner like that because you'd teach and a learner will not listen. [This] contributes to the learner failing.

- How does that affect coping skills, because we all experience problems in life but we have coping mechanism, when you face a particular problem, this is what I need to do?

  Yes, and they won't perform [drastic drop in academic performance]. One would end up dropping out from the school.

- Maybe if we look at a learner that is emotionally traumatised, how do they develop academically?

  Yes, trauma does contribute a lot to dropping out of learners. Others would have [a] drugs problem, they'll smoke, others we refer them to social workers. They go to sessions. One you'd say must go to the session and[they] never come back.

  Some don't respond. Even if you say they must read or do orals, they don't even do them. They can't stand in front of other learners. Even if you ask them to read standing where they are, one would say you may as well put zero. I can't talk or stand in front of people.

- What are common symptoms of ECT?

  Attention seekers, some want to keep being taken care of, are bunking classes, they are so aggressive, even if you touch them a little, they are sensitive and fearful. They isolate themselves, even when you talk to them generally jokingly, but they'll take that seriously. Some do say it because they were abused. Some don't like to be talked to, you can hear [it in] the language that [they use] ay.

- In your view, how does trauma hamper academic performance of a learner?

  mmmh, he/she would not be comfortable to sit with other people. A traumatised person isolates him/herself a lot, don't like to engage with content in school.

- Are they able to work with others because they say teacher-learner relationship is very important in the course of learning?

  They do not have relations with other learners. They'd stand by themselves and isolate themselves even when you give them group work, others would say this one does not engage in what we are doing.

- Socialising with other learners is it not a challenge?

  The emotionally traumatised ones do not talk, so building a relationship with their peers is a challenge.

- How do you go about identifying ECT?

  We have attention seekers a lot. A child that always tries to be seen by a teacher. Even when your lesson is over and out of the class, one would follow you, ask for food, or he/she wants to just talk. Which shows that at home he/she is unable to talk to the parent, but he/she is able to talk to you as a teacher.

  Some sleep in the class. You would teach, he/she would be sleeping, that is how we identify them. You would ask them question and they'll be not present with their minds, they do not even hear what you are asking.
- While you're on that point, it is said that you're second parents. Children spend a lot time with you. So it touches on the attachment figure, do they see a parent figure in you?

  Yeah it happens that when a child looks at a teacher and sees a person like his/her parent that abuses him/her. But we are trained that at the end a child must learn no matter how a behaviour of a child is.
- What do they normally do when they participate with other children?

  It is very difficult. But they'll engage in bad habits, so they'll be accommodated.

  Our learners are smoking, some even sell drugs trying to earn a living. We have so many cases of such. Ey there is nothing except engaging in drugs. I don't know whether it makes them brave or what. But the major problem we have in school is drugs.
- In your view, what causes emotional child trauma?

  And some end up taking drugs because they want to be accepted by their peers.
- How difficult it is to establish a relationship with such an emotionally traumatised learner?

  Ey there is lot of them. So, it becomes difficult to give each learner that space to communicate. You end up not knowing some of them.
- What is the average number of the class?

  To the small ones, its start on 50 to 60 number of learners in a classroom (senior phase). Then it becomes better to the big ones (FET phase) as they choose different subjects which makes number of learners small per class, but based on a subject. So, it becomes better to identify them at FET. Those who are teaching language and life orientation have got a huge number because it is mandatory for all learners to do those subjects. So they tend to have big numbers of learners per class, which makes it difficult to identify learning barriers like child trauma.

- Because there is a lot of learning barriers, what can you say are the challenges or that makes it a challenge to identify ECT?

  Because there is a lot of them. We have a problem of overcrowding in classrooms. Secondly is the inability for us to identify them. So, if there is many of them it ends up able to hide and end up not being identified.

- Another thing is that sometimes it overlaps with other disorders like being sad or depression, does that pose a challenge in identifying it?

  It happens that I say a child has a problem, is traumatised only to find that he/she is just shy. Some are very lazy, so it could laziness that causes him/her not to perform well.

- Maybe to be specific on what seems to be abusing the child, does the child have a parent?

  She does not have parents that is why she is living with her mother's younger sister.

  Yes, she is working, she is mostly absent from school. It is that absenteeism, poor performance.

- Parent absenteeism due to different reasons does not have influence?
  It does have an influence **(parent absenteeism).** ***Children that we have are being raised by grandparents. Fathers and mothers are working, some are single parents. So, it does. It begins at home mostly with the upbringing of children is a major problem.***
- What impact does ECT have on a learner in things like self-confidence?
  At that point they are not thinking, and no longer self-confident.
- What is their normal classroom behaviour?

