

**AN EXPLORATION OF RESILIENCE CHARACTERISTICS THAT FAMILIES
DRAW UPON WITH THE CRISIS OF THEIR CHILD BEING BULLIED**

BY

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DECLARATION

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ABSTRACT

The primary aim of this study was to identify resilience characteristics that families drew upon to cope when they were faced with the crisis of their child being bullied. The secondary aim of this study was to explore how parents experienced the bullying. This study was conducted through the lens of positive psychology and, more specifically, using Walsh's (1996) family resilience theoretical framework. This is a qualitative study, in which data was collected from seven families. All the participants were recruited from the Cape Town area in the Western Cape province of South Africa. Data was obtained by means of semi-structured interviews, in which participants were asked how they experienced the crisis, and how they, as a family, coped with their child being bullied. All the participating families were represented by the mother. The qualitative data was analysed through the process of thematic analysis. The data was analysed and the findings were presented according to the two aims of the study. Firstly, with regard to how parents experienced the crisis of their child being bullied, three categories of themes emerged. These were the reactions of parents, the emotions experienced by the parents, and their experience with the school. It was evident from the findings that families experienced a wide range of emotions and reactions to their child being bullied. Findings relating to the second aim of the study, namely which resilience characteristics families used to cope when their child was bullied, were divided into two categories of themes: Intra-familial resources and extra-familial resources. Both intra- and extra-familial resources were vital in enabling these families to cope with the crisis. These findings suggest and identify qualities and resources that could be used in future interventions to strengthen other families' resilience if they experience the crisis of having a child who is being bullied. Several directions for future research were also identified. A future study on a similar topic, in which a larger, more diverse sample is used would provide greater insight into how parents and families cope with and

experience bullying in South Africa. Interviewing both partners, and not just the mothers as the family representative, would also provide greater insight. This study has also highlighted the need for more effective anti-bullying programmes in schools, in which families and schools should work together, to facilitate the programme and promote an environment that strengthens much-needed trust between the two parties.

OPSOMMING

Die primêre doel van hierdie navorsing was om veerkragtigheidsfaktore te identifiseer wat gesinne in staat stel om die krisis van hul kind wat geboelie word, te hanteer. Die tweede doel van die navorsing was om te bepaal hoe die afknou van die kind deur die ouers ervaar word. Die navorsing is beplan en onderneem vanuit die uitgangspunt van Positiewe Sielkunde en meer spesifiek deur gebruik te maak van Walsh (1996) se teoretiese Gesinsveerkragtigheids-raamwerk. In hierdie kwalitatiewe studie is data by sewe gesinne ingesamel wat woonagtig is in die groter Kaapstad metropool in die Wes-Kaap provinsie van Suid Afrika. Data is ingesamel deur middel van semi-gestruktureerde onderhoude, waar die deelnemers uitgevra is oor hoe hulle as ouerpaar die krisis ervaar het en hoe hulle as gesin die boelie van hul kind hanteer het. Al die deelnemende gesinne is deur die moeder van die kind verteenwoordig. Die kwalitatiewe data is sistematies deur middel van tema-ontleding verwerk. Die resultate en interpretering daarvan word ooreenkomstig die twee doelstellings van die navorsingsprojek aangebied. Eerstens, wat betref ouers se ervarings van om 'n kind te hê wat geboelie word, het daar drie kategorieë in die temas na vore gekom. Die drie kategorieë is: Die reaksie van die ouers; die emosies ervaar deur die ouers; en die ouers se ervaring met die skool. Dit volg duidelik uit die bevindinge dat die ouers 'n wye verskeidenheid van emosies, reaksies en ervarings gehad het nadat hulle bewus geword het dat hulle kind geboelie word. Bevindinge met betrekking tot die hoofdoelstelling van die ondersoek – die identifisering van gesinsveerkragtigheidskenmerke – kan in twee kategorieë verdeel word. Hierdie is interne gesinskenmerke en eksterne gesinskenmerke. Beide hierdie kategorieë omsluit kenmerke wat gesinne in staat stel om die krisis te hanteer, terug te bons en voort te gaan met die lewe. Hierdie bevindinge identifiseer sekere kenmerke en hulpbronne wat moontlik in toekomstige situasies deur ander gesinne ingespan kan word, sou hulle ervaar dat hul kind geboelie word. Op grond van hierdie studie

word verskeie aanbevelings vir toekomstige navorsing gemaak. 'n Meer omvattende ondersoek met 'n groter en meer diverse steekproef sal 'n belangrike bydrae maak tot kennis oor gesinsreaksies in verskeie studiepulasies in 'n diverse Suid-Afrikaanse samelewing. 'n Onderhoud met beide ouers, en nie slegs met die moeder nie, word ook voorgestel. Hierdie ondersoek beklemtoon ook dat meer effektiewe programme om boelie-gedrag in skole te hanteer, ontwikkel kan word indien gesinne ingesluit word in die beplanning en aanbieding van sodanige programme.

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CHAPTER 1

INTRODUCTION TO, MOTIVATION FOR, AND AIMS OF THIS STUDY

1.1. Introduction

According to the World Health Organization (WHO), bullying is a major public health concern (Srabstein & Leventhal, 2010). Bullying is a multidimensional form of mistreatment, which takes place mostly in schools and in the work place (Srabstein & Leventhal, 2010). The act of bullying is characterised by a person being exposed repeatedly to physical and/or emotional aggression. This includes name-calling, teasing, threats, mockery, harassment, rumours and social exclusion (Einarsen, Hoel, Zapf, & Cooper, 2003; Olweus, 1999; Srabstein & Leventhal, 2010).

A body of research highlights a range of negative implications for those involved in bullying – be it as the victim, the bystander or the bully (Gini & Pozzoli, 2009; Srabstein & Leventhal, 2010; Srabstein & Piazza, 2008). A school pupil who is involved in bullying is at significant risk of experiencing psychosomatic symptoms. Accompanying symptoms include alcohol and drug abuse, running away from home, absenteeism, and accidental or self-inflicted injuries (Gini & Pozzoli, 2009; Srabstein & Leventhal, 2010; Srabstein & Piazza, 2008). The consequences of bullying can be long lasting and severe, and may also include depression, low self-esteem, conduct problems and suicide (Sapouna & Wolke, 2013). What is more is that the consequences of bullying have been found to extend into adulthood, where evidence shows a significant association between childhood bullying and later negative psychiatric outcomes (Boyes, Bowes, Cluver, Ward, & Badcock, 2014; Sourander et al., 1999; Srabstein & Leventhal, 2010).

When a child is bullied, it can affect the whole family (Greeff & Van den Berg, 2013), and the parents of pre-school children who are bullied have been found to experience significant negative effects (Humphrey & Crisp, 2008). Previous international studies on bullying have focused primarily on bullying within the school context – focusing on the experiences of teachers, students and school principals. A number of studies have also focused on the efficacy of bullying interventions, and how parenting styles can influence bullying behaviour (Harcourt, Green, & Bowden, 2015). According to Harcourt et al. (2015), there is a gap in the literature regarding the experiences and perspectives of parents whose children have been bullied. Furthermore, limited research has been conducted on how families cope with the crisis of their child being bullied (Greeff & Van den Berg, 2013). Thus, the focus of this research was two-fold. The primary focus was on exploring what factors families drew on as a family unit that enabled them to adjust and adapt to the crisis of their child being bullied. In order to understand the impact of such a crisis on families, and to determine whether it is in fact experienced as a crisis, the secondary focus was to explore parents' experiences of their child being bullied. My research was aimed specifically at families of younger children who experience bullying in pre-primary and/or primary school. While some families are overwhelmed by a crisis or adversity, some families emerge stronger in their efforts to adjust and adapt to the crises they face (Walsh, 2003).

In order to investigate and identify family resilience characteristics, I used the positive psychology paradigm. Extending from this, I used a family resilience theoretical framework as my overarching lens. The positive psychology paradigm moves away from traditional psychology, in which the exclusive focus is on pathology (Seligman & Csikzentmihalyi, 2000). Where hope, creativity, wisdom, spirituality and courage were once ignored, positive psychology focuses on the “flourishing or optimal functioning of people, groups, and institutions” (Gable & Haidt, 2005, p. 104). Positive psychology no longer views the individual

as a passive vessel, but sees the individual as a decision maker, with choices and the possibility of being masterful. Thus, psychological theories have evolved to embrace a science underpinned by strength and resilience (Seligman & Csikzentmihalyi, 2000). In terms of working with families, this movement proposes focusing on and fostering family strengths as opposed to merely repairing their weaknesses (Seligman & Csikzentmihalyi, 2000).

According to Walsh (2012), a family resilience framework focuses on how families adapt to critical life events. These events include both normative and non-normative transitions, such as the birth of the first child and the child transitioning to primary school (normative crisis), and bullying (non-normative crisis). A family resilience framework is grounded in the belief that, whilst all families are different, families have the potential to become resilient and experience positive growth in the face of adversity (Walsh, 2012).

In order to understand how the parents and families of children who are bullied are affected by the bullying, I conducted a qualitative study. This qualitative study explored, by means of semi-structured interviews and thematic analysis, how parents experienced their child being bullied, and what resources they drew on in order to go on with life. Qualitative research allowed me to both understand and explain these two phenomena, whilst providing the freedom for the phenomena to develop naturally (Henning, Van Rensburg, & Smit, 2004). Furthermore, this qualitative study allowed me to gain meaning from the data and turn it into a rich description of events (Henning et al., 2004). Thematic analysis, the most commonly used form of data analysis in qualitative research, allowed me to identify themes that ran through the data, whilst providing me with an in-depth understanding of the events that occurred (Braun & Clarke, 2006).

1.2. Motivation for the study

My research primarily investigates those characteristics of resilience that enabled families whose children had been bullied at primary school to cope with the impact and stress this crisis had on their family. All families are faced with challenges, and bullying can be seen as one of the many challenges families may have to face (Greeff & Van den Berg, 2013). According to Greeff and Van den Berg (2013), a resilient family is more able to cope when faced with this crisis than a family that is not resilient. Few studies worldwide have focused on how family units deal with the crisis of bullying, and on what factors make these families resilient to the potential dangers their children and family units face when a child is bullied. (Boyes et al., 2014; Hawker & Boulton, 2000). According to Humphrey and Crisp (2008), parents of pre-school children who are bullied have also been found to experience significant negative effects, and there remains a gap in the literature on exploring the parents' experiences and perspectives of bullying (Hale et al., 2007; Harcourt et al., 2015; Sawyer, Mishna, Pepler, & Wiener, 2011).

Thus, the secondary focus of this study was to explore how parents experienced the crisis of their child being bullied. Whilst it is widely noted that bullying poses numerous potential negative effects on children and adolescents (Barker, Arseneault, Brendgen, Fontaine, & Maughan, 2008; Boyes et al., 2014; Gini & Pozzoli, 2009; Sourander et al., 1999; Srabstein & Leventhal, 2010; Srabstein & Piazza, 2008), this study focuses on the experiences of the family unit specifically. According to Harcourt et al. (2015), parents and families play an important role in how children experience bullying, and it is these experiences of the parents that have often been overlooked in the literature (Hale et al., 2007; Harcourt et al., 2015; Sawyer et al., 2011). Parents have often been referred to as the 'missing voice' in bullying research (Sawyer et al., 2011).

Whilst numerous studies have been conducted in the developed world on the impact of bullying on the mental health of children and adolescents, there has been little focus on the impact of bullying in developing countries such as South Africa (Boyes et al., 2014; Hawker & Boulton, 2000). In South Africa, bullying victimisation is widespread (Boyes et al., 2014). As touched on above, as many as 58.2% of learners in South Africa have been bullied (Neser et al., 2004). This is consistent with previous studies, which found bullying victimisation in South Africa to be high (Reddy et al., 2003; Townsend, Flisher, Chikobvu, Lombard, & King, 2008). Thus, in light of the above, many families in South Africa are affected by and exposed to bullying. This study therefore adds to the limited body of knowledge available on family resilience and parents' experiences of child bullying. By doing so, this study provides valuable information on how to empower families in combating the negative effects of bullying, not only to the benefit of the victimised child, but also for the family as a unit. It also provides insight into how parents experience bullying, on which limited information exists (Hale et al., 2007; Harcourt et al., 2015; Sawyer et al., 2011).

1.3. Aims of this study

The primary aim of my research was to identify and describe characteristics of resilience that families draw upon that enable them to cope with the crisis of their child being bullied. Whereas some families simply may not be able to cope with the crisis of bullying, other families rise above it and thrive in the face of adversity. The secondary aim of this study was to explore parents' experiences of their child being bullied.

1.4. Outline of the thesis

In Chapter 2 I begin with a discussion of the theoretical framework I used to ground my research. More specifically, I discuss the use of a positive psychology paradigm as my overarching lens through which to view this study. I also discuss Walsh's (1996) family

resilience framework, which provides a better understanding of family resilience and family adaption.

Chapter 3 provides a thorough overview of the current literature at hand. As my study has two aims, I divided my literature review into addressing these two aims. I have made a concerted effort to discuss literature that addresses studies done abroad as well as studies done in South Africa.

In Chapter 4 I discuss the methods used to conduct my study. This study was explorative in nature, which is useful when there is limited information on a specific research topic, such as exploring how parents and the family cope with their child being bullied and how parents experience their child being bullied. (Bless, Higson-Smith, & Kagee, 2006). This is a qualitative study, in which I have used thematic analysis to analyse my data. Undertaking a qualitative study allowed me to gain rich insight into my participants' experiences (Henning et al., 2004). I provide a detailed discussion of how my participants were recruited, how the data was analysed, as well as the ethical considerations I adhered to in this study.

In Chapter 5 I discuss the results of the thematic analysis in relation to the existing literature and Walsh's (1996) theoretical framework of family resilience. Combining both the results and the discussion in one chapter allowed my discussion to flow smoothly and limited any repetition that would have ensued if the results and the discussion thereof had been separated into two chapters.

Chapter 6, my conclusion of this study, brings all the chapters together and provides a concise summary of my study. In the conclusion I discuss the limitations of my study and also provide directions for future research.

1.5. Conclusion

This chapter served as an introduction to my research. It provided a short summary of what bullying is, what bullying entails and also what the consequences of bullying are. More importantly, I introduced the two aims of my study, namely: 1) to identify and describe characteristics of resilience that families draw upon that enable them to cope with the crisis of their child being bullied; and 2). to explore parents' experiences of their child being bullied. In this chapter I also provided a motivation for my study that highlights the gap in the existing literature on bullying in terms of understanding how parents cope when their child is bullied and how they experience this crisis.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1. Introduction

To explore resilience characteristics that families draw upon in the crisis of their child being bullied, I used the paradigm of positive psychology as my overarching lens through which to view my study. Within this positive framework, I used Walsh's (1996) family resilience theoretical framework to better understand how families cope when their child is being bullied. In this chapter I will explore the paradigm and the theory, highlighting the positive aspects of both.

2.2. Positive psychology paradigm

Positive psychology can be defined as “the scientific study of optimal human functioning” (Linley, Joseph, Harrington, & Wood, 2006, p. 8). The positive psychology paradigm moves away from traditional psychology, where the exclusive focus is on pathology (Seligman & Csikzentmihalyi, 2000). Where hope, creativity, wisdom, spirituality and courage were once ignored, positive psychology focuses on the “flourishing or optimal functioning of people, groups, and institutions” (Gable & Haidt, 2005, p. 104). According to Seligman (2002), there are three pillars of positive psychology. The first is a positive subjective experience, followed by positive individual characteristics, such as a person's strengths and virtues. The third comprises of positive communities and institutions (Seligman, 2002). Thus, the goals of positive psychology can be described as identifying those areas of human strengths and virtues and enhancing them so as to make life more fulfilling, as well as enhancing communities and individuals in such a way that they are allowed to thrive (Froh, 2004).

In highlighting the essence of positive psychology, Gable and Haidt (2005) give three reasons why psychology traditionally focused on weaknesses rather than strengths. The first reason is identified as compassion. Traditionally, people who were struggling in aspects of their lives were seen to need more help than those who were flourishing (Gable & Haidt, 2005). The second reason is historical. After World War II, with the return of veterans from the war, more emphasis was placed on research into mental illnesses. Added to this, clinical psychology aligned itself with the medical disease model, in which the focus is on the diagnosis and treatment of disorders. Third, the focus on the negative could stem from our human nature. It has been argued that negative events have a greater impact on us than positive events, where negative events have been seen to be processed more thoroughly than positive events (Gable & Haidt, 2005).

Positive psychology no longer views the individual as a passive vessel, but sees the individual as a decision maker, with choices and the possibility of being masterful. Thus, psychological theories have evolved to embrace a science underpinned by strength and resilience (Seligman & Csikzentmihalyi, 2000).

According to Gable and Haidt (2005), the positive psychology movement is not without criticism. The most discussed criticism arises from the assumption that the term positive psychology leads one to believe that the rest of psychology is automatically negative. Leading on from this assumption is that, if there is a need for positive psychology, it is due to the fact that 'negative psychology' has fallen short (Gable & Haidt, 2005). Gable and Haidt (2005) point out that, whilst this interpretation is unfair and unfortunate, psychology in its truest form (the focus on pathology) has been so successful that the need for a positive outlook has become obvious.

A second criticism to arise from positive psychology is termed the ‘Polly-anna view of the world’. It has been argued that people who are studying positive psychology fail to recognise that there is indeed a negative aspect to life (Gable & Haidt, 2005). However, Gable and Haidt (2005) point out that this criticism is not in line with the goals of positive psychology.

The aim of positive psychology is not to surpass or delete work done on dysfunction, distress and pathology. Rather, it becomes important to add to it with regard to what we are learning about resilience, growth and strength (Gable & Haidt, 2005). Thus, the aim of positive psychology is to add to, and integrate findings into the existing knowledge base (Gable & Haidt, 2005; Gillham & Seligman, 1999). In terms of working with families, this movement proposes focusing on and fostering family strengths as opposed to merely repairing their weaknesses (Seligman & Csikzentmihalyi, 2000).