  Very poor. Concentration, they are unable to concentrate. They are unable to focus on their work.

- Because of things like that- that abuses a learner, what impact would you say ECT has in teaching and learning?

  The child loses focus, performance becomes very poor, loses self-confidence, self-opinion. Even the reason for coming to school.

  Lose motivation for coming to school. Some even come late, aiming for the break time. We even locked a lot of them outside, they went home.

- How do those symptoms show themselves in a class or school?
  When you ask a question, they'll keep quiet and don't answer. If you keep on asking, they'll end up becoming upset and they ask why the teacher keeps asking me alone when there is a lot of us. But it is because you're giving them a chance to speak as well and share ideas because all the learners must be involved in teaching and learning.
- What are the challenges of identifying ECT?

But when a behaviour changes, like they have been performing well then you see that they have changed, performance drops, then that is where we see that there is a problem. Then we try to intervene. Some would talk, some would lose the culture of learning completely.

- How does ECT impact academic performance?

  So that what makes our learners fail a lot, it's trauma.

  The child loses focus, don't do schoolwork and the child's performance would drop tremendously. Because they are no longer able to work with…even you as a teacher they'll skip classes because they know that they have not written the work because of trauma.

- How difficult it is to get his/her attention?
  It is difficult. You can teach him/her and give him/her some work, he/she would not write and ask why you didn't write, he/she won't tell you why.
- Those that are emotionally abused, are they able to work with other learners?

  Ey it is difficult. They are unable to work in groups. But some cases need a group work, so you'd have to force the child. Some end up participating, some don't.

- What do they normally do when they participate with other children?

  They'll speak those few words with their peers. But they'll never stand up and represent the group because they are scared and they don't have self-confidence.

- What support structures does the school have available for learners and teachers?

  Ay…we do not have school based **(School Based Support Teams).** ***We would normally intervene as humans. We do not have school based support teams.***

  So, the department is lacking in support structures.

- Do you work with SSRC?

  We haven't worked with them **[SSRC].**

- Your duties as a teacher, when you encounter a situation like that of a child that have been emotionally traumatised, what are they?
  You communicate with the parent or guardians. If there is a need for intervention, at school we are able to organise that they go see social workers.
  Because we have them, the department…(raises tone) even though it becomes a long process because there isn't many of them. It is still a very long process.

  If parents are capable, then they are able to afford a private one, so they won't have to wait for the government one because it takes time.
- Would you say you have enough resources to deal with these kinds of situation?

Yes, they came to collect children information like orphans and who do they live with. They do come, but only if there is an emergency. Maybe if it happens that children are involved in a car accident. But if the child is also pregnant or raped then they intervene. And only if we report.

They only take the statistics and it ends there.

We do not have resources. Even so we only hope that if there is a traumatised child or a rape case, we report…get social workers. We would even get those that are working around. Contact them if it is a matter of emergency, because if you are waiting for the government one's response nje **(stops, meaning you will wait a long time).**

- In your view, are teachers equipped well enough to be able to identify ECT?
  "*No we're not. Because we don't even know how to do first aid. We have never been trained for such*".
- In your view, are teachers well trained to be able to deal with emotional child trauma?
  Not at all. We trying as parents and community members, but we are not equipped.
- In your view, is it a teacher's job to deal with this kind of learning barrier?
  Mhhh yes, a little. Our job is to teach but if I encounter such a situation I have to handle it. I have to be trained for that because we are the one spending a lot of time with learners. Because they say they cannot afford for a school to have a social worker and a psychologist.
- *You think it would be better if the school had a counsellor of social worker?*
  Even if it is not like that, but at least one teacher who is trained for that so that if there is such a problem, he/she would be able to deal with it.
- What are the strategies that you use to intervene in managing ECT in learners?
  …step-father was abusing a child and she ended up being pregnant and got a child. One of the teachers took her in. She was very smart. We identified her by dropping her performance and she would be absent. So Ma'am took an initiative and took her in.

  We provide support, but to a certain extent. If a child does not have a uniform, we are able to intervene and buy him/her one. But we are unable to buy for many learners. One that has been identified we support him/her. We can even go as far as supporting them financially or refer him/her to an appropriate place to get help.

Progress becomes very poor. If they are traumatized they're unable to work. Unless if they talk about the issue and we deal with it. Then thereafter they gain confidence, trust you as a teacher.

Participant 2 transcription

- How does academically development get damaged after suffering from ECT?
  Ey they are trying Mr, even though it is difficult, but their focus, their focus, you'd find that one can only focus for 30 minutes. And then after 30 minutes, their minds would be like getting out of that and see[ing] other things.
- As you have explained that they lose concentration, what is their normal classroom behaviour?
  One would then start talking, start a conversation, attempting to disturb you, you'd have to attend [to] him/her and leave this thing because it needs focus. It is as if one could go out to relieve him/herself. You see, we even implement cards, we are trying to, maybe it is better if only 2 go out per class. Because it would be like one could go out of class and get fresh air, when he/she sees that it is still disturbing.
- I was still talking about coping skills. What are other coping mechanisms have you observed?
  That leads to him staying outside most of the time. Because now the problem is he/she is being, it is the drugs now that are, as the saying goes, chillies become dominant in a food, you understand.
- When the learner is traumatised, learning behaviour does not get disturbed?
  It does get disturbed Mr [learning behaviour]. As I am saying that you'd call him/her because you can see that he/she is dropping. When he/she drops becomes quiet or super hyperactive on drugs.
- Learners that have been emotionally traumatised, do they normally complete or they end up dropping out of school?
  Ey they are drop out most of them Mr. Yes, they end up dropping because this thing keeps on abusing [affecting] him/her.

Ey they are drop out most of them Mr. Yes, they end up dropping because this thing keeps on abusing him/her. You'd find that one is a parent at home. You'd hear that he/she had gone to look for a job, maybe be absent for two weeks, he/she was absent, had gone to look for a job. Maybe he/she has come back because there were certain problems. And as time goes by they end up dropping.

Ey they are trying Mr, even though it is difficult, but their focus, you'd find that one can only focus for 30 minutes. And then after 30 minutes, their mind would be like getting out of that and seeing other things.

- How does the child's behaviour get affected?

  Yes, they'd become attention seekers. You'd find that in a classroom one wants to be seen. So, he/she is trying to get the attention of the teacher to fill in that void of not being loved at home.

- What other behaviours do they normally show, those who have been abused emotionally?

  Ehh it's a manner of speaking Mr. an abused child you hear [it in] his/her manner of speaking. One could speak without thinking, but just say that thing. Bullying other children, then you notice that this one has problem. One you'd find that he/she does not wear uniform properly, because he/she want attention, is looking for that love. So, he/she is doing something that can put him/her on a spotlight and be noticed.

- What are common symptoms of ECT?

  One Mr, maybe adding* [symptoms], *could just cry in toilet, just cry, and cry, he/she has a problem for real. You'd notice that he/she has been crying. That one is the one that becomes common. So, as I mentioned that we are in a school environment, it's the results. A child that was top upping* [good academic achievement], *you notice, he/she is down below on number 10, you notice that something is missing here.

- How do trauma symptoms show themselves in class?

  The manner of speaking also Mr as we have mentioned. If there is a rude child, you end up knowing him/her. You'd notice him/her changing, maybe he/she used to talk a lot, but changes and begin[s] to be quiet.

  The mind gets disturbed. You'd notice when you ask questions. They'd give an answer that is not even close. Isn't you must also begin to notice that there is something wrong here. I asked something else, he/she diverted and answered his own question.

- What can you say about the teacher's role of support in mediating ECT, especially offered by a teacher?

  In our cases it develops self-esteem and self-confidence as I have explained, from teacher's support. So, the child may end up developing a sense of belonging, that feeling that I also belong to this group. Because trauma, as I was saying you lose, you lose everything, focus, even yourself. So, I think support helps a lot in those things Mr.
- You'd find that it is something that happens outside of school, the child ends up being traumatic from outside and childhood gets affected. When the child brings that to school, how does that affect the child's performance?

  Or he/she will isolate him/herself from others. You'd notice that this child is isolating him/herself from others and ask yourself why.

  It would be like he/she…what can I say, in a group…it would be like he/she is not fitting to other people. So, trauma does that.

  He/she would study but you can tell that this person is not in class.

  Sometimes you'd ask if there is a problem at home, if there is something bothering the child because you can see that he/she does not enjoy being a child. There is this thing that like ruling or guiding him/her.
- How does the child's behaviour get affected?

  Some would get into drugs Mr, just because he/she wants to fit in. So, he/she just join the group because he/she wants to get rid of the stress or trauma. While others could get in drugs so that in class…you see, maybe he/she thinks that what could help him/her[escape] from what he/she is.
- What are other things they do to cope that you have observed?