Cicchetti and Rogosch (1997) point out that the resilience perspective, which focuses on rebounding from stressful life events and being able to move forward with one’s life, is inherently positive in nature. Thus, the resilience perspective can be seen to be contributing to the field of positive psychology. The family resilience framework of Walsh (2012) is discussed in more depth below.

2.3. Family resilience framework

Resilience, according to Walsh (2012, p. 399), is the “ability to withstand and rebound from disruptive life challenges”. Family resilience refers to how families recover, repair, and even grow in the face of adversity (Walsh, 1996, 2002, 2012). Whilst some families are torn apart by a crisis, other families are able to emerge more strengthened and more resourceful after a crisis (Walsh, 1996, 2002, 2012). To understand the family resilience framework in more depth, it is important to distinguish between individual resilience and family resilience. This is discussed in more depth below.

2.3.1. Individual resilience

Resilience can be seen as a dynamic process that goes beyond coping and adaptation to enable recovery and growth (Walsh, 2012). Resilience is a multi-dimensional construct that is forever changing (Reivich & Shatté, 2002). According to Reivich and Shatté (2002), resilience can be seen as an attribute possessed by all individuals.

Over the past two decades, resilience has become a major focus in mental health research (Walsh, 2002). An increasing amount of evidence has shown that individuals facing the same adversity can experience different outcomes (Walsh, 2002). For example, Kaufman and Zieger, (1987) found that, in a study on abused children, most children did not become abusive parents. Similarly, some children's lives are shattered by childhood trauma, while others emerge victorious (Kaufman & Zieger, 1987). To account for this resilience, early studies focused on individuals' personal traits. Resilience was seen to be in-born, and to be based on an individual's personal character or inner strengths (Anthony & Cohler, 1987).

As research progressed, resilience came to be understood in terms of the interplay of risk and protective factors. These factors involve the individual, as well as the family and larger socioeconomic and sociocultural factors (Garmezy, 1991; Masten, Best, & Garmezy, 1990; Rutter, 1987; Walsh, 2002). However, as individual resilience studies gave more credit to the influence of significant relationships, be it mentors, teachers or coaches (Walsh, 2002), the family unit was still seen as dysfunctional (Walsh, 2002, 2003).

According to Walsh (2002), a family resilience perspective moves away from seeing troubled families as being beyond help and repair, to seeing the family as being challenged by life's misfortunes. In essence, a family resilience perspective no longer deems it necessary to rescue 'survivors' from dysfunctional families but engages with troubled families with due

compassion and respect. This perspective sees a family as having reparative and healing qualities (Walsh, 2002).

2.3.2. Family resilience

The concept of family resilience goes beyond individual family members as individual resources for resilience, and rather focuses on resilience in the family as a functional unit (Walsh, 2012). Thus, resilience acts as a buffer to stress and enables families to rally together and overcome adversity and hardship (Walsh, 2012). As discussed above, resilience research has previously focused on the individual and on individual strengths (Walsh, 1996). However, there has been a shift in focus from individual resilience to the relatively new construct of family resilience (Hawley & DeHaan, 1996).

There has been a noted increase in interest in the study of family resilience over the last two decades (Brown-Baatjies, Fouche, & Greeff, 2008; Ganong & Coleman, 2002; Haggerty, Sherrod, Garmezy, & Rutter, 1996; Nichols & Schwartz, 2000; Walsh, 2002). This growing interest in family resilience is, according to McCubbin and McCubbin (1993), due to the fact that social scientists are interested in the potential role resilience plays in understanding both individual and family development.

In order to gain insight into how families coped when their child was being bullied and to ascertain what aspects of resilience they drew upon to cope, I used Walsh's (1996) Family Resilience Framework to ground my research. According to Walsh (2012), a family resilience framework focuses on how families adapt to critical life events. These events include normal transitions, such as the birth of the first child and the child transitioning to primary school. A family resilience framework is grounded in the belief that, whilst all families are different,

families have the potential to become resilient and experience positive growth in the face of adversity (Walsh, 2012).

2.3.3. Walsh's family resilience framework

Walsh's (1996) family resilience framework was originally developed for clinical practice. It can be seen as a map used to target and identify key family processes that buffer stress, reduce the risk of dysfunction and ultimately encourage growth and healing post-crisis (Walsh, 1996, 1998, 2002). By drawing findings from numerous studies, this framework identifies key processes within three areas of family functioning. These three areas are family belief systems, organisational patterns and communication processes. These three key areas of family functioning are discussed below.

2.3.3.1. Belief systems

Family resilience is supported by shared beliefs (Walsh, 2002). A family's belief system will determine how they view a crisis, as well as understand their suffering and their options available to them (Walsh, 2012). These shared beliefs enable family members to make meaning of adversity, facilitate a hopeful and positive outlook, as well as provide purpose and transcendence in terms of spirituality (Walsh, 2002, 2012).

Making meaning of adversity

When a family sees a crisis as a shared challenge that is both manageable and comprehensible, they can gain a sense of coherence. By normalising a family member's distress as being a normal reaction to such a crisis, blame and guilt are reduced and their reactions are softened (Walsh, 2002, 2012). By gaining a sense of coherence, families can clarify issues and try to make sense of these adversities together (Walsh, 2002, 2012).

Positive outlook

Hope is essential for rising above adversity (Walsh, 2012). In a crisis, drawing on family strengths will reduce despair and failure, and reinforce a sense of pride and confidence. An encouraging family allows its members to take initiative and persevere in order to overcome barriers (Walsh, 2002, 2012). Family members should put their efforts into changing what is possible and accepting all that is beyond their control (Walsh, 2002).

Transcendence and spirituality

According to Walsh (2002, p. 132), spiritual resources “can be tapped as wellsprings for resilience”. Empirical evidence shows that spiritual and religious resources, be they meditation or prayer, have healing powers (Walsh, 2002).

2.3.3.2. Organisational patterns

The second key area of family functioning is organisational patterns. Resilience can be encouraged through being flexible and being connected, as well as by focusing on economic and social resources (Walsh, 2002).

Flexibility

Being flexible, a core element of resilience, means you need to be open to change. After experiencing a crisis, a family may not be able to return to a ‘normal life’. However, Walsh (2012) encourages families to rise to these new challenges and adopt a ‘new normal’. Walsh (2012) terms this ‘bouncing forward’. By being flexible, families are able to adapt to a new way of life that provides security, predictably and assurance to all involved (Walsh, 2012).

Connectedness

Being connected is vital for family resilience (Walsh, 2002). During a crisis, family cohesion may be disrupted. When a family works together and is committed to standing together during

the difficult times, resilience is strengthened (Walsh, 2012). It is important, however, for family members to respect and acknowledge each other's differences (Walsh, 2002).

Social and economic resources

Extended families, social networks and community resources provide families with a lifeline in times of trouble. They are seen to offer practical as well as emotional support (Walsh, 2012). Mentors and role models have also been well documented in terms of youth resilience. It is important not to label families who are not coping as being not resilient. Families need support from institutional policies, the workplace, healthcare and other institutions in order to survive. It is not enough to simply provide the tools to survive; families also need to overcome their adversities (Walsh, 2012).

2.3.3.3. Communication processes

The third key area of family functioning is communication processes. Communication that is clear, that encourages open and honest discussions, and that is problem solving by nature, is essential to facilitating resilience (Walsh 2002, 2012).

Clarity

Clarity is an important aspect of family functioning. When a family works together, they gain a better and clearer understanding of what is happening (Walsh, 2012). By sharing their experiences and making meaning of these experiences, a family is able to become closer. As such, ambiguity and secrecy will not facilitate understanding and will thus prevent the family from finding clarity and hinder the healing process (Walsh, 2012). The healing process can be encouraged by acknowledging the crisis and by sharing experiences amongst family members (Walsh, 2012).

Open emotional sharing

Emotional expression also facilitates the healing process (Walsh, 2012). It is encouraged by creating an environment in which family members are able to share their true feelings in a safe, non-judgmental space (Walsh, 2012). Some family members need more time to process their feelings than others. Thus, not all family members move forward at the same time. According to Walsh (2012), pathologies may arise if members are unable to share their feelings with their families. Emotional expression has therefore been identified as being crucial for family interaction and collaborative problem-solving (Walsh, 2012).

Collaborative problem-solving

When faced with a crisis, a family must set clear, obtainable goals so that they can take the next steps forward together. To make shared decisions and to manage conflict involve negotiation and fairness. A family must take a proactive stance in order to meet their challenges. Families must shift from a reactive mode and prepare for future challenges, by thinking of a possible 'plan B' (Walsh, 2012). Families are encouraged to seek new opportunities for growth in areas not previously considered (Walsh, 2012).

2.3.4. Advantages of a family resilience framework

By fostering family resilience, one can aim to avoid or reduce dysfunction and pathology within a family whilst enhancing well-being and functionality (Luthar, Cicchetti, & Becker, 2000). According to Walsh (2002), fostering family resilience has the potential to benefit all family members, whilst also strengthening family bonds.

A family resilience framework serves as a guide to enable prevention and intervention efforts in order to strengthen and support families who are experiencing a crisis (Walsh, 2002). Thus, family resilience goes beyond merely managing stressful situations, surviving an ordeal or

shouldering a burden. This approach recognises that both personal and relational growth can emerge out of adversity (Walsh, 2002). For a family, a crisis could be a wake-up call, one that becomes an opportunity to reassess priorities, stimulate old or new meaningful relationships, or highlight what truly matters (Walsh, 2002). According to Stinnett and DeFrain (1985), families who have endured a crisis together report their relationships to be more enriched and loving than before the crisis.

2.4. Conclusion

In this chapter I have discussed the frameworks I used as the foundation on which to build my study. Firstly, my study falls within the greater positive psychology paradigm. Positive psychology moves away from the focus in traditional psychology on pathology, to focus on the “flourishing or optimal functioning of people, groups, and institutions” (Gable & Haidt, 2005, p. 104). Thus, according to Froh (2004), the goals of positive psychology are to identify areas of strengths and virtues and to enhance them so as to make life more fulfilling. A further goal is the enhancement of communities and individuals so that they are able to thrive (Froh, 2004). Within the discussion of positive psychology, I referred to Walsh’s (1996) family resilience framework.

A family resilience framework is grounded in the belief that all families have the potential to become resilient and experience growth in the face of adversity (Walsh, 2012). This framework focuses on family strengths as opposed to focusing solely on their weaknesses (Walsh, 2002, 2003). This framework provides three key processes that enable family resilience, namely belief systems, organisational patterns and communication processes.

The aim of my study was two-fold. The primary aim was to identify and describe characteristics of resilience that families draw upon that enable them to cope with the crisis of their child being

bullied. The secondary aim of this study was to explore the parents' experiences of their child being bullied. With these aims in mind, the next chapter, Chapter 3, provides an overview of the literature regarding bullying and how the families concerned coped in the face of such adversity.

CHAPTER 3

LITERATURE REVIEW

3.1. Introduction

This chapter provides an overview of the literature on family resilience and bullying, with a specific focus on how parents experienced the crisis of their child being bullied and the resilience factors the families drew upon in order to cope with the crisis of bullying. I approach this literature review firstly from the broader worldview, and then focus more specifically on studies done within South Africa. I explore the concept of family resilience, identifying characteristics of resilience that enabled the families to cope with different crises. I then briefly explore the literature on bullying and the prevalence and consequences thereof. Lastly, I bring the literature together to focus specifically on my two research aims: how parents experience the crisis of bullying in their family, and the resilience characteristics families draw upon so as to cope with the crisis of their child being bullied.

3.2. Developmental stage of families

As this study focuses on families with primary school children in grades one, two and three, it is important to touch on this developmental stage of families. Major life transitions, such as a new-born baby and children entering formal education, represent significant stressful changes within a family (Cowan & Cowan, 2012). As children enter formal education, they are faced with new rules and demands. A child's sense of self, relationships and roles will inevitably change as they transition into a larger social environment (Cowan & Cowan, 2012). Different family processes will thus facilitate or hamper a child's transition into primary school (Cowan & Cowan, 2012). Added to this potentially stressful transition (Cowan & Cowan, 2012) is the stress experienced by a family unit if a child is bullied. Whilst the potential behavioural and

emotional risks associated with bullying are discussed below, not all children who are bullied experience these adjustment difficulties. Some children emerge resilient and cope better than expected after being a victim of bullying (Bowes et al., 2010; Hinduja & Patchin, 2017). Thus, according to Greeff and Van den Berg (2013), by identifying these resilient characteristics in families, intervention programmes can be developed to empower families on both a preventative and a supportive level.

3.3. Family resilience factors in terms of bullying

Resilience, according to Walsh (2012, p.399), is the “ability to withstand and rebound from disruptive life challenges”. Family resilience, however, refers to how families recover, repair and grow in the face of a crisis or adversity, such as in the case of bullying (Walsh, 2012). Some families are ripped apart when faced with a crisis, whereas other families emerge stronger and more resourceful after experiencing a crisis (Walsh, 2012). The concept of family resilience views the family as a functional unit and looks beyond individual family members as individual resources for resilience (Walsh, 2012). Families from all types of backgrounds are faced with challenges. Bullying can be seen as just one challenge a family may have to face (Greeff & Van den Berg, 2013). According to Greeff and Van den Berg (2013), a resilient family is more likely to cope better when faced with this crisis than a family that is not resilient.

3.4. Studies on family resilience

In this section I explore the literature on family resilience, both internationally and in South Africa. First, I look at family resilience from an international view point, identifying key factors of family resilience that enable families to cope in the face of a crisis. I then explore the literature based on South African studies.

3.4.1. International studies exploring family resilience

Over the past decade, there has been increased international interest in and research on family resilience (Walsh, 2016). Topics of interest have been varied. They include topics such as the chronic illness of a family member, the death of a child or parent, military-related trauma, divorce, foster care, major disasters, and the impact of war (Walsh, 2016).

In a mixed-methods study by Greeff, Vansteenwegen and Herbiest (2011), resilience factors in families who had lost a child were explored and described. Questionnaires, including one open-ended question, were given to 89 Belgian families (parents and siblings included) who had lost a child in their family. Greeff et al. (2011) found that family strength and family commitment helped the family adapt to their loss. Social support from family and friends, and redefining the situation, were seen as effective coping strategies for the family (Greeff et al., 2011).

Power et al. (2016) explored the concept of family resilience in Australian families in which a parent was diagnosed with a mental illness. Eleven adults who grew up with a parent with a mental illness were interviewed by means of an in-depth interview. Power et al. (2016) found that families developed resilience qualities through many processes. These included having a shared sense of humour and regular family routines and rituals. Having open communication was also found to enable families to cope better (Power et al., 2016).

In a study by Chew, Carpenter and Haase (2018), 15 adolescents between the ages of 13 and 16 were interviewed in order to examine how family processes enabled young people suffering from epilepsy to cope with their condition. Semi-structured interviews were used to explore their experiences of living with the illness from a family resilience perspective. It was found that family processes such as shared family beliefs, family connectedness and family support that aided problem solving, contributed to their adaptation (Chew et al., 2018).

After a review of the international literature, several factors have been identified as enabling and promoting family resilience when faced with adversity. These family resilience factors can be summarised as: affirming family communication patterns (Anuradha, 2004; Black & Lobo, 2008; Bowes et al., 2010; Chew et al., 2018; Power et al., 2016); regular family routines and rituals (Abelenda & Helfrich, 2003; Anuradha, 2004; Black & Lobo, 2008; Power et al., 2016); support from friends and family (Anuradha, 2004; Doornbos, 1996; Enns, Reddon & McDonald, 1999; Greeff et al., 2011; Namyslowska, 1986; Sapouna & Wolke, 2013;); family strength and family commitment (Bowes et al., 2010; Chew et al., 2018; Greeff et al., 2011; Sapouna & Wolke, 2013); shared beliefs and values (Black & Lobo, 2008; Chew et al., 2018; Walsh, 2007); collaborative problem-solving (Chew et al., 2018; Fuentes-Pelaez, Balsells, Fernandez, Vaquero, & Amoros, 2014); social and community support (Anuradha, 2004; Doornbos, 1996; Enns et al., 1999; Fuentes-Pelaez et al., 2014; Marsh et al., 1996); and transcendence and spirituality (Gall, 2004; Weaver & Flannelly, 2004). These key factors of family resilience are supported by Walsh's theoretical framework (1996), which is discussed at length in Chapter 2 of this thesis.

To summarise, the main processes of Walsh's family resilience framework (1996) comprise of three domains, namely belief systems (making meaning of adversity, positive outlook, and transcendence and spirituality); organisational patterns (flexibility, connectedness, and social and economic resources); and communication patterns (clarity, open emotional sharing and collaborative problem-solving). These key processes emerged from three decades of research done on both the individual and family level of resilience, as well as on effective family functioning (Walsh, 2016). These processes are reflected in the international literature, as discussed above.

Further on I will discuss family resilience studies conducted in South Africa, which connect with and highlight Walsh's (1996) three domains of family resilience, as well as family resilience studies conducted abroad.

3.4.2. South African studies exploring family resilience

Numerous South African studies have focused on family resilience (Greeff & Du Toit, 2009; Greeff & Fillis, 2009; Greeff & Lawrence, 2011; Greeff & Thiel, 2012; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009; Haddad, 2008; Jonker & Greeff, 2009). Many of these studies have explored characteristics that enabled families to cope in the face of a crisis. Below I discuss a number of these studies and their findings.

Haddad (2008) conducted a study that aimed to identify key factors that enabled families to cope with the crisis of a family member being diagnosed with schizophrenia. In this mixed-methods study, participants representing 18 families were asked an open-ended qualitative question and had to complete seven self-report questionnaires. The results of the study highlight numerous factors that enabled the families to cope with this crisis. These factors of resilience included positive communication and family hardiness; spirituality and religion; understanding the illness; the family as a support system; social support; and lastly adherence to medication (Haddad, 2008).

Jonker and Greeff (2009) conducted a study on resilience in families in which a family member had been diagnosed with a mental disorder. This qualitative study focused on representatives from 34 families in an underprivileged area. The most common factors of family resilience cited by the family members in this study were religion and spirituality, and the personal characteristics of individual family members. Social support was also found to be important in contributing to family resilience (Jonker & Greeff, 2009).

Greeff and Fillis (2009) conducted a study on identifying family resilience factors in poor, single-parent families. A cross-sectional survey was done, in which 51 families identified family resilience factors. The results showed the following factors to be key in fostering resilience: intra-familial support; family hardiness; religion; support from friends and family; and a positive approach to problems (Greeff & Fillis, 2009).

Greeff and Du Toit's (2009) study focused on resilience factors that enabled families that remarried to thrive. Thirty-eight families were included in the study, for which seven questionnaires and one open-ended question were utilised to collect quantitative and qualitative data. The following nine resilience factors were identified: affirming and supportive communication; supportive family relationships, a sense of control over outcomes in life; activities and routine that enable time to be spent together; a strong marriage; support from friends and family; religion and spirituality; redefining stressful events; and needing social support (Greeff & Du Toit, 2009).

Further studies have focused on families who are facing other adversaries, such as how families cope with losing a home to a shack fire (Greeff & Lawrence, 2011); coping with a child diagnosed with autism (Greeff & Van der Walt, 2010); and families in which a father has been diagnosed with prostate cancer (Greeff & Thiel, 2012).

After a review of the South African literature, several factors have been identified as fostering family resilience when faced with a crisis. These family resilience factors can be summarised as: support from friends and families (Greeff & Wentworth, 2009); affirming family communication patterns (Greeff & Du Toit, 2009; Greeff & Thiel, 2012; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009); seeking community support (Greeff & Du Toit, 2009; Greeff & Thiel, 2012; Greeff & Wentworth, 2009); family hardiness (Greeff & Du Toit, 2009;

Greeff & Lawrence, 2011; Greeff & Thiel, 2012; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009); passive appraisal (Greeff & Van der Walt, 2010); and religion and spirituality (Greeff & Du Toit, 2009; Haddad, 2008; Jonker & Greeff, 2009). These South African findings are in line with the findings of the international studies discussed above.

3.5. Bullying

As my research focuses on family resilience with regard to the crisis of a family member being bullied, this section explores the literature on bullying. As bullying is a very broad topic, I first define bullying and discuss the implications associated with a child being bullied. I then highlight key findings in bullying research to date. Next, I discuss the literature on bullying in terms of how parents experience bullying in their family, and lastly, I report on qualities or resources of resilience families draw upon to cope when a family member is being bullied. Both international and South African studies are discussed.

3.5.1. Definition, prevalence and implications of bullying

Bullying can be defined as a form of aggressive behaviour that is repeated time and again against a person who is powerless to defend herself or himself (Harcourt et al., 2015; Monks et al., 2009; Olweus, 1993; Sapouna & Wolke, 2013). Bullying behaviour can take on numerous forms (Hale, Fox, & Murray, 2017; Harcourt et al., 2015). For example, it could include verbal aggression (Hale et al., 2017; Harcourt et al., 2015), such as name-calling, teasing, threats, mockery and harassment (Einarsen et al., 2003; Olweus, 1999; Srabstein & Leventhal, 2010). It could be relational (Hale et al., 2017; Harcourt et al., 2015) or emotional aggression (Einarsen et al., 2003; Olweus, 1999; Srabstein & Leventhal, 2010), which are presented in the form of rumours and social exclusion (Einarsen et al., 2003; Harcourt et al., 2015; Olweus, 1999; Srabstein & Leventhal, 2010). It could include physical aggression (Hale et al., 2017; Harcourt et al., 2015), which includes kicking, hitting and pushing (Olweus, 1999).

And lastly, it could include cyberbullying (Hale et al., 2017; Harcourt et al., 2015; Hinduja & Patchin, 2017), which is bullying through the use of electronic devices, for example being bullied on social media or in chat groups (Craig, Pepler, & Blais, 2007; Harcourt et al., 2015; Hinduja & Patchin, 2017). These many forms of bullying (verbal, relational, physical and cyberbullying) can be experienced both simultaneously or independently (Hale et al., 2017).

Bullying begins and increases during primary school, and peaks during the first year of secondary school (ages 12 to 14 years). It then tapers off during late adolescence (Arseneault, Bowes, & Shakoor, 2009). Bullying is a worldwide occurrence (Greeff & Van den Berg, 2013; Sawyer et al., 2011; Smith & Morita, 1999). In a study that compared the prevalence of bullying across 40 countries, it was found that, on average, 26% of adolescents were involved in bullying. This 26% comprised of 12.6% who were victims of bullying, 10.7% who were the bullies themselves, and 3.6% who were found to be bully victims (bullies who are themselves also victims of bullying) (Craig et al., 2009). Craig et al.'s (2009) findings are in line with similar findings by Cross et al. (2011), Liang, Flisher and Lombard (2007), and Ortega et al. (2012). In a more recent review of the literature, Hymel and Swearer (2015) found the prevalence rate of bullying to be between 10 and 33%, which is in line with previous studies.

According to Cluver, Bowes and Gardner (2010), children in urban South Africa face high levels of bullying. These high levels of bullying are linked to an increase in psychological distress, suicide ideation and psychological disorders (Cluver et al., 2010). Nesor et al. (2004) found that as many as 58.2 % of learners in South Africa have been a victim of bullying. Flisher et al. (2006) found that rates of bullying victimisation in South Africa were higher among younger children and adolescents than among young adults. These rates of bullying victimisation are consistent with research done in the developed world (Flisher et al., 2006).

Children and adolescents who are involved in bullying tend to show greater evidence of psychological issues than those children and young people who are not involved in bullying (Harcourt et al., 2015). These victims of bullying often share similar characteristics (Greeff & Van den Berg, 2013). They are often more anxious and sensitive than their peers (Greeff & Van den Berg, 2013; Olweus, 1993). Victims also appear more cautious, lonely, unhappy and unpopular than their peers (Greeff & Van den Berg, 2012; Hinduja & Patchin, 2017; Olweus, 1993). They seem to struggle academically and have lower self-esteem than their peers (Greeff & Van den Berg, 2012; Harcourt et al., 2015). Victims of bullying often try to avoid the school environment altogether and have a negative attitude towards going to school (Greeff & Van den Berg, 2012; Hinduja & Patchin, 2017; Kochenderfer & Ladd, 1996).

Victims of bullying may also experience somatic symptoms (Greeff & Van den Berg, 2013; Harcourt et al., 2015). These may include abdominal pain and headaches (Greeff & Van den Berg, 2013), and suicidal thoughts and depression (Coggan, Bennett, Hooper, & Dickinson, 2003; Hinduja & Patchin, 2017; Hooper, & Dickinson, 2003; Greeff & Van den Berg, 2013; Harcourt et al., 2015). Being a victim of bullying during adolescence can also predict an increased possibility of mental health issues or social adjustment issues (such as anxiety, substance abuse and mental disorders) in adulthood (Boyes et al. 2014; Gibb, Horwood, & Fergusson, 2011; Harcourt et al., 2015; Sourander et al., 1999; Srabstein & Leventhal, 2010).

According to Farrington (1993), being a victim of bullying could be seen as a continuous pattern. As such, young victims of bullying may later be victims of bullying as adults. They may also go on to have children who are bullied (Farrington, 1993). Thus, it is no wonder the World Health Organization (WHO) has classified bullying as a major public health concern (Srabstein & Leventhal, 2010).

3.5.2. International studies on bullying

International research on bullying has had many points of focus. Numerous studies have explored the potential long-lasting, negative effects of bullying on children and adolescents (Barker et al., 2008; Boyes et al., 2014; Gini & Pozzoli, 2009; Sourander et al., 1999; Srabstein & Piazza, 2008; Srabstein & Leventhal, 2010). A body of literature has focused on bullying within the school context and the efficacy of bullying interventions (Ahmad & Smith, 1993; Harcourt et al., 2015, Olweus, 1993; Whitney & Smith, 1993). Much of the research on bullying has focused solely on bullied children as the participants (Coggan et al., 2003; Fenaughty & Harré, 2013; Jose, Kljakovic, Sheib, & Notter, 2011; Marsh, McGee, Nada-Raja, & Williams, 2010; Raskauskas, 2010; Raskauskas, Gregory, Harvey, Rifshana, & Evans, 2010), and where studies on adults were done, they focused more specifically on the teachers' perspectives on bullying in a school context (Bernstein & Watson, 1997, Borg, 1998; Boulton, 1997; Flaspohler, Elfstrom, Vanderzee, Sink, & Birchmeier, 2009; Harcourt et al., 2015; Mishna, Scarcello, Pepler, & Wiener, 2005). Research that has included parents as participants has investigated how parenting styles can influence their children's behaviour in terms of promoting or allowing bullying behaviour (Dehue, Bolman, Vollink, & Pouwelse, 2012; Harcourt et al., 2015; Lereya, Samara, & Wolke, 2013).

3.6. International studies on parents' experiences of their child being bullied

Recent international studies have highlighted the important role families and parents play in their children's bullying victimisation (Harcourt et al., 2015). Yet, according to Harcourt et al. (2015) and Sawyer et al. (2011), there is a gap in the literature that explores the experiences and perspectives of parents whose children have been bullied, as the existing literature does not provide an in-depth analysis and exploration of their experiences. Hale et al. (2017) have confirmed that the lived experiences of parents in terms of bully research has been overlooked,

and parents have been referred to as the ‘missing voice’ in bullying literature (Sawyer et al., 2011).

In a meta-analysis conducted by Lereya et al. (2013), 70 studies regarding the role of parents and families in bullying were analysed. Lereya et al. (2013) concluded that there is a significant correlation between parenting behaviour and parent-child relationships and how children experience bullying. High parental involvement, good family communication, warm, affectionate relationships and supervision were found to protect children from bullying victimisation (Lereya et al., 2013). In contrast, abuse, neglect and maladaptive parenting best predicted being a victim of bullying at school (Lereya et al., 2013). One study analysed by Lereya et al. (2103) found that the children of neglectful and authoritarian parents were more likely to be bullied than children of authoritative parents (Dehue et al., 2012). Parents have been found to have a great impact on the success of anti-bullying programmes (Harcourt et al., 2015). In a systematic review of anti-bullying programmes, Ttofi and Farrington (2011) found that continued parental involvement, training and meetings significantly correlated with a decrease in bullying behaviour in schools.

These quantitative studies discussed above show the important impact parents can have on their children’s experiences of bullying (Harcourt et al., 2015). In addition, according to Gilgun and Abrahams (2002), qualitative research is also important in understanding social issues. Qualitative research allows the experiences and opinions of unheard groups to be heard and brought to the fore (Gilgun & Abrahams, 2002; Sawyer et al., 2011). Thus, research of a predominantly qualitative nature can make a significant contribution to a better understanding of parents’ perspectives and experiences when their child experiences bullying victimisation (Harcourt et al., 2015; Mishna, Wiener, & Pepler, 2008).

In a meta-analysis conducted by Harcourt, Jasperse and Green (2014) on parents' perspectives on bullying, 13 qualitative studies conducted between 2000 and 2013 were reviewed. Six themes emerged from these 13 studies, namely (1) parents used a wide range of strategies in response to the bullying, (2) the effects of bullying on children and families were found to be negative, (3) issues around awareness, disclosure and available support arose, (4) concerns about who was responsible for the bullying, (5) parents had varied definitions of bullying, and (6) a tendency among parents to view bullying as normal or to blame the victim.

In one of the 13 studies analysed by Harcourt et al. (2014), Sawyer et al. (2011) interviewed 20 parents whose children had been bullied. Sawyer et al. (2011) found that there were variations in how parents identified their children's bullying behaviours; how they found out about the bullying; and the strategies they encouraged their children to use (Sawyer et al., 2011). Humphry and Crisp (2008) also conducted a study on parents' perspectives of bullying. They found that parents of bullied pre-school children felt negative effects from the bullying and thought more support, resources and information should have been provided to the parents (Humphrey & Crisp, 2008). In another study, Brown (2010) found that parents responded to the bullying by taking action in order to protect their child, supporting their child and requesting help from their child's school (Brown, 2010).

According to Harcourt et al. (2014), the results of their meta-analysis (discussed above) show that there are limited in-depth studies that focus on the parents' experiences of their child being bullied. Harcourt et al. (2015) explains that there is a need to explore the experiences and perspectives of parents whose children have been bullied. The focus should be on the parents' reactions, their decision-making processes and their practical responses to the bullying experienced by their child (Harcourt et al., 2015). Furthermore, Harcourt et al. (2015) undertook to address this gap in the literature by conducting a study on 26 parents whose

children were bullied in a primary school in New Zealand. The aim of the study was to better understand factors and the context of the parents' decision-making in response to the bullying experienced by their child. Harcourt et al. (2015) explored the parents' experiences and their reactions to the bullying and found that parents acted quickly and used a wide range of strategies in response to bullying. These strategies were found to have an effect on the children, the parents and the wider family systems. The parents also felt that bullying could be dealt with more effectively if the families and the schools worked together in collaboration (Harcourt et al., 2015). According to Harcourt et al. (2015), developing resilience in the face of the crisis was one of the few positive outcomes to emerge from their study. This finding is in line with previous studies conducted on the relationship between resilience and family factors in the face of bullying, which will be discussed in the next section (Bowes et al., 2010; Greeff & Van den Berg, 2013).

In a very recent study, Hale et al. (2017) conducted a qualitative study that explored how parents experienced their child being bullied at school. The study aimed to gain insight into the parents' perspectives, as the experiences of parents have traditionally been overlooked in the literature (Hale et al. 2017). The study included 21 parents who took part in semi-structured focus groups and interviews to share their experiences. Hale et al. (2017) found that parents viewed their principle role as that of protecting their child. This protective role parents undertook was found to be conflicting when dealing with the teachers and the schools. Thus, Hale et al.'s (2017) findings highlight the important role played by communication between parents and teachers.

In the next section I explore the international literature on bullying, with a specific focus on family resilience. I explore the family resilience characteristics that families drew upon to cope when their child was bullied.

3.7. International studies on family resilience in terms of bullying

Apart from parents' experiences and resilience, both individual (Hinduja & Patchin, 2017) and family resilience have been neglected in the literature on bullying (Rothon, Head, Klineberg, & Stansfeld, 2011). Thus, little is known about how school pupils are able to recover and function positively over time, despite their bad experiences (Hinduja & Patchin, 2017; Rothon et al., 2011; Sapouna & Wolke, 2013). What is more, few studies have focused in particular on how family units deal with the crisis of bullying, and the associated resilience factors that allow them to overcome the negative effects of bullying (Boyes et al., 2014; Hawker & Boulton, 2000; Sapouna & Wolke, 2013).

Bowes et al. (2010) examined the role of families in promoting individual resilience in bullying victims in primary schools in England and Wales. Their sample consisted of 1 116 twin pairs and their families. Mothers' and children's reports were used to examine bullying victimisation during primary school. Mothers' and teachers' reports were also used to determine the children's emotional and behavioural adjustment between the ages of 10 and 12. Mothers' and interviewers' reports were used to derive measures of protective actors in the home (Bowes et al., 2010). The results from the linear regression models showed that maternal warmth, sibling warmth and a positive home environment were particularly important for bullied children (compared to non-bullied children) in promoting emotional and behavioural adjustment (Bowes et al., 2010).

Similarly, Sapouna and Wolke (2013) conducted a longitudinal study that examined the role of family and peer characteristics in fostering positive outcomes for bullied adolescents. The study involved a sample of 3 136 adolescent bully victims who completed self-reports at the ages of 13 and 14. Sapouna and Wolke (2013) found that the adolescents' relationships with their parents and siblings played an important role in their emotional and behavioural

adjustment, and thus their resilience. Sapouna and Wolke (2013) found that interventions were more likely to be successful if they focused on the psychosocial skills of the adolescents, as well as on their family relationships. Their study had similar outcomes to that of Bowes et al. (2010), who found that warm sibling and parental relationships played an important role in coping with bullying and prompting resilience.

3.8. South African studies on parents' experiences of bullying and family resilience

As discussed above, little is known about how families cope with the crisis of bullying, and little is known about the factors that enable them to emerge resilient (Boyes et al., 2014; Hawker & Boulton, 2000). This is true particularly in a South African context (Greeff & Van Den Berg, 2013). According to Hawker and Boulton (2000), a major limitation of bullying research in terms of children and adolescence is that the majority of studies have been conducted in the Western world.

South Africa studies on bullying have had many points of focus. The focus has been on the prevalence of bullying (De Wet, 2005; Greeff, 2004; Naser et al., 2004); learners' and teachers' experiences of bullying (Adam, 2007; MacDonald & Swart, 2004; Pillay, 2004; Swart & Bredekamp, 2009); the impact of bullying on children's mental health and behaviour (Boyes et al., 2014; Cluver et al., 2010; Cluver & Orkin, 2009; Liang et al., 2007); HIV/AIDS-related bullying victimisation (Boyes & Cluver, 2014); and cyberbullying (Badenhorst, 2011; Burton & Mutongwizo, 2009; Popovac & Leoschut, 2012). According to Greeff and Van den Berg (2013), no South African studies have focused on family strengths that emerge when a child is bullied. Thus, their study on resilience in families when a child is bullied, provides valuable insight into how families in South Africa cope.

Greeff and Van den Berg's (2013) mixed-methods study was conducted in the Western Cape, South Africa, and 48 mothers were included in the study. The qualitative findings show that most of the families coped with the bullying by talking to their child's teacher, principal or governing body, and by giving advice to their child (Greeff & Van den Berg, 2013). The quantitative findings indicate that quality communication, the fortitude and durability of the family unit, and the emphasis on being together as a family were important for the family's adaptation to the crisis (Greeff & Van den Berg, 2013).

No South African studies to date have explored parents' perspectives on bullying and investigated their experiences of their child being bullied. The need for further South African research is strengthened by the fact that Harcourt et al. (2015) and Hale et al. (2017) have identified a gap in the literature that explores the experiences and perspectives of parents whose children have been bullied, as the existing literature does not provide an in-depth analysis of their experiences and their perspectives.