  As I have mentioned that this thing of dating emanates from, it hits groups mostly. They'd long for fitting in a certain group. So, it is that dating and drugs. It would have an influence, they have been caused by his/her background, he/she is traumatised. Isn't now he/she is trying to release stress. Maybe it will be better, if I date this one maybe I will be alright. So sometimes, problems emerge anywhere.

  Already this one has a problem (girl), from there she took off and dated the boy. So, the boy is also taking her to live with him. Isn't that is where the situation is, there at the back, the

cause is at the back. The child is already damaged, ended up cohabiting with this boy. She ended up being pregnant. But it's started there from the parents.

The stress is increasing. Which means schoolwork is already out here Mr. She started at home, there wasn't support, there was no one cared to help with homework, being shown care, just care Mr, it is a very important thing for a school going child. Especially if you're a child.

Yes, so when no one cared for her and came to this one thinking with give her care, only to find that he will damage her even more.

- In forming a relationship with a learner, because they'd say teacher-learner relationship is also important, it does not get affected?

  …you know some you'd wash your hands off them* (x2), *but in the end you have to find them because really, trauma Mr is a thief. A child would just have a boyfriend. You'd scold her for dating, as we were explaining that that person is looking for love, now I am scolding her. One could be smoking Mr, you'd find that even girls they'll be hanging out in toilets smoking, "hhaw you smoking" then they'll start talking, "Gogo is abusing me* [x2]*". So, you'd find the problem of a child there.

- Does parent absenteeism also have an influence?

  Parent absenteeism has a huge influence on emotional child trauma. Maybe let's look at it practical. When they explain it Mr, you see hardworking people they normally complain that they do not have time for their families. So, once you do not spend time with your child, most of the time the child ends up thinking that his/her parents does not love him/her. The job is more important than me. So that has a huge influence Mr, you'd find that you only know your child when he/she is older, you don't know him/her young. That traumatises the child. Emotionally, even if you have not beaten the child before. Or sometimes a parent has certain expectations about the child, and the child turns out to be something else. Some even neglect the child completely, or you'd hear that they have chased the child away. So, the cause is parent absenteeism.

- Maybe looking at the environment, demarcation of the school, what can you say are environmental contributing factors to ECT?

  …But it is parents, the absenteeism of parents the most. You'd find that the parent at home does not have a relationship with a child. Because a family Mr, even if you'd like to help, but

the problem, you see as he/she has been neglected by that person it becomes very difficult on him/her. Because you end up dealing with the effect, the child goes back home to the source of the problem.

- If we look at disturbance of learning and performance of a child, what can you say causes the children to be unable to concentrate in class as a result of being emotionally traumatised?
  …mentally the child is not here. Isn't now as the child is not present mentally, he/she needs a social worker that will be able to socialise him/her to be able to cope when he/she is doing things. So that I won't be just here and my mind be at home Mr.
- How challenging it is for such child to work with others in things like group work?
  Ey in groups it is difficult. As we have explained that a challenge, you'd find that he/she does not feel confident, so he/she loses it, loses hope, you see those things.
  Or things he/she says maybe feel like they are not good enough. You'd find that at times, he/she feels like he/she does not fit in that group.
- Which domains does the ECT damage inside, as you have mentioned that it is psychological?
  The brain Mr, it stays in constant fear, you'd end up being frightened by nothing because you keep thinking about that event that had befallen you. And then the brain as we have explained it, ends up losing focus. Because you have these things that you're scared of that they might happen again. Because you think about it when it happened, that if I did things differently, I would have been alright. It goes back to hope and to losing faith.
  The brain Mr, it stays in constant fear, you'd end up being frightened by nothing because you keep thinking about that event that befallen you. And then the brain as we have explained it, ends up losing focus. Because you have these things that you're scared of that they might happen again.
- What can you say about ECT impact on a child?
  Mhh, the child is always fearful. Fear is the main controlling factor. So, the child lives in constant worry. So, it's like the child ends up feeling like what befallen him/her might happen again.
- I see, how does the damage on emotions affect the learning process of a child?
  Because this thing is a burden in actual fact that needs to be removed. So, it affects the brain. Especially the child's results drop I think that is one of the big things, and participation in school activities.

Ehh results, participation in school projects even in sport activities and everything.

- How you do identify an emotionally traumatised learner?