3.9. Conclusion

Bullying takes on numerous forms (Hale et al., 2017; Harcourt et al., 2015) and has been described as a pervasive and dangerous social issue (Harcourt et al., 2015). The World Health Organization has even classified bullying as a major public health concern (Srabstein & Leventhal, 2010).

When a child is bullied it affects the entire family, and not only the individual (Harcourt et al., 2015). According to Bowes et al. (2010), not all children who are bullied experience it as a wholly negative experience. Some children manage to emerge resilient and cope better than expected after facing such a crisis. In terms of family dynamics, a resilient family is more likely

to cope better when faced with adversity, such as bullying, than a family who is not resilient (Greeff & Van den Berg, 2013).

Family resilience, according to Walsh (1996), refers to how families repair and grow in the face of a crisis, such as in the case of bullying (Walsh, 2012). Some families are divided when faced with a crisis. Other families emerge stronger and more resourceful after experiencing a crisis (Walsh, 2012). Thus, the concept of family resilience sees the family as a functional unit and looks beyond the individuals within the family as resources for resilience (Walsh, 2012).

To reiterate, my study had two aims: To explore parents' experiences of their child being bullied; and to explore characteristics of family resilience that families draw on when they experience the crisis of bullying. After a review of the literature, both internationally and within South Africa, it has become clear that little is known about how families cope with the crisis of bullying. There is also limited research on the characteristics that enable families to emerge resilient when their child is bullied (Boyes et al., 2014; Greeff & Van den Berg, 2013; Hawker & Boulton, 2000).

Harcourt et al. (2015) and Hale et al. (2017) have also highlighted that, while families play an important role in bullying victimisation, there is still a void in the literature that explores the experiences of parents whose children have been bullied. Consequently, this study provides valuable insights into addressing these gaps in the literature, by exploring the parents' perspectives and experiences of their child being bullied, and the aspects of family resilience that families draw upon to cope with the crisis of bullying.

CHAPTER 4

METHOD

4.1. Introduction

This chapter provides an overview of the method I used to conduct my study. In this chapter I firstly outline and specify the aims of the study. Next, I discuss the qualitative research design used, followed by a description of the participants, the sampling strategy and the inclusion criteria I employed. I then discuss how I conducted thematic analysis to analyse the data I obtained from my interviews. Lastly, I discussed the ethical considerations adhered to in this study.

4.2. Research aims

By outlining the research aims I was able to keep my study focused at all times. My research aims formed the central point of my study. The aim of my study was two-fold. The first aim was to explore how parents experienced their child being bullied. The second aim was to explore what characteristics of resilience families drew upon that enabled them to cope with the crisis of their child being bullied.

4.3. Research design

This study was explorative and descriptive in nature. I conducted a qualitative research study to answer the research questions using individual, semi-structured interviews.

4.3.1. Explorative nature

An explorative study, according to Bless et al. (2006), is useful where there is limited knowledge on a specific research topic and the researcher seeks new insights into the question at hand. In this study, an explorative study was appropriate, as there is limited knowledge of

the impact of bullying on children and adolescents in the developing world, especially in a developing country such as South Africa (Boyes et al., 2014; Hawker & Boulton, 2000). Furthermore, not many studies worldwide have focused on how parents experience bullying (Hale et al., 2007; Harcourt et al., 2015; Sawyer et al., 2011) or on how family units deal with the crisis of bullying, and the resilience factors they draw upon (Boyes et al., 2014; Hawker & Boulton, 2000; Sapouna & Wolke, 2013).

4.3.2. Descriptive

This study is also descriptive in nature. The aim of a descriptive study is to obtain a detailed description of events and situations (Babbie, 2010; Durrheim, 2006). Thus, this design allowed me to gain insight into how parents experienced the crisis of bullying, and I could explore the resilience resources they drew upon as a family so as to cope when their child was bullied.

4.3.3. Qualitative

Qualitative research allows the researcher to explain and understand a phenomenon, while providing the freedom for the topic of interest to develop naturally (Henning et al., 2004). It allows the researcher to gain meaning from the data – the thin description, and turn it into a thick, rich description that gives a full account of the phenomenon at hand (Henning et al., 2004). One of the main advantages of qualitative research is its flexibility (Babbie & Mouton, 2010). This flexibility allows the researcher to adapt all aspects of the study to suit the objectives of the study, thus increasing the validity of the research findings (Babbie & Mouton, 2010).

A growing number of studies focusing on reliance, or dependence, on a person employ qualitative methods (Ungar, 2003). This approach can provide important insights into the

construct of family resilience and how the phenomena related to resilience can be studied and understood (Ungar, 2003).

4.4. Participants

4.4.1. Sampling strategy

I used purposive sampling and snowball sampling in this study. Speziale and Carpenter (2007) define purposive sampling as a method of sampling that selects participating individuals based on their knowledge of the phenomenon under study, given that they will share this knowledge. Thus, with purposive sampling, the researcher can approach a specific population who share a common experience, for example that their child has been bullied (Bless et al., 2006; Nicholls, 2009). This allowed me to select a sample who were willing to participate in this study and share their experiences (Babbie, 2002; Bless et al., 2006; Nicholls, 2009).

Whilst bullying can affect all families, be it single-parent families, two-parent families or multi-generational families, this study focused on two-parent families. Parents were recruited from a private primary school in the Western Cape province. With the permission and support of the school principal (see Addendum A), I contacted all parents via a letter that was sent home with all the children in grades one, two and three. This letter outlined the purpose of the study and asked all parents to contact me, via my email address or telephone number, should their family meet the inclusion criteria, and should they wish to participate in the study (see Addendum B). Once contacted, I called each parent individually and set up an interview at a location and time convenient to them. It is important to note that, as many parents work and, due to their time constraints, I accepted one-parent interviews, given that their family met the inclusion criteria. The participating families and the information gained from them, remained confidential at all times, and this was communicated to the participants before the interview took place.

According to Guest, Bunce and Johnson (2006), data saturation can be reached within the first 12 interviews, provided it is a homogenous sample. However, saturation could be reached in as few as six interviews, as it is the richness of the participants' experiences that is important, not the number of participants (Guest et al., 2006; Sjostrom-Strand & Fridland, 2007).

As it happened, I was only able to recruit two families using purposive sampling. I then employed snowball sampling, which proved much more successful. Snowball sampling yields a sample through referrals made by people who share the same characteristics that are the focus of the study at hand (Biernacki & Waldorf, 1981). Snowball sampling is widely used in qualitative research and is well suited for studies in which the focus is of a sensitive, private nature (Biernacki & Waldorf, 1981). By employing snowball sampling, I asked my participants if they knew of any other possible participants who would be willing to take part in this study (regardless of what school that child attended). I asked that, if any other families were interested in participating, they were given my contact details and should contact me directly. This method of sampling was very productive, and I was able to identify several more families.

4.4.2. Inclusion criteria

The inclusion criteria for families to take part in my study were the following: The family consisted of two parents who had at least one child; parents knew about the bullying for at least six months or longer; the child experienced bullying whilst at pre-school and/or at primary school; and, at the time of this study, the child was in either grade one, two or three. According to Jansen et al. (2012), bullying is already a problem in early elementary school. In a study on the prevalence of bullying in America, Hanish et al. (2004) found that 60% of their sample was bullied at least once from kindergarten until third grade. Thus, bullying is a widespread issue and affects most children at some stage in their lives (Hanish et al., 2004).

4.4.3. Demographics of participants

I interviewed seven participants in this study. Of the participants interviewed, all of them were the mother who represented the family. All seven mothers spoke English as their first language. Six mothers had a university degree and one mother had a postgraduate diploma. All seven fathers had obtained a degree at a university. All families came from the middle-income bracket. Mothers' occupations varied from yoga instructors and travel consultants to graphic designers, engineers and management accountants. Fathers' occupations varied from engineers, construction managers and technology specialists to being self-employed. The length of time the couples had been together ranged from 10 to 17 years, with an average of 13 years.

With regard to the gender of the seven children being bullied, two were female and five were male. The average length the bullying had lasted was 10 months. At the time the interview took place, one of the children was in pre-primary school (grade R), four of the children were in grade one, one child was in grade two, and one child was in grade three. Six of the families had two children in their family, while one family had only one child.

4.5. Data collection tools

During the interview, participants were first asked to complete a biographical questionnaire (see Addendum C) in order to gain information on their level of education, couple status, employment, home language, age of their child and the length of time the bullying had occurred. I then conducted a semi-structured interview with the participants in which I asked two open-ended questions. The first question was: How did you as a couple experience the crisis of your child being bullied? The second question was: What would you say helped your family to cope when you discovered that your child was being bullied? (see Addendum D).

Interviews are a common method for collecting data when research focuses on understanding peoples' experiences. An interview is also a useful way for gaining rich data on a specific research question (Nicholls, 2009). Semi-structured interviews, in particular, provide the freedom to ask open-ended questions (Aboagye, 2012). If the participant needed additional prompting when answering, additional prompting questions were asked so that I could get a full description of the events that took place (see Addendum D). Creswell (2009) recommends using prompting questions when working with an open-ended question so that increased understanding of the topic is ensured.

4.6. Procedure

According to Bless et al. (2006), it is essential that research is ethical so that it ensures the study participants are treated sensitively and humanely. It ensures that their rights to privacy are upheld and that they are protected from physical and psychological harm. (Bless et al., 2006). In order to ensure that I adhered to ethical principles during my study, I followed the appropriate steps outlined by the Research Ethics Committee (Humanities) of Stellenbosch University. I applied for ethical clearance from the Departmental Ethical Screening Committee (DESC), as well as from the University's Research Ethics Committee (Humanities).

I only commenced with my data collection once permission to proceed with data collection was granted by the Research Ethics Committee (see Addendum G). I then gained permission to contact parents at the chosen primary school through the school principal (see Addendum A). Once permission was granted by the school principal, I sent a letter to all parents (via their children) of children in grades one, two and three, asking them to contact me should they fit the criteria outlined in the information letter they received and were willing to participate in the study (see Addendum B). The letter sent provided the family with an overview of my study,

outlined their involvement, and provided them with a telephone number and email address to contact me on, should they consent to voluntarily participate in this study.

When meeting with the participants, I ensured I did so at a time and place that was convenient for them. I also ensured that the meeting place was private so that they were at ease. I introduced myself and explained the purpose of the study. I also explained the consent form to them and informed them of their rights (see Addendum E), after which I asked them to sign the consent form. I also offered the participants a copy of the consent form should they need it for further information. I asked the parents for their consent to have the interview audio-recorded. I then proceeded with the biographical questionnaire (see Addendum C), followed by the open-ended questions and prompting questions (see Addendum D). On average, the interviews took about 30 minutes. During the interview I also provided participants with the contact details of an educational psychologist who had agreed to be available, should they require further professional support at their own cost (see Addendum F). After the interview, I thanked the participants for their time.

As discussed in the section on the participants above, data saturation can be reached within the first 12 interviews, provided the sample is homogenous. Saturation can also be reached in as few as six interviews, as it is not the number of participants that is important, but the rich story they tell (Guest et al., 2006; Sjostrom-Strand & Fridland, 2007). In this study, I found that data saturation was reached after five interviews. However, I decided to do two more interviews to ensure that nothing new emerged from the data.

Audio-recordings were transcribed by myself, and all information obtained is stored on my laptop in a password-protected folder, while all hard copies of the biographical questionnaires and transcribed voice recordings are locked in my supervisor's office.

When analysing the data, I came across further questions I wished to ask my participants. I then contacted four of the participants and discussed these questions with them. This allowed me the opportunity to go into more depth on certain aspects. To ensure that the emerging themes were detailed enough, and that I had not missed anything important, I asked a doctoral student in Psychology, who is experienced in qualitative data analysis, to review the themes that I had identified. The doctoral student confirmed that she agreed with the naming and grouping of my themes. Keeping in line with the ethical considerations discussed below, the doctoral student was made aware that all information made available to her was confidential. Once she had conducted her analysis, all hard copies of the material were handed back to me. Further on I will discuss how I conducted the in-depth analysis of my data.

4.7. Data analysis

I conducted a thematic analysis to interpret the data obtained from the interviews. Thematic analysis is the most commonly used form of data analysis in qualitative research. It allows the researcher to identify themes that run through the data, thus allowing the researcher to gain an in-depth understanding of the situation under investigation (Braun & Clarke, 2006). A main advantage of thematic analysis is that it allows for flexibility (Braun & Clarke, 2006). Braun and Clarke (2006) identify six phases in conducting thematic analysis. These are: familiarising yourself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report. Below I discuss how I followed these six phases of thematic analysis to analyse and interpret my data.

4.7.1. Familiarising myself with the data

Familiarising yourself with the data is the first phase in thematic analysis and involves immersing yourself in the data and becoming familiar with its content (Braun & Clarke, 2006). In this study I conducted all the interviews and transcribed them myself. Thus, from the outset

I was already familiar with the content. To familiarise myself with the content further, I read and reread the transcriptions many times. As I did so, I began to formulate ideas and recognise patterns in the data and made notes on these patterns. According to Braun and Clarke (2006), transcribing the data provides an excellent way of familiarising yourself with the information obtained, as you are actively listening to the transcriptions whilst familiarising yourself with the content.

4.7.2. Generating initial codes

In this phase it is important to become familiar with the breadth and depth of your data (Braun & Clarke, 2006). As I was already familiar with the data, I began to generate initial codes. Generating initial codes involves creating an initial list of ideas that emerge from your data (Braun & Clarke, 2006). Thus, at this stage I began to note down what was interesting about these ideas. These initial codes identified were the most basic segments of information that I obtained from my data, and thus it was important for me to identify as many as possible (Braun & Clarke, 2006).

4.7.3. Searching for themes

During this phase, I analysed the different codes. I identified and sorted them into possible themes and sub-themes. In this phase it was important to identify relationships between codes and themes, and to identify the different levels on which these themes occurred. The themes were identified as either overarching themes or sub-themes (Braun & Clarke, 2006).

4.7.4. Reviewing themes

In this phase I refined all the potential themes I had previously identified. By reviewing these themes, I had the opportunity to identify themes that were not well supported. I was also able to break down themes into sub-themes, and merge themes that were related. During this phase,

it was important that themes were clearly identifiable and could be distinguished from each other, whilst still fitting together in a meaningful way (Braun & Clarke, 2006).

4.7.5. Defining and naming themes

In this phase, I refined and defined each theme. I ensured that each sub-theme occurring under a theme was meaningful and coherent. I also ensured there was a clear distinction between themes and identified the gist of each individual theme. In this phase, I named the themes in such a way that it was easy for me (and other readers) to understand what each theme represented (Braun & Clarke, 2006).

4.7.6. Producing the report

In this last phase, I undertook my final analysis and wrote up a report. By writing up the report I was able to tell the whole story of the data. It was important that I ensured the analysis was clear and logical, and that it made sense. According to Braun and Clarke (2006), the research must be able to tell the complicated story of your data in a way that is both creative and convincing.

4.8. Trustworthiness

According to Guba (1981), there are four aspects that could potentially enhance the trustworthiness of a study and are thus important to bear in mind when conducting a qualitative study. These are dependability, credibility, confirmability and transferability.

Dependability refers to whether the findings of a study would be repeated consistently if the study were replicated with the same (or similar) participants in the same (or similar) context (Moon, Brewer, Januchowski-Hartley, Adams, & Blackburn, 2016). To ensure the dependability of my study, I have provided a detailed description of the methods used in this

study. I described in full the research design, the data collection tools used, the procedures used for data collection as well as the method used for data analysis.

Credibility refers to how one can establish confidence in the truth of the research findings. Thus, it is important to establishing the degree to which the research represents the true meanings of the participants (Moon et al., 2016). In this study, I ensured that I reported the data as accurately as I could. I wanted to express the true voice of my participants as clearly as possible.

Confirmability refers to the degree to which the findings in a study are based solely on the participants and not on the interests, biases and motivations of the researcher (Moon et al., 2016). Johnson (1997) has also suggested that research bias poses a threat to validity. In order to reduce this bias, the researcher should be more self-aware. This can be achieved through the process of self-reflexivity and by reporting findings that go against the researcher's initial expectations (Johnson, 1997). Through the process of self-reflexivity, I became aware of my own ideas and expectations about the research and how they could affect my data analysis. Especially being a mother of twins in grade two, I had to take a step back and be very self-conscious with regard to bias. By being self-aware, I believe I was able to decrease bias by acknowledging upfront what my values and expectations were. I reported all findings that were significant to the study, findings that I could relate to and findings that I could not relate to.

Lastly, transferability refers to how findings in one study may be applicable to other contexts (Moon et al., 2016). I could not make my findings from this study applicable to other populations, as my sample of seven families was relatively small. However, I can use these findings as a benchmark for further such studies in the area of bullying and family resilience.

4.9. Ethical considerations

It is essential that no one is harmed during a study (Meltzoff, 2005). According to Meltzoff (2005, p. 313), studies “can easily bring about unacceptable harm to participants by creating marked distress, by causing embarrassment, by provoking anxiety and by damaging self-esteem”. Bless et al. (2006) have outlined six guidelines that may help to ensure that no person is psychologically or physically harmed during a study, that they are treated humanely, and that their privacy is upheld at all times. These guidelines are (1) the principle of non-maleficence, according to which no participant may be harmed (psychologically or physically) during the study; (2) the principle of beneficence, in terms of which the research benefits not only the participant, but others as well; (3) the principle of autonomy, by which participants volunteer to participate in the study; (4) the principle of justice, whereby participants may not be discriminated against; (5) the principle of fidelity, according to which participants must be able to trust and have faith in the researcher; (6) and lastly, the participant’s rights and dignity must be protected (Bless et al., 2006).