  You'd notice that this child, maybe you know him/her from grade 8 to 10. You keep noticing that his/her marks are dropping. He/she does not do his/her work. Those are the first thing we notice. Because sometimes you do not notice them quickly enough through drugs and dating. But it starts here, because what concerns us the most is teaching and learning, "hhaw you no longer write your work. So, your results are dropping. So, and so, sometimes you don't come to school". Isn't Mr, even though we do not understand children very well, but your children, you know them. That so and so is absent, that one suddenly spends a lot of time outside the classroom and bunk classes.

- What is their normal classroom behaviour?

  One would then start talking, start a conversation, attempting to disturb you.

- Socialising with other children outside does not get damaged?

  Ey it does get damaged sometimes, because it causes anger. You'd find that he/she has anger towards other children because it is like they are laughing at him/her or it is like they know, you see something like that. Like people are able to see that you have not eaten, or they can see that you were raped. So, in a very short spaced of time he/she gets angry, it's like he/she can fight. You see those kinds of things, so it one of those that causes problems.

- Damage in emotions, maybe…I'm trying to find out that when there is a damage in emotions, how does that affect results?

  Mhhh, laziness. Isn't now the child is always thinking about that one thing. The more the child think about that thing it ends up making the child laz…get tired or another may be always down. No longer hyper in the language of childhood.

  No energy yes, when he/she thinks of writing, this thing comes back straight.

- Are they able to socialise with other people?

  Because once he/she is in groups, even in groups you'd find that he/she does not want to participate because what he/she is going to say, you'd find that emotions take over.

- What can you say are the common challenges of the learner?

  It is trauma Mr, they are traumatised, because you can't as child be able to just cope, in such problems like that, a child that is unable to write, unable to read. You'd be shocked by grade 12 reading skills. He/she would be reading, and just say something else. Or would read

something that is not there. So why, being scolded or it is that thing that he/she is thinking about that he/she has seen.

- What impact does ECT have on learning?

  Ehhh, I think it takes us back Mr, maybe results. Also, absenteeism as well. So, the result will decline.

- Do you have school based support teams in school (SBST)?

  Yeah (exhales deeply), as a school it is what we are trying to develop, but we do not have them really.

- There are these ones they call special school as resource centers, I don't know whether you're in contact with them?

  Mhhh the department does say Mr* (refer learner to an SSRC for a better support/intervention)*, but in the end rural children have a problem because you'd find that their parents cannot afford the help, but you see that really-really this person needs a special school. But the problem, as I was saying if you look at the background. So, it becomes difficult, a parent would come up with a lot of reasons.

- Are the support structures in rural areas sufficient to deal with emotional child trauma?

  They are not enough Mr. They are not enough because some of the schools in developed areas, you'd find that in such schools there is a social worker, there is a psychologist, they are around those people. But we have mentioned it is because of limited budget. So they are not enough at all. Because we are trying to play our role, but our main aim is to teach.

  Ay never Mr, nothing. Here in the area, there isn't. It is something very small in the community that makes a difference. Resources are lacking big time. Clinics, for clinics they have to take transport, which means resources are lacking.

- If you compare vulnerability, how vulnerable are rural children to ECT compared to developed areas?

  "Those in rural areas, especially parents, you'd find that they would take trauma to a traditional healer. You're sick but something does not add up. So those from the other side you'd find that the parent is able to see that the child has a 1,2,3 problems, so the child needs a certain thing. But the other one, maybe gets a hiding, chased away, no one is doing a follow up as to where exactly is his/her problem. So, lack of knowledge from parents most of the time. So, the rural children are more vulnerable and the others it is easy to them because of resources, they access them easily."

- What are the strategies that you use to intervene in managing ECT in learners?

  On LO I began with having a Bandura box, where a child will write his/her problems, without writing his/her name. Then I as a teacher I'll have to find those problems that okay we have these and those kind of problems. And then we try something like an organization, where we talk about our problems, all of us, things we've experienced in life.

Participant 3 transcription

- What are the domains that are affected by ECT?

  Yes, it does affect the performance a lot, it affects it a lot. Because sometimes others end up dropping out of school. You'd end up sending a message, maybe if you sent a neighbour child, the message would come back and say "hhaw that one has thrown in the towel", hhaw just like that

- As you have explained that some use drugs and all that, what is their behaviour in the classroom?

  Aah they daydream those that have used drugs. You notice them sleeping. Or sometimes you would be talking, okay its fine he/she is awake and then ask what was I saying, notice by a person getting awaken by astonishment. You'd see that his/her mind is far [away], but the body is here in class.

- I hear you, maybe when there is that gap between, as you mentioned that a child looks up to the elders, what an elder does, a child is more likely to do it too. There would be that gap of a parent, he/she comes with it to school. That does not affect you at school?