In addition to these principles discussed above, researchers must adhere to and comply with the following ethical requirements (Bless et al., 2006). (1) Informed consent: participants must be fully informed about the study at hand and of their rights as participants. (2) Confidentiality: information provided by the participants must remain confidential at all times and only be available to the researchers. (3) Anonymity: information provided must not be linked to the participants in anyway. (4) Referral: should the participants become distressed, they should be referred to the relevant authority. (5) Discontinuance: participants can withdraw from the study at any time without any repercussions. (6) Vulnerable populations: populations who do not fully understand the requirements and implications of the study are vulnerable. Researchers must be aware of this population’s special needs. (7) Quality: researchers are obliged to conduct research of a high standard and quality. (8) Analysis and reporting: researchers may not falsify

or change data. (9) Reporting and publication: researchers must report back on their findings in a way that is clear. Participants must remain anonymous in all publications (Bless et al., 2006).

In this study, I made a considerable effort to ensure that none of my participants were harmed. Before conducting the interviews, as discussed above, participants were asked to sign a consent form. This form provided an outline of what the study entails and provided information on the research process. Participants were made aware that their participation in the study was completely voluntary and that they could withdraw at any time during the interview process. Participants were given the contact details of an educational psychologist, should they become distressed and feel the need to discuss the matter further. As I met with the participants face to face, I cannot claim their involvement was anonymous. I did, however, ensure that their identity and all information obtained would remain confidential. All information obtained is kept locked in my supervisor's office or is in a password-protected folder on my laptop. The doctoral student who helped me review my themes, was also made aware of the confidentiality of the data. Only hard copies of the data were given to the doctoral student and all materials were handed back to me after the analysis. I applied for ethical clearance from the University's Research Ethics Committee and did not start with the data collection until permission to do so was obtained.

4.10. Conclusion

This chapter has provided a step-by-step account of how I conducted this qualitative study. I explained that my research design was both explorative and descriptive in nature. I discussed my sampling strategy, in terms of which I employed both purposive sampling and snowball sampling. I detailed the inclusion criteria for families to be included in the study, as well as the demographics of the participants. In this chapter I also discussed how I went about my study,

and how permission to continue with the study was gained from the appropriate committees. I mentioned at length how I conducted thematic analysis to analyse the data. I ended off the chapter by discussing four aspects of trustworthiness that are important to bear in mind when conducting a qualitative study. The ethical considerations I bore in mind in this study were also discussed at length at the end of the chapter. The next chapter contains a description of my qualitative findings, followed by the discussion of the findings.

CHAPTER 5

RESULTS AND DISCUSSION

5.1. Introduction

In this chapter I discuss the results of my data analysis in relation to the existing literature and Walsh's (1996) theoretical framework. A qualitative study allowed me to gain a rich understanding of the participants' experiences and to understand their world from their perspective. In order to get a deep understanding of the participants' experiences, I conducted individual, semi-structured interviews in which I asked two open-ended questions. This style of questioning allowed me the freedom to probe further into topics of interest as they presented themselves.

As my study had two aims, I will address the findings in two sections. First, I will address the findings relating to the first aim of my study: how parents experienced the crisis of bullying in their family. Then I will discuss the findings of the second aim of my study: what resilience characteristics families drew upon to cope with the crisis of their child being bullied. I have included a table for each section that clearly outlines the themes and sub-themes that emerged from the data.

So as to avoid repetition and to provide greater value to the findings, I will discuss the findings after each major section. Thereafter I will discuss my findings with reference to the current literature on family resilience and bullying. More specifically, this discussion will take place with reference to the literature dealt with in the Literature Review (Chapter 3), as well as in relation to Walsh's family resilience framework (1996) (Chapter 2). In terms of Walsh's family resilience framework (1996), my results are discussed with reference to the three family

domains that have been found to promote family reliance when experiencing a crisis. These domains are family belief systems, organisational patterns, and communication.

In the results section I make use of codes. As all my participants were mothers who represented the family, I coded each mother as M, and also gave each mother a number, for example, M2. I then indicated whether the child who was bullied in that particular family was a boy (b) or a girl (g) – for example, M2b. Where the bullied child has been named, I use the first letter of their name so as to ensure anonymity.

5.2. Results of the qualitative data

The motivation for using a qualitative approach in this study was to gain a more in-depth understanding of how parents experienced the crisis of bullying within their family and to identify the characteristics of family resilience they drew upon so as to cope with the crisis. According to Holloway (1997), participants are more likely to be more open and expressive in semi-structured interviews than in structured questionnaires. Semi-structured interviews allow participants the freedom to describe their experiences in their own words and in their own time (Holloway, 1997). Thus, by using semi-structured interviews, I was able to gain detailed information from the participants about their personal experiences. As discussed in Chapter 4, I interviewed seven mothers who represented their family. I then used thematic analysis to analyse the data. Thematic analysis allowed me to identify themes and sub-themes that ran throughout the data, giving me an in-depth understanding of what the families were experiencing (Braun & Clarke, 2006). The main advantage of conducting thematic analysis was that it allowed me to be flexible (Braun & Clarke, 2006). The results of this study are discussed in two sections below.

5.3. Results of the first study aim: Parents' experiences of the crisis

This section relates to how parents experienced the crisis of their child being bullied. Themes from the qualitative data analysis were divided into three categories, namely (1) the reaction of the parents, (2) the emotions of the parents, and (3) the experience with the school. The results of the analysis addressing the first aim of this study are given in Table 1 below. These results relate to the question: How did you as parents experience the crisis of your child being bullied?

Table 1

Summary of Parents' Experiences of Their Child Being Bullied (N = 7)

Categories	Themes	Sub-themes	Frequency	Percentage
Reaction of parents	Initially underplayed incident		5	71
	Not in line with partner		3	43
	In line with partner		4	57
Emotions of parents	Anger		7	100
		At situation and the bully	7	100
		At school	3	43
	Sad for your child		5	71
	Frustrated		4	57
	Panic/anxiety/scared		3	43
	Sympathy for the bully		3	43
	Confusion		2	29
	Concern		2	29
	Doubt		1	14
Helpless		1	14	
Experience with the school	Put trust in school		4	57
		Disappointed in school	1	14
	Initial mistrust of the school		2	29
	Contemplating removing child from situation		3	43

As can be seen from Table 1, 14 themes emerged from the data. These 14 themes were then placed into three categories, namely: (1) reactions of parents; (2) emotions of parents; and (3) experience with the school. These three categories are discussed below.

5.3.1. Category 1: Reactions of parents

After analysing the data, it was clear that families reacted differently upon hearing that their child was being bullied. This category consists of three themes, namely: (1) initially underplayed incident; (2) not in line with partner; and (3) in line with partner. The results show that 71% of parents indicated that, upon hearing that their child was being bullied, they initially underplayed it. Furthermore, 43% of the parents were initially not in line with each other on how to proceed after hearing that their child was bullied, whereas 57% of parents were in line with each other in terms of how to deal with the situation going forward. These three themes are now discussed.

Theme: Initially underplayed incident

According to 71% of the participants, they initially underplayed how serious the bullying was. Mother 5b stated that they did not realise how serious it was at the time and put it down to their child just being emotionally immature. She stated that, after realising what was going on, they felt: *“It was quite shocking when you realise how much had happened, without fully understanding it.”* Mother 6b had a similar experience and said that *“she didn’t realise how grave the situation was until people started to say to me, is K alright, he looks sick”*.

Mother 4g stated that she and her husband were unsure of what was happening and thought maybe their child was just imagining things, or perhaps seeing things from her side only, when she came home and told them what was happening at school. She stated: *“We would sit and say – do you think that’s really happening or is it just her take on what’s happening, is this really happening? Is my child exaggerating?”*

Thus, a large proportion of parents in this study initially underplayed the incident and thought that maybe their children were just exaggerating or overplaying things. The common response in this study was to not overreact after hearing that their child was being bullied.

Theme: Not in line with partner

Just under half (43%) of the families in this study were initially not in line with each other on how to deal with the situation. After the bullying occurred, mother 1g said that she and her husband used to fight over what to do next: *“we would end up fighting as we don’t know how to align on what we needed to do.”* Mother 6b stated that she and her husband each had their own ideas on how to proceed with the issue: *“we had two very different approaches in our family.”*

Thus, some families were initially stressed and unsure about how to proceed. These families were not aligned in terms of how to proceed with the matter after initially finding out about the bullying.

Theme: In line with partner

Just over half (57%) of the families interviewed were in line with each other on how to proceed with the issue of bullying in their family. Mother 2b said that she and her husband thought about it individually and then came together with their child to make a plan. She said: *“We came together with A and worked out how we as a family were going to deal with it.”* Mother 4g said that she and her husband talked and strategised about what to do next when they found out that their child was being bullied at school. She noted: *“We’d spend hours and hours talking and strategising.”*

Mother 3b had a similar experience, and said that, as a family, both she and her husband saw things the same way and were united in how to approach and deal with the issue. Mother 7b

stated that she and her husband were fully in line with each other on how to proceed. She said that they never once disagreed on what had happened and how to handle the situation. She added that they were *“both just 100 percent agreed on everything on how we dealt with it”*.

As indicated above, the number of families who were in line initially in terms of how to proceed with the issue were in the majority, compared to those families who were not in line with each other in terms of how to proceed and what to do next.

5.3.1.1. Discussion: Reactions of parents

According to Harcourt et al. (2015), parents and families play a very important role in their children's experience of bullying. However, there remains a gap in the literature that needs to be explored to understand how parents experience this victimisation (Harcourt et al., 2015; Sawyer et al., 2011). Hale et al. (2007) agree that the experience of the parents in bullying research has been overlooked. Sawyer et al. (2011) have described parents as “the missing voice” in research on bullying, while Harcourt et al. (2015) state there should be a more specific focus on parents' own reactions, their decision-making processes, and their responses to bullying. My study is an attempt to bridge this gap in the literature.

As highlighted in the results section above, the parents had different reactions when they found out that their child was being bullied. Some families initially underplayed the incident, not understanding how severe it was. For other parents the experience caused friction, while other couples were on the same page and could agree on a way forward together.

Harcourt et al. (2015) found that the effects of bullying were far reaching and affected not only the individual who was being bullied, but also his or her family members. In Harcourt et al.'s (2015) study, fewer than half of the participants mentioned feeling increased tension within the home and increased stress between the partners. In my study, 43% of the participants

mentioned they were not in line with their partner on how to deal with the situation, and 57% of the participants stated that they were in line with their partner on how to proceed and worked together as a team.

Harcourt et al. (2015) also mention that fewer than half of their participants mentioned that they faced a dilemma in their response to the bullying. This included whether to remove their child from the school, wondering whether their child was merely being oversensitive or debating whether bullying was a normal part of life. In my study, 71% of the parents initially underplayed the bullying, wondering if their child was exaggerating or just being emotionally immature.

The next section addresses what emotions parents experienced when they found out that their child was being bullied.

5.3.2. Category 2: Emotions of parents

The second category to emerge from the data was the emotions experienced by the parents. Upon hearing that their child was being bullied, parents went through many different emotions. Eight emotion-related themes emerged during the analysis: parents felt angry (100%), sad for their child (71%), frustrated (57%), anxiety (43%), confusion (29%), concern (29%), doubt (14%), and helpless (14%). These themes are discussed below.

Theme: Anger

Anger emerged as the strongest emotion and was experienced by all of the parents. Anger was experienced by the parents in two ways. I therefore have broken this theme into two sub-themes: (1) anger at the situation/bully and (2) anger at the school.

Sub-theme: Anger at the situation and the bully

All the participants felt angry that their child was being bullied. They felt anger towards the bully and angry at the fact that their child had to endure such a crisis. Mother 4g admitted: *“I did get angry with the child and angry at the situation and wanted to confront the child.”* Mother 2b describes the situation after finding out her child was being bullied as: *“I just became very angry and ‘mama bearish’ for want of a better description.”* She went on to say that her initial instinct was that she would have done anything to protect her child. Mother 7b described her feelings as: *“there is so much anger ... I still can’t greet this one child who did it to L. I cannot greet him.”*

Sub-theme: Anger at the school

Some participants (43%) felt anger towards the school. Mother 3b stated: *“There was anger towards the kid, but there was also an anger – actually more so – there was anger towards the school and the teacher.”* Mother 6b describes this anger further by describing the school’s behaviour: *“There was just no support. They stick their heads in the sand and pretend bullying doesn’t happen.”* Mother 7b describes being angrier with the school at what had happened. She explained that the school did not handle the situation very well and later admitted to her it was very badly handled. She said that *“the headmaster at the time called us in and said they didn’t handle it well”*.

Thus, anger (directed either at the school, the situation or both) was the most common emotion and was experienced by all the families when they first discovered their child was being bullied.

Theme: Sad for your child

Many participants (71%) also experienced feeling sad that their child had to experience such a crisis. Mother 5b stated that the experience created a lot of sadness for her family. As parents,

they were very upset on behalf of their child. Mother 6b further described being so sad for her child: “... *so sad for him, because he’s breaking in front of you.*” Mother 7b described being very upset when they found out that their child was being bullied and said that she and her husband “... *just sobbed*”.

For these families, sadness was a very strong emotion, and many parents described feeling very sad that their child had to go through such a traumatic experience.

Theme: Frustrated

More than half of the participants (57%) also felt frustrated at how the bullying was being dealt with. Mother 3b describes the frustration as: “*Just [having] loads of questions.*” Mother 1g described feeling frustrated initially, as she and her husband “*were not both aligned initially in terms of how to approach it*”. Thus, for these parents, the frustration also stemmed from not knowing what to do next, and not having the experience of how to proceed with such a crisis.

Theme: Panic/anxiety/scared

Just under half of the participants (43%) felt either panic, anxiety or scared after they heard their child was being bullied. Mother 5b describes her feelings as: “*I think it’s scared – that it’s gotten to this degree.*” This mother described being scared that things had gotten out of hand so quickly. She felt scared as she did not know what to do about the situation. She was also scared because she did not know what the right thing was to do, or how to help her child in the most constructive way. Mother 1g put it as feeling “...*very upset on behalf of your child – almost like a bit of a panic*”. For mother 1g, this initial panic made her doubt whether her child was in the correct school environment.

For mother 6b, the crisis of her child being bullied created a lot of anxiety. Every day when she went to collect her child from school, she would be anxious about what she was going to be

met with. She describes her anxiety as: *“What was it going to be next, what am I going to hear today. Is my child going to cry later in bed tonight?”*

For just under half of the participants, the feeling of being scared, anxious and full of panic was very real and very consuming.

Theme: Sympathy for bully

Three participants (43%) in this study recognised that the bully was also in need of help. These families felt sympathy towards the bully. Mother 3b said that, after the ordeal, her son had more empathy for other children who were going through something similar, and even empathy towards the bully. She said that: *“D was very able to see that this boy [the bully] was hurting.”* Mother 6b spoke about the bully and said that she realised no child is perfect. She added that, *“just because he’s a bully doesn’t make him a bad child, he has emotional issues he needs to figure out”*.

Thus, some participants were able to look past their own anger and frustration and see that the bully was also in need of help and was also hurting in some way.

Theme: Other emotions experienced

Some participants also felt confusion (29%) and concern (29%) about the situation they were facing. Mother 4g describes feeling that *“the emotions were confusion, definitely, like we were confused because we didn’t know what was going on. Then after that, just concern”*. Mother 3b describes feeling a similar way: *“concern probably for me, more than anything else, concern for how it was being handled. Concern for my son....”* These parents were thus concerned both for their child’s well-being and safety, as well as about how the school was dealing with the situation and whether enough was being done to protect their child.

One family (14%) experienced doubt. They debated whether their child was in the correct school and in the correct environment. Mother 1g questioned their situation: “*Maybe I must remove her from the situation, maybe it’s not the best place for her. A lot of doubt.*” Another family felt helplessness. They felt helpless about how to proceed with the issue and unsure what to do next. Mother 5b expressed feelings of helplessness in the situation, “... *not knowing what to do – how to help in the right and most constructive way*”.

Thus, after a detailed analysis of the data, it is clear that the parents felt many different emotions when they found out their child was being bullied. The strongest emotion experienced by the parents was anger (both towards the bully and towards the school). The majority of parents also felt sad about what was happening to their child, as well as frustrated with what was happening and how things were being dealt with. Families also recognised that the bully was in need of help and expressed feelings of sympathy towards the bully. Experiencing doubt and feeling helpless was the least reported emotions.

5.3.2.1. Discussion: Emotions of parents

Experiencing strong negative emotions when your child is bullied is a common theme throughout bullying research (Brown, 2010; Harcourt, et al., 2014, 2015; Harvey, 2009; Humphrey & Crisp, 2008; Sawyer et al., 2011). In my study, parents reported feeling a wide range of emotions when they found out that their child was being bullied. They reported feeling angry, sad, frustrated, scared and anxious, confused and helpless, and reported experiencing doubt. Harcourt et al. (2014) conducted a meta-analysis of the parents’ perspectives of bullying, in which 13 qualitative studies conducted between 2000 and 2013 were reviewed. Numerous emotions were experienced by the parents in these studies. Parents reported feeling angry, helpless, frustrated, worried, guilty and stressed (Harvey, 2009; Humphrey & Crisp, 2008;

Sawyer et al., 2011). They also experienced feeling doubt about whether they had handled the situation correctly (Brown, 2010; Mishna et al., 2008).

Similarly, in a study conducted by Harcourt et al. (2015) on parents' experiences of bullying, the authors found the parents experienced a wide range of emotions in response to finding out their child was being bullied. The most common emotions to emerge in their study was worry and concern for their child, whereas in my study, concern was mentioned by only two of the participants. The majority of parents in Harcourt et al.'s (2015) study also expressed anger. Anger was expressed towards the school staff, towards the bully and his/her parents, and also towards the situation in general. In my study, anger was experienced by all of the participants. More specifically, all the participants felt anger towards the bully and the situation as a whole. Three of the participants stated being angry with the school for how the bullying was dealt with, and that it had happened in the first place.