  It is very destroying, the relationship between a child and a teacher. Because let's say I am teaching mathematics and I am giving that child a homework. Only to find that they'll come the following day having not done it. Then now that becomes clear that if he/she has not done the homework, there is no one who encourages him/her that, "haw today what did you study at school, what is the homework, bla-bla-bla. Okay can I help you there", maybe by saying I will iron for you, continue doing what you are doing. So that means the child is by him/herself, he/she does not care whether he/she sleeps having done the homework or not. That causes a conflict between them. In the end a teacher as well won't keep on accommodating someone who does not want to do his/her work. That is why there would be

that issue, that okay, because you do not want to do my work, when I come into class, you go out. If you do not want to get out, which means I do not come in.

- You do not have overcrowding issue here?

  There is, especially in grade 8, eehh grade 8, grade 9, then it would be grade 10. But yeah especially the general. But there is an issue of overcrowding.

- Would you say the school is sensitive to learning barriers like emotional child trauma?

  But it would here and there. But we will go back to that point of overload on us in such a way that you would see that if a person were to try and go to solve that problem at this time, you will miss out on a certain class.

- If we look at dating and teenage pregnancy, can you say that emotional abuse is also a contributing factor there?

  …it begins at home. Yeah, if there is no school, education says first education is the home one. The one we are in is the second option because its work. Now it means parents as well, for not teaching especially female children, way of behaving. As we know that back in the days there would be time for girls gathering, there would be amaqhikiza* (a grown-up girl who advises the younger girls) *and teach them about all those things. Then it results to this whole situation.

- You have touched on so many things here Meneer, lets unpack. This issue of parents, would you say parent absenteeism is rife here?

  …when you ask them who do they live with at home, and he/she would tell you that he/she lives with a sister, lives with an uncle. And then where are the parents? "aah my parents live at work, comes back once a month". So, which means you can see this person, that he/she does as he/she pleases sometimes, he/she is uncontrollable, also her sister if it is a sister or her aunt maybe is a drunkard, does not even care if he/she does his/her school work. So, it is just an unruly home.

- Their self-confidence does not get affected?

  It does, if they are really abused, because some would say that I did not do the work because I am failing to do it. But you'd notice that no, how can a person say they are failing to do something so simple that you would have explained in class. But he/she would tell you that I have tried but, which means now that is the way one hides that he/she failed to do a task. But you would notice that this one did not do the work because in any case his/her mind is still

focused on whatever that has befallen him/her. With this you're annoying him/her, you're wasting his/her time.

- Do you have school based support teams (SBST)?

  Mhhh I am not sure, maybe because most of the time its policies, maybe the principal of the school, then it would be the principal who will distribute [this function] to committees. I am not sure about that one.

- Do you work with SSRC?

  No, no, no. We have never, because if we have, I know that according to department especially when it comes to matric, they always ask whether the school has a child that maybe has an eyesight problem so on and so forth. So, there are forms whereby they have to be filled in by the principal.

- Would you say support structures in rural areas school are sufficient to deal with ECT?

  There is a shortage of them, they are short. But okay it's fine, it would seem like a teacher must do everything, but he/she is also a human being. Eeeh me going out to the social work needs time, I have to make a plan. And by the time I go to them, because I think they can't just come over here. They will come once they are called. Even there you must go sit down with them and report to them that I am teaching at a school like this and that, we have learners like this and that. Then, what can you guys do. Maybe those you're reporting to they must also report to their superiors. So, things like that, I would also look at them, ey this now I must spend, of which it not the job really I have been employed for. Now I am doing some other job, but my purpose is to help the community. So, which means the community as well is sleeping big time. Now other parents would normally focus in telling their children to go to school, and they know that the teacher will be a nurse, doctor, lawyer, police officer and be everything.

- Does the school provide you with any help like workshops and things like that to help you deal with ECT?

  "Yeah. As I have mentioned that if a father or whomever is an elder is not educated, but their focus is on cows, that means he does not see a need for education. He only knows that cows must be taken to the dip by children.

- I hear you as you also mention being educated about certain things, rural area people tend to not pay more attention especially about psychological things. Does that make rural children more vulnerable to ECT or psychological issues, compared to children from developed areas?
  Yeah, it does that. As I am saying that if the father is not educated, one he will tell you that this thing of a doctor, I do not have money for doctors. Take some herbs and perform enema. Eeeh and it would be the those of emotions, when a child is damaged emotionally. You'd find that when a child is emotional, a parent will approach that with that manner of a child being disrespectful, that is why he/she is doing things like this. But he/she won't look at the causes, as to where does that comes from, that results to a child doing things in that manner".

Participant 4 transcription

- In general, what is child trauma in your understanding?
  Sometimes you'd notice that other children get disturbed mentally…There are children that we are teaching who are disturbed mentally.
  Because their life is overwhelmed with fear and do not trust other people, unable to trust a male person, and unable to trust…just not be able to trust.
  Some, as I was marking, you'd ask them a question like…I am teaching LO* (Life Orientation)*, ask maybe: "what can you say about living with your parents?". You see, ask such a question, a lot of children would answer the question and say it is painful not have parent. Sometimes you live with an uncle, and you find that an uncle is married. When you report the case that the uncle has raped the child and the aunt would not believe that and side with her husband.
  So, you'd notice that it is traumatic even for children to keep writing about this.
  Because their life is overwhelmed with fear and they do not trust other people, they are unable to trust a male person.
- While we are still talking about learning, when a child is emotionally traumatised, what are the domains that gets affected?
  The brain gets affected a lot and the behaviour. Others would drop out of school.
- In the process of learning, once they (learners) have been traumatised emotionally, are they able to focus in the classroom and self-regulate their learning?

Ey chances are very slim for the learners to be able to learn if they are traumatised emotionally, it is not easy, unless if you help the child. But it won't be all of them who'll be able to get help, because there is a lot of them, which makes it difficult to identify them.

- What can you say are the common symptoms of ECT?
  Thirdly, maybe a child involves him/herself in things that are not alright. Might get involved in drugs to try and forget the trauma.
- There is something that you have just said now, that you'd give a question about experience of living with parents that are not your biological parents…And then you'd end up identifying that person has this kind of problem. What are other ways of identifying emotional child trauma?
  You'd notice that he/she has a problem that he/she is not getting love at home, because he/she does not want to laugh. When you play with him/her, gets angry. You can see that in that person, emotionally it is not right, inside him/her.
- How does learning get disturbed when the child is traumatised emotionally?
  Also traumatised children like to fight. They are aggressive, "you why are always fighting, even yesterday we were disciplining you even today", and you'd notice by that-that one is traumatised, he/she is always in trouble attending disciplinary classes for fighting.
- Researchers say if a person is not getting love at home, they end up unable to see it when its actually given to them by another person. Or has a problem with parents, if one has that authoritative parent that is always shouting and scolding. One ends up seeing any other elder with that eye. Does the teacher-learner relationship gets affected in those kind of cases?
  It gets affected indeed* (teacher-learner relationship) *in those cases where a person does not get love. As I am saying that you'd joke and one would be angry, you can see that…once the person is angry there is nothing they'll hear from you that you might say. You'd find that his/her mother is cohabiting (ukukipita), people who are at the age of 20, that this child they found at…that is also something they'd write, that they were given birth by someone who is also a teenager. It is very difficult because emotionally you are always not right because you do not live with your mother, you do not know your mother's love. Your mother is also busy searching for love because she also still young.
  When you enter to teach, he/she is seeing this as an annoyance that "there is that one, keeps saying she loves us, she loves us while she comes to annoy us, we do not want to study". Like we have a problem that here in school there is food. So, you can see that some other children

only come for food in school, once they have eaten they are done. So, if you enter in the classroom to show love and teach, he/she does not see that as a right thing because you're doing the exact thing that he/she does not want to happen to him/her.

- On that note of coping mechanisms, do girls search for love elsewhere if they do not get it at home?

  Yes, and it leads to teenage pregnancy. A person knows that if they did not get love, they might as well drop out of school and go get married to find someone who will actually love her, because she does not get love at home. They do that, have boyfriends at an early age.

- Teachers are the immediate support structures to learners, because department is far and works on referrals, do you think teachers can play a role in minimizing impact of ECT on learner's education?

  …the abuse of children does not happen inside school then become emotionally traumatised. In most cases it happens at home then they'll come here with a performance…with a behaviour and you'd notice. But as I am saying that there is little that we can do, because even if you would speak to a social worker, at the end the child goes back where the source of abuse is. Where you would not be able to protect or prevent it.

- How is the rate of caregiver absenteeism this side?

  Its rate is very high this side **(teenage pregnancy).** ***What we've found in these children from this community also is that he/she is a child, but he/she was also given birth by another child. So, they live without parents in two ways, through death or teenage parents, a teenage mother. In most cases we do have that problem here, that children have teenage mothers who do not give them love because she is also still searching for love. You'd find that a child comes to school not in good condition because there is no taking care of him/her.***

- In the process of learning, once they have been traumatised emotionally, are they able to focus in the classroom and self-regulate their learning?