Harcourt et al. (2015) found that a third of parents also experienced guilt and expressed a sense of failure that they had not been able to keep their children safe. These emotions were not mentioned by my participants. However, these feelings of guilt can be linked back to the first category that was discussed in section 5.3.1 (Reaction of parents: initially underplayed incident). In that section (5.3.1), I report and discuss how five parents (71%) mentioned that they initially underplayed the situation when they found out their child was being bullied. Other emotions experienced by the parents in Harcourt et al.'s (2015) study include feeling upset, frustrated, disappointed and powerless. In my study, five parents (71%) expressed feeling sad that their child had to endure the crisis of bullying; four of the parents (57%) noted feeling frustrated with the situation; and one parent (14%) noted feeling helpless at the situation they were in. Hale et al. (2017) also noted that parents felt helpless when teachers failed to keep in contact with them about what was happening or did not adhere to the anti-bullying guidelines

they were sent by the school. The emotions described by the parents in Harcourt et al.'s (2015) study (guilt, worry, anger and frustration) were also reflected in previous studies on parents' experiences of bullying (Brown, 2010; Humphry & Crisp, 2008; Sawyer et al., 2011).

Harcourt et al. (2015) also noted that, unexpectedly, four parents (15%) in their study described feeling sorry for the bully. They recognised that the bully too needed help. This aspect is also reflected in my study, in which three parents (43%) mentioned feeling sorry for the bully and explained that they understood the bully also needed help.

It is clear from the above discussion that bullying brings about many emotions in parents, be it anger, frustration, concern or sadness. In the next section, I report on and discuss the parents' experiences with the schools their children were attending.

5.3.3. Category 3: Experience with the school

It was very clear from the interviews with the participants that it was a very frustrating and confusing time for their families. Parents had very different experiences of how the issue was being dealt with by their respective schools. Many parents (57%) put their trust in the school to deal with the situation, while a few parents (29%) had initial mistrust in their schools' ability to deal with the situation. Some parents (43%) wished to remove their children from the situation (school and aftercare) completely. These themes will be discussed in more depth further on.

Theme: Put trust in the school

The majority of the parents (57%), after discovering that their child was being bullied, put their full trust in their schools, believing that the school would be able to handle the situation competently. Most parents had a positive experience in this regard. One family (14%) did not

have such a positive experience, which will be discussed in the sub-theme below (Disappointed in the school).

Mother 1g described her trust in her child's school as follows: "*We have to trust that they do the best they can under the circumstances.*" Mother 4g said that, in their situation, they gave the school full responsibility to deal with the situation: "*We went straight to the school and we wrote letters. They brought the child in and we were never involved.*" Mother 3b, who went directly to the headmaster of the school after finding out about her son's bullying, had this to say about how her school dealt with the situation: "*It was wonderful how they dealt with it.*"

Thus, these parents were very happy to give full responsibility to the school and had faith that the school had the best approach on how to deal with the bullying.

Sub-theme: Disappointed in the school

One parent, M6b, who initially put her trust in the school to deal with the situation effectively, was sorely disappointed in their actions. She initially had faith in their plan of action: "*I like to adhere to authority and I felt like they had an action plan.*" However, it became clear the situation was not being dealt with appropriately, and they as a family were deeply disappointed with how it was being handled. The mother said: "*Then it got to the point where you realise that the school is actually not doing anything effective.*" For this family, their experience with the school was very disappointing and they lost complete faith in the school's ability to control the situation.

Thus, according to the data from this study, the majority of families trusted that the school would manage the situation correctly and competently. However, one mother who initially trusted the school was severely unhappy and disappointed with how the situation was dealt with.

Theme: Initial mistrust of the school

Some families (29%) did not trust that their school would handle the situation correctly from the outset. One participant, M7b, had a terrible experience with the school from the beginning and said that it was very badly handled. The headmaster of the school later took responsibility for the situation and told the parents that he agreed that things were not handled well. Anti-bullying programmes were then put in place and the parents had restored confidence that the school was able to deal with the situation going forward. One parent, M2b, who contacted the school after finding out about her son being bullied, thought at the time the school was not doing enough. However, after an initial period the family felt confident that enough was in fact done to help their son. She said: *“The school has their own procedures in place on how they dealt with it. I’m not so sure I felt it was enough. However, now I see that it was dealt with well.”*

These families initially felt let down by their schools. After the incident had been dealt with by the school, and after they had time to reflect about the incident, had their faith restored in the fact that the school was able to deal with the situation appropriately.

Theme: Contemplating removing child from situation

Three of the families (43%) contemplated removing their child from the situations where the bullying occurred. One family who had a bad experience with aftercare contemplated removing their child from aftercare only. Mother 1g thought that *“maybe I must remove her from the situation, maybe it’s not the best place for her. A lot of doubt”*. Another participant, M7b, stated that it was just so terrible that they wanted to leave the school at the time. However, after things had calmed down and the school put more serious antibullying programmes in place, mother 7b decided they were happy that their child should remain in the school.

A third family decided the ordeal was just too much for their child and they were so disappointed with the way it was handled that they completely removed their child from the environment. Their child was removed from the school and placed in a new school. According to the mother 6b, the father's view was that *“he was sick and tired of it as it was quite simple for him: You leave”*.

Thus, three families contemplated removing their child from the situation where the bullying occurred. In the end, two families decided not to remove the child from the situation after the situation was contained, whereas one family did remove their child from the school and started at a new school.

5.3.3.1. Discussion: Experience with the school

In this study, parents had mixed experiences of how their schools handled the situation. Some parents put their full trust in their schools, with the result that some parents were happy with the experience, whereas others felt they were then let down by the school. Other parents initially mistrusted their schools. In this category, only one family – once they had time to reflect on the situation – realised in hindsight that the school actually handled the situation well. Other families contemplated removing their children from the school or aftercare as they felt very let down by the school.

In Harcourt et al.'s (2014) meta-analysis of parents' experiences of bullying, an important theme emerged that raised the question of who was responsible for dealing with the bullying. A large number of studies have shown that, whilst parents agree that the school plays an important role in addressing bullying behaviour, the general consensus is that schools need to do more in terms of preventing, responding to, and managing the bullying (Brown, 2010; Harvey, 2009; Humphrey & Crisp, 2008; Mishna, Pepler, & Wiener, 2006; Zaklama, 2003).

Mishna et al. (2006) found that some parents were disappointed in what they believed was the teachers' unwillingness and lack of ability to help their children who had been bullied. They believed this only aggravated the situation more (Mishna et al., 2006). According to Harcourt et al.'s (2014) meta-analysis, the overall consensus was that parents felt that the schools needed to take more responsibility with regard to addressing bullying behaviour in schools.

In my study, only four families (57%) trusted that their school would be able to manage the situation correctly, of which one family (14%) realised subsequently that the school was in fact not able to deal with it adequately. Two families (29%) mentioned that they initially did not trust that the school would be able to manage the situation correctly, of which one family, after having time to reflect, realised that enough was actually done. Thus, the experiences parents had with the schools was varied.

In studies by Brown (2010) and Zaklama (2003) on bullying and parents' experiences, some parents reported removing their children from the school where the bullying occurred and placing them in new schools. They felt that the bullying was too much to deal with (Harcourt et al., 2014). Similarly, Harcourt et al. (2015) found that 11 parents (42%) in their study were faced with a similar dilemma when their child was bullied. For these parents, the dilemma was whether they should remove their child from the school, whether their child was just being oversensitive or whether the bullying was just a normal part of life. In this current study, three families (43%) contemplated removing their child from the school or aftercare where the bullying took place. One family (14%) did remove their child and placed him in a new school.

Hale et al. (2017) found, in their study on parents' experiences of bullying, that the majority of parents were frustrated with how it was being dealt with after contacting the school. Parents often did not trust the teachers, and felt they needed to support their bullying claims with

evidence. Parents also suspected that the school already knew about the bullying and did not trust the teachers or the schools to protect their children (Hale et al., 2017). Hale et al. (2017) noted that a few of their participating parents felt they had a positive experience with the school. This was due to good communication with their child's teachers, which enabled them to trust that the teachers were able to deal with the situation correctly.

It follows from my study and previous studies that there is a need for schools to provide parents with information on how bullying is dealt with at the school. It is also important for schools to gain the trust of parents so that they can feel confident the school will manage the bullying and their child's safety, correctly.

5.4. Results of the second aim of this study: Family resilience characteristics

The results of the analysis of the second aim in the study, resilience characteristics families used to cope with the crisis of bullying, are given in Table 2 below. These results relate to the responses to the following interview question: What enabled you and your family to cope when you found out your child was being bullied? The themes that emerged from the qualitative data analysis were divided into two categories, namely (1) intra-familial resources and (2) extra-familial resources. Intra-familial resources refer to those resources that are found within the family, for example those resources family units utilised to cope with the crisis of bullying. Extra-familial resources refer to those resources that are available and utilised outside of the family unit (Greeff & Van den Berg, 2013). Table 2 provides a summary of the two categories of family resilience resources.

Table 2

Summary of Resilience Characteristics that Families Used to Cope with Crisis of Having a Child Who is Bullied (N = 7)

Categories	Themes	Frequency	Percentage
Intra-familial resources (within the family)	Give advice	7	100
	Daily conversations	7	100
	Valuable lessons learned	7	100
	Change in family activities	7	100
	Improve self-image/confidence of child	5	71
	Storytelling	2	29
	Prayer	1	14
Extra-familial resources (outside family)	Contacted the school	7	100
	Support from family and friends	7	100
	Research the topic online	5	71
	Professional help	3	43
	Contemplated removing child	3	43
	Anti-bullying programmes	2	29

After the data was reviewed and thematic analysis had been conducted, 13 themes emerged from the data that are related to family resilience characteristics. As detailed in Table 2 above, these 13 themes were then placed into two categories, namely: (1) intra-familial resources and (2) extra-familial resources. These two categories are discussed below.

5.4.1. Category 1: Intra-familial resources

Seven themes emerged from the analysis of the data that fell under the category of intra-familial resources. As previously mentioned, intra-familial resources are those resources that families utilise within their family unit to cope with the crisis of bullying (Greeff & Van den Berg, 2013). The themes that emerged were: (1) give advice; (2) daily conversations; (3) valuable lessons learned; (4) improve self-image/confidence of child; (5) change in family activities; (6) storytelling; and (7) prayer. The results show that all of the parents gave advice to their children on how to cope and deal with the situation. Similarly, they all spoke to their children about what was happening and had continuous conversations with them about the issue. The parents also all felt that their families had learned valuable lessons from the crisis. All the parents also made a change in their family activities so as to enable the family to cope better. The majority of the parents (71%) found that, due to the crisis their child had endured, they spent time building their child's self-image and confidence. A small number of parents (29%) told stories to their children or watched movies relating to bullies and how to overcome them. One family (14%) used prayer as a mechanism to enable the family to cope. These individual themes are discussed below.

Theme: Give advice

As outlined in Table 2, all the parents gave their child advice on how to deal with the situation. Advice came in different forms, be it advice on how to deal with the situation, advice on how to deal with the bully face to face, advice on what to do in future situations, and even advice on how to protect yourself in a difficult, physical situation. Mother 4g put it as follows: "*She is just a child, so we have to be strong and coach her through it.*"

One family taught their child a special judo move that was only to be used if he found himself in the same position again (physically threatened). The parents felt the child needed to be able

to protect himself should he ever feel scared again. Mother 2b stated: *“It was just his own knowledge of knowing what to do. You have to empower your child.”*

One family recommended their child should remove herself from the situation if she felt uncomfortable or overwhelmed. Mother 1g advised her child to *“... go to the bathroom and take a deep breath”*.

Mother 3b explained that it was important for them as a family to teach their child what was acceptable behaviour and what was not. As a family, they also stressed to their child that if he ever felt that his personal safety was being violated again, he should speak to someone or speak to them. Mother 7b said they did give their child advice on how to cope with the bullying, but subsequently found out that the advice they gave was not the right thing to do, but rather the worst thing to do. The mother explained they kept telling their son to *“... ignore them, ignore them, ignore them”*. Thus, this family felt they initially did not have the correct tools.

As can be seen, giving advice to their children was a very important aspect that enabled parents to cope with the situation, even if the advice was not actually helpful and possibly detrimental in one case.

Theme: Daily conversations

All of the families talked continuously to their child about what was happening and about what they were experiencing. For family M2b, the biggest thing that got them through the ordeal was talking through what had happened together. For this family, it was important to understand exactly what had happened – *“... as a family the big thing was talking through what had happened together”*. Mother 4g stated they did *“... lots of talking. Lots and lots of talking. M loves to talk, she loves to understand why people do things, and so we spoke a lot”*.

Mother 1g pointed out that, while they talked to their child a lot about what was happening, especially to see how their child was feeling, they also said that they had to make a point of also listening to what their child was saying: “... *we always try and problem solve, which is probably not always the best thing, as sometimes you just need to listen.*”

Thus, for these families, talking on a daily basis was a very strong coping mechanism. Talking was found to be both beneficial for the parents as well as for the children and their siblings.

Theme: Valuable lessons learned

All of the families felt they learned valuable lessons from the ordeal. One mother said that the experience brought her closer to her children. Many stated that, although it was initially a negative experience, looking back, there were some positives they could take from the situation and thus they could learn valuable lessons from it.

Mother 2b said that, as a family, they learned a lot from the experience. However, she said that she was not sure that the positives that emerged from the crisis outweighed the pure negativity of the experience. She said: *‘I don’t think anything positive can ever come out of bullying.’* She did, however, add that any experience a family goes through, if dealt with well, gives one the tools for the next time. She reflected: *“I think it will definitely help me with my younger son.”*

Mother 1g stated that, while you do not want your child to be exposed to bullying, you do want them to be able to handle tricky life situations. She said: *“There is that level of what’s OK and not OK.”* For this family, it was important that their child learned valuable lessons in coping with life, and learned how to deal with them independently, but bullying of any form was not acceptable. Mother 7b expressed the same sentiments and said the following of her experience of bullying: *“What has come out of it has been a good thing I think. It was a very traumatic*

thing to go through and to have your child hurt like that is so awful ...” Thus, for this family, there were positive lessons to be learned. However, the bullying was still seen as a very traumatic experience for the family.

Many families felt that the experience would help them with future issues, and that it was a learning curve for their family. These families reflected that they felt empowered from what they had learned, despite it being a negative experience to begin with. Some families also felt that, while they did learn positive things from the bullying, it was still a terrible experience for them as a family and very traumatic.

Theme: Change in family activities

All of the families changed their family routines in some way in order to cope with the ordeal. Many families said they made a point of spending more one-on-one time with their children, whether this was spending time at home, doing exercise together, going out for a milkshake or ensuring mealtimes were spent together. One participant, M3b, said they now asked their children four questions every day. They asked: What was your highlight? What was your lowlight? Did anything happening today that you didn't understand? Did you show kindness today? The mother said these questions have helped, as “... *typically, things come up now through those four questions*”.

For these families, a change in family activities and routines was a way to spend more time with their child. It provided an opportunity for the parents to give their child more, much-needed attention and nurturing. It allowed families to feel more secure and close, thus enabling them to deal with the crisis together as a family.

Theme: Improve self-image/confidence of child

Improving and rebuilding their child's confidence was very important to most parents (71%). As mentioned above, one family, M2b, taught their child a special judo move so that he would feel empowered if he was ever in a vulnerable situation again. The mother stated: *"You have to empower your child."*

Family 3b bought a punching bag so that their child could get rid of internalised anger and feel calmer and less angry about the ordeal he had experienced. Mother 4g said they discussed with their child that, whatever nasty things were said to her, she knew the truth. In that way they could empower their child to believe in herself. Mother 4g used to say to her daughter: *"You know the truth, you know the truth inside of you, and we always used to ask her what is the truth."*

Mother 5b wrote her son cards detailing how special he was. She found this a very helpful exercise. She said, *"he didn't feel like he was worth very much. So little things like that built his confidence up at home a little bit"*. She also encouraged her child to join a social group outside of school with a different group of children, with no history of what was happening at school. She said, *"that also built his confidence"*.

Thus, re-building their child's confidence was very important for the majority of the families. Whilst every family went about it in a different way, the end goal was to improve their child's self-image.

Theme: Storytelling aids

Two families (29%) used storytelling aids to help their family cope. Family 4g watched movies with their child and pointed out areas in the story where the bullied person rose above the

hardship and emerged victorious. Mother 4g said: *“In the movie, if we saw there was a bully, we’d say – you see, the downtrodden rise and come out positive.”*

Mother 5b used to tell stories at dinnertime about her day at work, and how awful and mean her boss was. They would all discuss the mean things her boss did, and their child was able to see that these things do happen and that they are not acceptable at any age.

Thus, for these two families, storytelling was a powerful tool to help them cope. It provided the ability to show that bullying can be overcome and that the bully ultimately does not hold the power.

Theme: Prayer

One family (14%) started praying at night with their child. For this family, it provided the space for their child to think and reflect about what was going on. Mother 1g said that prayer was helpful for their family: *“... more to teach T how to deal with it ... she seems to get comfort out of it”*. Mother 1g reflected that prayer also allowed her daughter to see that bullying behaviour should not be copied and that it was important to treat people kindly. Thus, prayer provided comfort and a means of reflection for this family.

5.4.1.1. Discussion: Intra-familial resources

In this section, I discussed how the family units coped with the crisis of bullying. This section looks specifically at the intra-familial resources, for example the resources and qualities that families drew upon that held them together during the crisis and enabled them to move forward. In this study, the intra-familial resources that were instrumental in enabling families to cope were giving their child advice, having daily conversations, learning valuable lessons from the experience and a change in family activities. Other resources that were also discussed included building their child’s self-confidence, storytelling and prayer. These qualitative results show

that intra-familial resources were instrumental in enabling families to cope with the crisis of their child being bullied.

Similarly, in their study on family resilience and bullying, Greeff and Van den Berg (2013) found that intra-familial resilience resources were essential for families to adapt. The authors found that families gave advice to their bullied child, spoke to their child about what was happening, and also felt that they learned valuable lessons from the situation. These findings are similar to my study, in which all of the families learned valuable lessons from their experiences, gave their child advice, and spoke daily with their child.

Greeff and Van den Berg (2013) found that only a few of their families tried to improve their child's self-esteem, whereas in my study, 71% of the families thought that they needed to boost their child's self-esteem and invented new ways to do so.

One family in Greeff and Van den Berg's (2013) study used storytelling as a means to help their bullied child, and seven families resorted to prayer. These results were similar to my study, in which two families (29%) used storytelling aids and one family (14%) used prayer as a mechanism to cope. According to Walsh (2003), religious beliefs can provide meaning to those in a crisis. Families often look to religion to find comfort, guidance and support during hard times (Walsh, 2003). When compared to other studies on resilience (Benzies & Mychasiuk, 2009; Greeff & Holtzkamp, 2007; Greeff & Human, 2004), the findings of both my study and Greeff and Van den Berg's (2013) study show that relatively few participants mentioned religion as a resource of family support during a crisis.

The findings of Harcourt et al.'s (2014) meta-analysis of the parents' perspectives on bullying describe a wide range of strategies that parents used in response to their child's bullying victimisation. The focus of these strategies was on reducing the stress their child was

experiencing. Strategies used to enhance their child's ability to cope with the crisis of bullying were to provide their child with emotional support (Cassidy, Brown, & Jackson, 2012; Mishna et al. 2008), promote prosocial behaviour (Sawyer et al., 2011), and try to build their child's self-esteem (Humphrey & Crisp, 2008). It has emerged from various studies that some parents simply told their child to ignore the bully (Brown, 2010; Mishna et al., 2006), to tell an adult (Sawyer et al., 2011), or to try to feel some compassion for the bully (Brown, 2010). In some cases, parents told their child to retaliate or encouraged them to learn self-defence tactics (Sawyer et al., 2011; Zaklama, 2003). These findings were similar to those in my study, where all parents had daily conversations with their bullied child and gave their child constant advice. Similarly, most parents in my study tried to improve their child's self-esteem, while one family taught their child a judo move as a means of self-defence, only to be used when their child was being threatened.

Harcourt et al.'s (2015) study, which examined the bullying experience of parents, found that almost all parents spoke to their child about the incident. They comforted and reassured their child while discussing the situation with him or her. These findings are similar to the findings in my study, which found that all the families spoke to their child daily about what was happening, as well as advised them on how to deal with it.

What is interesting is that not many studies have touched on, or investigated, how families make an active change in their activities and family routines once they find out about the bullying. In my study, all of the families made a distinctive change in their family activities, all of which were positive. These changes included spending more time together as a family, spending one-on-one time with the bullied child, doing exercise together or going out for a

meal or milkshake together. One participant mentioned they asked their children four questions every day so as to encourage openness and to find out what was happening in their child's life.

All of the participants in my study mentioned that, as a family, they had learned valuable lessons from the experience and were able to turn the negative experience into a positive one. My findings are similar to Harcourt et al.'s (2015) findings that families experienced positive outcomes due to the bullying experience. Parents also noted that their children developed a greater understanding that their family would be there to support them, and as a result they felt a closer connection to their family. Another participant indicated that their child had developed resilience and that their family relationships became stronger overall due to the shared experience. According to Harcourt et al. (2015), these positive findings (resilience and family cohesion) have not previously been fully explored in literature on bullying. These authors suggest the need to explore the possibility of post-traumatic growth, where a positive change is experienced as a result of struggling with a life crisis (Harcourt et al., 2015).

The positive findings noted in my study, namely learning a valuable lesson and turning a negative experience into a positive one, are supported by Walsh's (2003) theory of family resilience. According to Walsh's (1996) theory of family resilience (see Chapter 2), family resilience can be strengthened by mutual support, as well as by cooperation and working together through the difficult times. Being connected is essential for family reliance (Walsh, 2002). Communication processes are also vital for enhancing family resilience (Walsh, 2012). When family members share their experiences and make meaning from these experiences, they are able to become closer together and heal in the aftermath of a crisis. Open emotional sharing,

where family members feel safe and not judged, also encourages the healing process (Walsh, 2012).

In terms of a family's belief system, having a positive outlook and hope are essential for rising above adversity. When a family endures a crisis, drawing on their strengths and resources will reduce failure and despair and reinforce a sense of confidence (Walsh, 2002, 2012). According to Walsh (2002), family members should put their efforts into changing what they can and accepting what they cannot. Thus, having a positive outlook and learning from a negative experience enabled the participants in my study to cope with the crisis of their child being bullied, and enabled them to move forward.

Harcourt et al. (2015) state that, while families did what they could for their child within their family units, for example comforting their child and providing advice, they also took action and utilised resources in the external environments. For example, they interacted with the school and other families and with external, professional services. These findings are similar to my findings, in that the families in my study used both intra-familial resources and extra-familial resources to cope with the crisis of their child being bullied. These extra-familial resources are discussed in the next section.

5.4.2. Category 2: Extra-familial resources

Six themes that fall under the category of extra-familial resources emerged from the analysis of the data. As previously mentioned, extra-familial resources refer to those resources that exist outside the family unit that enable the family to cope and adapt in the face of a crisis (Greeff & Van den Berg, 2013). The themes that emerged were: (1) contacted the school; (2) support from family and friends; (3) researched topic online; (4) professional help; (5) anti-bullying programmes; (6) contemplated removing the child.

The results show that all of the families contacted their child's school after hearing their child was being bullied. All of the families also turned to family and friends for support during the ordeal. Many of the families researched the topic of bullying online, while some families turned to professionals for advice on how to proceed and deal with the issues that arose within their family. Three families contemplated removing their children from the situation where the bullying took place, but only one family changed schools. Two families also found that anti-bullying programmes were an invaluable help. These themes are discussed below.

Theme: Contacted the school

All of the families represented in this study contacted the school after finding out their child was being bullied. They either contacted the school teacher or the headmaster directly. Most of the parents either spoke to the teacher or emailed the teacher or principal of the school. Mother 1g said that their first reaction was *“actually doing something about it. Going to talk to the teachers”*. Mother 4g followed the same procedure and said, *“we went straight to the school and wrote letters”*. Thus, for all these families, making contact with the school was a very important aspect and a first step in coping with their child being bullied.

Theme: Support from family and friends

All of the families relied on family and friends for support. Mother 1g discussed her issues with friends and found that *“it helps you to know it's not just your child”*. However, she felt that it was not a means of actual help or advice, but a space to vent her own frustrations and concerns. Mother 2b confided that there was definitely valuable support to be gained from friends. She added that, having gone through this ordeal, she now is able to give other friends advice on how to deal with bullying. Mother 5b added that other mothers were a great source of support to her, as they were aware of the ongoing bullying issue and offered to help should something happen on the sports field if she was not there. She added that her own mother was also a very

valuable source of support. She said that her mother had a good relationship with her child and that *“she has a different way of approaching things to me, which obviously balances it out nicely”*.

Thus, turning to friends and family for support was a valuable external resource for these participants. In some cases, this external support was an opportunity to vent rather than to obtain advice. In other cases, however, gaining advice was very important for some families, while for some families it helped to know that they were not alone.

Theme: Research the topic online

The majority of families researched the topic of bullying online (71%). Mother 3b stated: *“I read up loads, both of us read up loads online.”* However, she was quick to add that she avoided Facebook groups: *“In this sort of situation, I avoided that completely. I wanted to read research instead of opinion.”* Mother 2b mentioned that she went online and read a lot of information on bullying, which helped her at the time, especially with advice on how to speak to her child about what he was going through. She did consult a ‘moms’ Facebook page for advice, but found it was not so much the advice on how to cope that helped, but the fact that she realised she wasn’t alone in dealing with the issue of bullying. Mother 5b said that she did a lot of research and was on as many sites and online platforms as she could find. She added, however, that she wanted common-sense advice, so she could help her son. She also mentioned that she did not participate in the forums personally, as it was too personal, but read articles and posts that other parents had made. With regard to consulting online platforms, she said: *“I lived for them – I needed them desperately.”*

Researching and finding more information on how to deal with bullying was a big source of help and comfort for these families.

Theme: Professional help acquired

Three families (43%) sought professional advice on how to cope with the crisis of bullying. Mother 3b took her child to see a play therapist. She said her children “*came to see narrative therapy as being a very lovely, soft blanket to put around themselves if they were feeling vulnerable*”. Mother 6b took her child to a social worker so as to help their family cope with the situation. The social worker then recommended that their child move schools, as the current environment was not right for their child. The mother said of this experience: “*I saw what a good effect it had on him.*”

For mother 7b, having her son see a psychologist had a profound effect on him. He came to realise that he wasn't a bad person and it helped him regain his confidence. She said: “*I suppose if you're being bullied and bullied – your confidence takes such a knock.*”

For these families, getting professional help was an invaluable source of comfort and advice. It was found to be beneficial not only for the child involved, but also for the family as a whole.

Theme: Contemplated removing child from situation

Nearly half of the families (43%) contemplated removing their child from the school or aftercare where the bullying was taking place. Family M6b contemplated removing their child from aftercare, and whilst they did not go through with it, just knowing that they could enabled them to cope. Mother 1g stated: “*The other thing that helps us cope is that we do still have a choice, so we can still take her away from the situation if we feel that's best.*” Just having the choice enabled the family to cope with the situation. Family M7b also contemplated removing their child from the school, as the situation was badly handled. However, once antibullying processes were put in place at the school and a new headmaster was appointed, they felt more confident to continue at the school.

One of the families, M6b, moved their child to another school. They were bitterly disappointed with how the school handled the situation and decided it was not the right environment for their child. Thus, for these families, having the power to know you can remove your child from the situation, whether they went through with it or not, served as a valuable resource.

Whilst the theme, ‘contemplated removing child from situation’ is mentioned and discussed here as an extra-familial resource, it can also be seen as an intra-familial resource. All the families weighed up their options and had a choice in whether or not to remove their child from the situation and made the final decision. One family did remove their child from his school, whereas two families decided, after some discussion, that they would not remove their children. Having the power to make this choice shows that the resource can also be seen as an internal familial resource.

Theme: Anti-bullying programmes

Two of the families (29%) said that the anti-bullying programme used at the school was a great source of help for them. Mother 5b noted that the school’s anti-bullying programme empowered their son to be able to say: “*no, I do not like what you’re doing*”. It gave him a voice, and also gave their son the confidence to call a teacher if he needed to. She said the programme was “*simple enough so that G could achieve it ... it worked well and was age appropriate*”. Mother 7b mentioned that, after the bullying episode at the school, a new anti-bullying programme was introduced. She said that, once it was initiated, she felt that everything was under control.

Whilst only two families mentioned how useful the anti-bullying programme was, for one family it provided their child with the ability to empower himself against the bully. For the other family it provided them with a sense that the school now had bullying under control.

5.4.2.1. Discussion: Extra-familial resources

In order to deal with the crisis of their child being bullied, the parents in my study used many coping and adaption mechanisms that were external to the family unit (extra-familial resource). These extra-familial resources were a great source of comfort and advice for many families. According to Greeff and Van den Berg (2013), resources that are available and utilised outside the family can also be beneficial in order to cope with the crisis of bullying. These are discussed below in relation to the existing research.

In my study, all of the families contacted their child's school when they found out about the bullying, all of the families sought support from their family and friends, and nearly half of the families sought professional help for their child. In their study on family resilience and bullying, Greeff and Van den Berg (2013) found that families used many external family resources to cope with their child being bullied. Nearly half of the families spoke to the headmaster or a teacher at the school, about a quarter of families consulted a social worker or a psychologist for professional advice, and only one family sought support from family and friends.

In terms of making a drastic change as a result of the bullying experience, Greeff and Van den Berg (2013) found that only two (from 48 participating) families moved their child to a new school. This was similar to my findings, which show that three (from seven participating) families considered moving their child. Of these three families, only one family did remove their child from the school.

In terms of parents making contact with the school, all of the parents in my study contacted the school when they found out that their child was being bullied. Harcourt et al.'s (2014) meta-analysis of parents' perspectives on bullying describes various strategies parents used in

response to the bullying. According to this study, a number of parents took action by involving their children's schools. This corresponds to several previous studies, which found that parents immediately contacted their children's schools so as to make them aware of what was happening and to request them to intervene (Brown, 2010; Cassidy et al., 2012, Humphrey & Crisp, 2008; Mishna et al., 2006, 2008).

In a study on parents' experiences of bullying, Harcourt et al. (2015) found that all of the participating parents spoke to their child's teacher about the bullying. The majority of these parents also spoke to a senior member of staff, such as the headmaster, while a few parents approached a different member of staff for advice. According to Harcourt et al.'s (2015) study, most parents approached the school immediately after finding out about the bullying. However, a few parents only contacted the school when the bullying became physical, and a further few parents only contacted the headmaster when they felt the teacher was not doing enough to help. Thus, these findings were similar to those of my study.

Harcourt et al. (2015) found that parents sought advice on how to deal with the bullying from many sources. In their study, a few participants sought advice and support from psychologists and mental health services, which was similar to the situation in my study, where some families sought professional advice for their children. According to Harcourt et al. (2015), a third of participants in their study relied on family and friends for support and advice, whereas all of the families looked to friends and family for support in my study. According to Walsh (2003), social networks can provide vital emotional support during times of crisis, whereas the community can provide services, information and security to those in need.

In my study, more than half of the families sought advice and support from online sources. Similarly, a common theme to emerge from Harcourt et al.'s (2014) meta-analysis of parents'

experiences of bullying was parents' need for support and information about bullying. Sawyer et al. (2011) found that most parent wanted to learn ways in which they could encourage their children to open up to them about their experiences. Harvey (2009) analysed online blog content on bullying and found that parents used this medium as a means to access support, obtain advice from other parents, and as a platform to share their own stories. Humphrey and Crisp (2008) found that parents expressed a need for information on the different types of bullying, the effects of bullying, and effective strategies to overcome the issues of bullying. Parents also highlighted the importance of having staff available for support (Humphrey & Crisp, 2008). Brown (2010) noted that many parents felt unsure about how to report the bullying to their school. It was suggested that school social workers be available to parents who need advice on how to deal with the situation (Brown, 2008).

In my study, three families contemplated removing their child from the school or aftercare where the bullying occurred. One of the families did in fact move schools in the end, whereas the other two families decided it was better to leave their child in the school or at aftercare. As mentioned previously, Brown (2010) and Zaklana (2003) found in their studies of parents' experiences of bullying that some parents removed their children from the school where the bullying occurred and placed them in other schools. For these parents, the experience was too much to deal with (Harcourt et al., 2014). In Harcourt et al.'s (2015) study, about a third of the participants moved their child to a new class, placed them in a new school or home-schooled them.

The use of anti-bullying programmes as an external resource were mentioned by two families in my study. According to Ttofi and Farrington (2011), parents have an important influence on the success of school anti-bullying programmes. School-based anti-bullying programmes that involve parents in terms of support, meetings and training are significantly correlated with a

decrease in bullying victimisation and bullying behaviour in schools (Ttofi & Farrington, 2011). Thus, Ttofi and Farrington (2011) recommend that all future anti-bullying programmes should involve educating parents about bullying through presentations and parent-teacher meetings. In my study, two families found that anti-bullying programmes made a significant difference in their children's lives and helped their children find their voice.

In my study, the parents became actively involved once they realised that their child was being bullied. They supported their children emotionally in terms of daily conversations and advice. They suggested strategies that might help their children or boost their self-esteem. They approached the schools and staff members for support and resolution, and in some cases sought further professional advice or removed their child from the school. These strategies are similar to those reported by parents in numerous other studies on parents' experiences of bullying (Brown, 2010; Cassidy et al., 2012; Greeff & Van den Berg, 2013; Harcourt et al., 2014, 2015; Humphrey & Crisp, 2008; Mishna et al., 2006, 2008; Sawyer, 2011; Zaklama, 2003).

5.5. Conclusion

In this chapter I have provided a full description of the qualitative results that emerged from the data, followed by an in-depth discussion of my findings in terms of the existing literature. By conducting a qualitative study, I was able to gain rich descriptions of the participants' experiences and understand their version of events. Using thematic analysis, I analysed the data in terms of the two aims of my study. The first aim of my study was to explore how parents experienced the crisis of bullying. Fourteen themes relevant to the parents' experiences emerged from the data. These themes were then categorised into three categories, namely reaction of the parents, emotions of the parents, and their experience with the school. From these findings it emerged that parents were not always in line with each other in terms of how to proceed, with some parents initially underplaying the bullying incidents. The overwhelming

emotion parents experienced was anger – at the situation and the bully, and at the school. Most parents also reported feeling sad for their child. Parents had mixed reactions to how the school dealt with the crisis of bullying, with some having positive experiences and others not.

The second aim of my study was to explore the resilience characteristics the families draw upon to cope with the crisis of their child being bullied. Thirteen themes emerged from the data, and these were categorised into two categories, namely intra-familial resources and extra-familial resources. Examples of intra-familial resources that were essential in enabling families to cope with the crisis were giving their child advice, having daily conversations with them, a change in activities and learning valuable lessons from the crisis. Examples of the most valuable extra-familial resources that families utilised were contacting the school and gaining support from family and friends. These findings were then discussed in depth in relation to existing research as well as Walsh's (1996) family resilience framework.

In the next chapter, Chapter 6, I provide a conclusion on my study as a whole. I also discuss the limitations of my study and make suggestions on directions for future research.

CHAPTER 6

CONCLUSION, LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

6.1. Conclusion

The aim of this study was twofold. The primary aim of my study was to identify and describe characteristics of resilience that families draw upon that enable them to cope with the crisis of their child being bullied. The secondary aim of this study was to explore how parents experienced this crisis. By working within a positive psychology paradigm and using Walsh's (1996) family resilience framework, family resilience characteristics as well as parents' experiences of having a child that is bullied were explored, identified and described.

The negative implications of bullying have been well documented in the literature (Bowes et al. 2010; Boyes et al. 2014; Gini & Pozzoli, 2009; Greeff & Van den Berg, 2013; Hale et al., 2017; Harcourt, et al. 2014, 2015; Rigby, 2008; Sapouna & Wolke, 2013; Srabstein & Piazza, 2008; Srabstein & Leventhal, 2010), with the majority of bullying research being focused on bullying within the school context, the efficacy of anti-bullying programmes and the influence of parenting styles on bullying behaviour. Limited research has explored how parents experience their child's bullying victimisation (Greeff & Van den Berg, 2013; Hale et al., 2007; Harcourt et al., 2015; Sawyer et al., 2011) and what factors of resilience they draw on as a family to cope (Boyes et al., 2014; Greeff & Van den Berg, 2013; Hawker & Boulton, 2000).