  Ey chances are very slim for the learners to be able to learn if they are traumatised emotionally, it is not easy, unless if you help the child. But it won't be all of them who'll be able to get help, because there is a lot of them, which makes it difficult to identify them.

- What are other ways of identifying emotional child trauma?

  Ehh-hhee, you are giving him/her love, but he/she does not want to be given love, because he/she is seeing that as if you're annoying him/her. You'd see that this one is emotional.

- What challenges do those learners that have suffered from emotional child trauma normally have?

  They would normally have challenges of seeing themselves as being different to other people. It would be like they are abandoned children who are not loved.

  And also, it would be like they might as well not study because it does not help them anyway. They fail to study once they have been traumatised, inability to focus in a classroom. They even absent themselves form classes.

- How is self-confidence?

  …they do not even want to socialise with other children at times. When you call them to send [them] somewhere, they'd ignore you purposefully, "come", he/she would say "hhaw Ma'am you'd really call me".

  You see, they are not confident, they do not think that you'd actually call them to send them somewhere. We would normally send them to our cars to pick up something, "hhaw you'd send me to your car, who am I to send to your car", so they are not confident in themselves.

- How is their classroom behaviour?

  They do not want to do the work, homeworks they never do them. That is where you first identify the child, "hhaw I gave you a homework, what is your problem with doing homeworks?", **(imitating the child)** ***"I forgot",*** **(participant responds)** ***… then you'd call him/her on the side. But in most cases, it starts with homework, it begins with not wanting to do schoolwork.***

- Would you say it is a teacher's role to intervene to this type of learning barrier?

  Ey Department is like that, it's like saying we're waiting for government. Department is like a person you don't know that could even come next year while there is a problem now. So, the teacher I think is the person who should take the initiative, as we are three-sided, parent, teacher and a child. So, government is far away, by the time government comes things would have escalated to a mess. We are the ones who should take an initiative and intervene. Have policies that when a child is like this how does he/she get helped.

- The schools you are talking about are those outlined in the policies such as special schools with resource centers?

  Yes, but it takes a while for a child to be transferred there. And another thing is that parents do not want to admit that their children have to move from this school because of this and

***that. So, they like to keep their children here in school. Even if the social worker approves that the child needs to be transferred to those special schools, but we would end up having a case of a child failing because the parent does not agree with that* (transfer).**

- What are the strategies that you use to intervene in managing ECT in learners?

  Another way of intervening that we use a lot is calling a parent. That strategy of working with a parent works very well, but other children you'd say they must come back with a parent and leave forever and be like you have chased the child away. But if he/she comes back with a parent, once there is a communication between a teacher and a parent. Because you'd tell a parent that we have a problem here, performance of a child is not good in 1, 2 and 3. Then if the parent is smart, he/she that the child is being helped, but if the parent does not come, it becomes difficult to handle the situation because you'd help the child here and when they get home the child gets abused again.

Participant 5 transcription

- In your view, what impact does emotional child trauma has on academic performance of a learner in a rural school?

  Mmhh Mr all in all I'd say it's [the] performance of a learner. That is the most important thing. So, the child ends up losing focus, because there is nothing more important than focus in a child.

  It drops the way he/she speaks in school* [expression]. *Mmmh it also drops self-confidence in a child.

- What are other things that learners do to cope that you have observed?

  So as the child is using drugs now, he/she has [pays] no attention for [to] his/her schoolwork. He/she is more focused on drugs. So that causes all of his/her work…even writing, you'd find that a person does not even want to write. When he/she writes, he/she writes things in halves. So those are the things, maybe it is his/her way of coping that if he/she uses this, it might boost him/her to be alright.

- What is another behaviour do they normally exhibit, as you're mentioning that they like to isolate themselves and be aggressive?

  They are also attention seekers. Likes to follow you, "I'll carry books for you, I will…", always he/she wants to be close to you. You'd notice that maybe he/she does not get love back home, you'd then try to be loving.

  Its weak self-confidence, some sleep during the class lessons, some do not like socialising with others and isolate oneself, wouldn't even want to participate in class.

- What impact does ECT have on a learner in things like self-confidence?

  Ey it is a problem because they are unable even to do the work, even to answer questions in a classroom they'll be scared, they are shy, they don't even want to read, even if you give them an extra work, they can't even read. When you ask why, it's not because they don't know how to, they don't want to.