This explorative and descriptive qualitative study allowed me to obtain a detailed description (Babbie, 2010; Durrheim, 2006) of how families experienced the crisis of bullying in the light of limited knowledge on this research topic. A qualitative study allowed me to explore in depth how parents experienced the crisis of their child being bullied, and what characteristics of resilience they drew upon in order to cope as a family unit. The results show that parents

experienced a range of emotions and that families used various resilience factors (both within and external to their family unit) to cope when they found out their child was being bullied.

In terms of the parents' experiences of their child being bullied, this study provides further insight into how parents reacted to their child's bullying victimisation, the emotions they experienced and also the experiences they had with their schools. In terms of the resilience characteristics the family units drew upon, families utilised both intra-familial and extra-familial resources as a means to cope. The most widely used intra-familial resources used by the families were giving advice and having daily conversations with their child; learning valuable lessons from the crisis; and changing their family routines. Extra-familial resources included contacting the school about the bullying, gaining support from family and friends, doing research on the topic of bullying online and consulting online platforms.

This study contributes to our overall understanding of how parents and family units experience and cope with bullying, where research has been limited (Greeff & Van den Berg, 2013; Hale et al., 2007; Harcourt et al., 2015; Sawyer et al., 2011). The limitations of this study and recommendations for future research are discussed next.

6.2. Limitations

The homogenous sample in my study was relatively small (seven mothers were interviewed), although it was adequate for a qualitative study of this nature. In each of the interviews, each family unit was represented by one family member, which in this case was the mother. The perceptions of the entire family were then based on the mothers' point of view and their understanding of events, and thus could be open to bias and not necessarily representative of all other family members. It is important to consider that, should the fathers have been interviewed, the findings may have been different. A further limitation of this study is that the

participants all resided in the greater area of Cape Town in the Western Cape province of South Africa. Also, the participants were all families from a middle-class background, and both parents had a tertiary education.

6.3. Directions for future research

Several directions for future research have been identified. A future study on a similar topic, with a larger, more diverse sample, would provide greater insight into how parents and families cope with and experience bullying in South Africa. Both parents or partners should be interviewed, and the participants should be representative of a broader cultural, socioeconomic and geographical background.

A further recommendation would be to explore the perspective of parents whose children are affected by bullying in different circumstances to those of this study. For example, it would be beneficial to explore parents' experiences and resilience characteristics regarding bullying, according to their children's age groups, schooling year, type of bullying experiences, and so forth.

The parents in this study highlighted the need for their children's schools to take a stronger stand against bullying and to promote more trust between parents and the school. Anti-bullying programmes were also mentioned by a few parents as being instrumental in helping their families and their children to cope. Future research could investigate what is needed to encourage parents to trust their schools more and to provide schools with the adequate tools to cope with bullying, and for schools, pupils and parents to work together to facilitate anti-bullying programmes.

One area that was not directly explored in this study, but emerged in the analysis, was the issue of responsibility. An important area for future research would be to determine who is

responsible for dealing with the bullying. If schools can agree on who should prevent, intervene in and deal with the aftermath of bullying, then bullying could potentially be dealt with more effectively. A shared community of responsibility could lead to positive outcomes for all parties involved.

The majority of parents in this study researched bullying online. Thus, future studies could focus on what information parents are needing versus what information schools provide. It is clear from this study, however, that the parents of bullied children crave information on how to cope and what to do, something they did not necessarily look to their school to provide.

This study also highlights that, whilst bullying is a traumatic experience for the entire family, all of the families learned a valuable lesson from their experience. This highlights the need for future resilience studies so that families can be taught how to foster and encourage resilience so as to overcome the crisis of bullying.

REFERENCES

- Abelenda, J., & Helfrich, C. A. (2003). Family resilience and mental illness: The role of occupational therapy. *Occupational Therapy in Mental Health, 19*, 25-39.
- Aboagye, L. L. (2012). *Strengths that contribute towards resilience in the early years of marriage* (Master's thesis). Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
- Adam, F. (2007). *The development of an anti-bullying intervention process at a primary school in Gauteng* (Master's thesis). University of Johannesburg, Johannesburg, South Africa.
- Ahmad, Y., & Smith, P. K. (1993). Bullying in schools and the issue of sex differences. In J. Archer (Ed.), *Male violence* (pp. 70-83). London: Routledge.
- Anthony, E. J., & Cohler, B. J. (1987). *The invulnerable child*. New York: Guilford Press.
- Anuradha, K. (2004). Empowering families with mentally ill members: A strengths perspective. *International Journal for the Advancement of Counselling, 26*(4), 383-391.
- Arseneault, L., Bowes, L., & Shakoor, S. (2009). Bullying victimization in youths and mental health problems: Much ado about nothing? *Psychological Medicine, 40*, 717-729.
doi.org/10.1017/S0033291709991383
- Babbie, E. R. (2002). *Social research* (2nd ed.). Belmont: Wadsworth.
- Babbie, E. R. (2010). *The practice of social research* (12th ed.). Belmont: Wadsworth.
- Babbie, E. R., & Mouton, J. (2010). *The practice of social research* (South African ed.). Oxford: Oxford University Press.

- Badenhorst, C. (2011). *Legal responses to cyberbullying and sexting in South Africa*. Centre for Justice and Crime Prevention (CJCP) Issue Paper No. 10. CJCP, Claremont, South Africa. Retrieved from: <http://www.lse.ac.uk/media@lse/research/Research-Projects/Researching-Childrens-Rights/pdf/Issue-Paper-10---Legal-reponses-to-cyberbullying-and-sexting-in-SA.pdf>
- Barker, E. D., Arseneault, L., Brendgen, M., Fontaine, N., & Maughan, B. (2008). Joint development of bullying and victimization in adolescence: Relationships to delinquency and self-harm. *Journal of the American Academy of Child and Adolescent Psychiatry*, *47*, 1030-1038.
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child and Family Social Work*, *14*, 103-114.
- Bernstein, J., & Watson, M. (1997). Children who are targets of bullying: A victim pattern. *Journal of Interpersonal Violence*, *12*(4), 483-498.
- Biernacki, P. & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological Methods and Research*, *10*, 141-163.
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing*, *14*, 33-55.
- Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of social research methods: An African perspective* (4th ed.). Cape Town: Juta.
- Borg, M. G. (1998). The emotional reactions of school bullies and their victims. *Educational Psychology*, *18*(4), 433-444.
- Boulton, M. J. (1997). Teachers' views on bullying: Definitions, attitudes and ability to cope. *The British Journal of Educational Psychology*, *67*, 223-233.

- Bowes, L., Maughan, B., Caspi, A., Moffit, T. E., & Arseneault, L. (2010). Families promote emotional and behavioural resilience to bullying: Evidence of an environmental effect. *Journal of Child Psychology and Psychiatry*, *57*, 809-817. doi:10.1111/j.1469-7610.2010.02216x
- Boyes, M. E., & Cluver, L. D. (2014). Relationships between familial HIV/AIDS and symptoms of anxiety and depression: The mediating effect of bullying victimization in a prospective sample of South African children and adolescents. *Journal of Youth and Adolescence*, *44*, 847-859. doi:org.ez.sun.ac.za/10.1007/s10964-014-0146-3
- Boyes, M. E., Bowes, L., Cluver, L. D., Ward, C. L., & Badcock, N. A. (2014). Bully victimisation, internalising symptoms, and conduct problems in South African children and adolescents: A longitudinal study. *Journal of Abnormal Behaviour*, *42*, 1313-1324. doi:10.1007/s10802-014-9888-3
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77-101. doi:10.1191/1478088706qp063oa
- Brown, J. R. (2010). *Trajectories of parents' experiences in discovering, reporting, and living with the aftermath of middle school bullying* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses (UMI No. 3409133).
- Brown-Baatjies, O., Fouche, P., & Greeff, A. (2008). The development and relevance of the resiliency model of family stress, adjustment and adaption. *Acta Academica*, *40*, 78-126.
- Burton, P., & Mutongwizo, T. (2009). *Inescapable violence: Cyber bullying and electronic violence against young people in South Africa*. Centre for Justice and Crime Prevention (CJCP) Issue Paper No. 8. CJCP, Claremont, South Africa Retrieved from: http://www.cjcp.org.za/uploads/2/7/8/4/27845461/issue_paper_8.pdf

- Cassidy, W., Brown, K., & Jackson, M. (2012). "Making kind cool": Parents' suggestions for preventing cyber bullying and fostering cyber kindness. *Journal of Educational Computing Research*, 46, 415-436. doi:10.2190/EC.46.4.f
- Chew, J., Carpenter, J., & Haase, A. M. (2018). Young people's experiences of living with epilepsy: The significance of family resilience. *Social Work in Health Care*, 57, 332-354. doi:10.1080/00981389.2018.1443195
- Cicchetti, D., & Rogosch, F. A. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology*, 9, 797-815.
- Cluver, L., & Orkin, M. (2009). Cumulative risk and AIDS-orphanhood: Interactions of stigma, bullying and poverty on child mental health in South Africa. *Social Science and Medicine*, 69, 1186-1193. doi:10.1016/j.socscimed.2009.07.033
- Cluver, L., Bowes, L., & Gardner, F. (2010). Risk and protective factors for bullying victimization among AIDS-affected and vulnerable children in South Africa. *Child Abuse and Neglect*, 34, 793-803. doi:10.1016/j.chiabu.2010.04.002
- Coggan, C., Bennett, S., Hooper, R., & Dickinson, P. (2003). Association between bullying and mental health status in New Zealand adolescents. *International Journal of Mental Health Promotion*, 5(1), 16-22. doi:10.1080/14623730.2003.9721892
- Cowan, P. A., & Cowan, C. P. (2012). Normative family transitions, couple relationship quality, and healthy child development. In F. Walsh (Ed.), *Normal family processes, growing diversity and complexity* (pp. 428-451). London: Guilford Press.
- Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., & Bullying Writing HBSC Group. (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. *International Journal of Public Health*, 54, 216-224. doi:10.1007/s00038-009-5413-9

- Craig, W., Pepler, D., & Blais, J. (2007). Responding to bullying: What works? *School Psychology International*, 28(4), 465-477. doi:10.1177/0143034307084136
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Cross, D., Epstein, M., Hearn, L., Slee, P., Shaw, T., & Monks, H. (2011). National Safe Schools Framework: Policy and practice to reduce bullying in Australian schools. *International Journal of Behavioral Development*, 35(5), 398-404.
doi:10.1177/0165025411407456
- Dehue, F., Bolman, C., Vollink, T., & Pouwelse, M. (2012). Cyberbullying and traditional bullying in relation to adolescents' perception of parenting. *Journal of Cyber Therapy and Rehabilitation*, 5, 25-34.
- De Wet, C. (2005). The nature and extent of bullying in Free State secondary schools. *South African Journal of Education*, 25, 82-88.
- Doornbos, M. M. (1996). The strengths of families coping with serious mental illness. *Archives of Psychiatric Nursing*, 10(4), 214-220.
- Durrheim, K. (2006). Research design. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for social sciences* (pp. 33-59). Cape Town: University of Cape Town Press.
- Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2003). The concept of bullying at work. In S. Einarsen, H. Hoel, D. Zapf, & C. L. Cooper (Eds.), *Bullying and emotional abuse in the workplace: International perspectives in research and practice* (pp. 3-30). London: Taylor and Francis.
- Enns, R. A., Reddon, J. R., & McDonald, L. (1999). Indications of resilience among family members of people admitted to a psychiatric facility. *Psychiatric Rehabilitation Journal*, 23(2), 127-138.

- Farrington, D. P. (1993). Understanding and preventing bullying. *Crime and Justice*, *17*, 381-458.
- Fenaughty, J., & Harré, N. (2013). Factors associated with young people's successful resolution of distressing electronic harassment. *Computers & Education*, *61*, 242-250. doi:10.1016/j.compedu.2012.08.004
- Flaspohler, P., Elfstrom, J., Vanderzee, K., Sink, H., & Birchmeier, Z. (2009). Stand by me: The effects of peer and teacher support in mitigating impact of bullying on quality of life. *Psychology in the Schools*, *46*(7), 636-649.
- Flisher, A. J., Ward, C., Liang, H., Onya, H., Mlisa, N., & Terblanche, S. (2006). Injury-related behaviour among South African high school students at six sites. *South African Medical Journal*, *96*, 825-830.
- Froh, J. J. (2004). The history of positive psychology: Truth be told. *NYS Psychologist*, *16*, 18-20.
- Fuentes-Pelaez, N., Balsells, M.A., Fernandez, L., Vaquero, E., & Amoros, P. (2014). The social support in kinship of foster care: a way to enhance resilience. *Child and Family Social Work*, *21*, 581-590. doi:doi.org/10.1111/cfs.12182
- Gable, S. L., & Haidt, J. (2005). What (and why) is positive psychology? *Review of General Psychology*, *9*, 103-110. doi:10.1037/1089-2680.9.2.103
- Gall, T. L. (2004). Relationship with God and the quality of life of prostate cancer sufferers. Retrieved from <http://search.epnet.com/login.aspx?direct=true&db=aph&an=14367689>
- Ganong, L. H., & Coleman, M. (2002). Family resilience in multiple contexts. *Journal of Marriage and Family*, *64*, 346-348.
- Garnezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioural Scientist*, *34*, 416-430.

- Gibb, S. J., Horwood, J., & Fergusson, D. M. (2011). Bullying victimization/perpetration in childhood and later adjustment: Findings from a 30-year longitudinal study. *Journal of Aggression, Conflict and Peace Research*, 3(2), 82-88.
doi:10.1108/17596591111132891
- Gilgun, J. F., & Abrams, L. S. (2002). The nature and usefulness of qualitative social work research: Some thoughts and an invitation to dialogue. *Qualitative Social Work*, 1(1), 39-55. doi:10.1177/1473325002001001743
- Gillham, J. E., & Seligman, M. E. P. (1999). Footsteps on the road to a positive psychology. *Behavior Research and Therapy*, 37, 163-173.
- Gini, G., & Pozzoli, T. (2009). Association between bullying and psychosomatic problems: A meta-analysis. *Paediatrics*, 123, 1059-1065. doi:10.1542/peds.2008-1215
- Greeff, P. (2004). *The nature and prevalence of bullying during the intermediate school phase* (Master's thesis). University of the Free State, Bloemfontein, South Africa.
- Greeff, A.P., & Du Toit, C. (2009). Resilience in remarried families. *The American Journal of Family Therapy*, 37(2), 114-126. doi:10.1080/01926180802151919
- Greeff, A.P., & Fillis, A.J.A. (2009). Resiliency in poor single parent families. *Families in Society*, 90(3), 279-285. doi:10.1606/1044-3894.3902
- Greeff, A. P., & Holtzkamp, J. (2007). The prevalence of resilience in migrant families. *Family & Community Health*, 30, 189-200.
- Greeff, A. P., & Human, B. (2004). Resilience in families in which a parent has died. *The American Journal of Family Therapy*, 32(1), 27-42.
- Greeff, A.P., & Lawrence, J. (2011). Indications of resilience factors in families who have lost a home in a shack fire. *Journal of Community & Applied Social Psychology*, 22(3), 210-224. doi:10.1002/casp.1108

- Greeff, A.P., & Thiel, C. (2012). Resilience in families of husbands with prostate cancer. *Educational Gerontology, 38*(3), 179-189.
- Greeff, A. P., & Van den Berg, E. (2013). Resilience in families in which a child is bullied. *British Journal of Guidance & Counselling, 5*, 504-517.
- Greeff, A. P., & Van der Walt, K. J. (2010). Resilience in families with an autistic child. *Education and Training in Autism and Developmental Disabilities, 45*(3), 347-355.
- Greeff, A. P., Vansteenwegen, A., & Herbiest, T. (2011). Indicators of family resilience after the death of a child. *OMEGA, 63*, 343-358. doi:10.2190/OM.63.4.c
- Greeff, A.P., & Wentworth, A. (2009). Resilience in families that have experience heart-related trauma. *Current Psychology, 28*(4), 302-314. doi:10.1007/s12144-009-9062-1
- Guba, E. G. 1981. Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Technology Research and Development, 29*, 75-91.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*, 59-82. doi:10.1177/1525822X05279903
- Haddad, J. (2008). *Resilience in families where a member is living with schizophrenia* (Unpublished dissertation). Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
- Haggerty, R. J., Sherrod, L. R., Garmezy, N., & Rutter, M. (1996). *Stress, risk, and resilience in children and adolescents: Processes, mechanisms, and interventions*. Cambridge, UK: Cambridge University Press.
- Hale, R., Fox, C. L., & Murray, M. (2017). ‘As a parent you become a tiger’: Parents talking about bullying at school. *Journal of Child Family Studies, 26*, 2000-2015. doi:10.1007/s10826-017-0710-z

- Hanish, L. D., Kochenderfer-Ladd, B., Fabes, R. A., Martin, C. L., Denning, D., & Ladd, B. K. (2004). The classroom context of bullying in early childhood. In S. Swearer, & D. Espelage (Eds.), *Bullying in American schools: A social ecological perspective on prevention and intervention* (pp. 141-159). New York, NY: Erlbaum.
- Harcourt, S., Green, V. A., & Bowden, C. (2015). "It is everyone's problem": Parents' experience of bullying. *New Zealand Journal of Psychology, 44*, 4-17.
- Harcourt, S., Jasperse, M., & Green, V. A. (2014). "We were sad and we were angry": A systematic review of parents' perspectives on bullying. *Child and Youth Care Forum, 43*, 373-391. doi:10.1007/s10566-014-9243-4
- Harvey, K. L. (2009). A content analysis: Exploring parents' discourse about bullying as posted on blogs (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses (UMI No. 3367234).
- Hawker, D., & Boulton, M. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry, 41*, 441-455.
- Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: Integrating lifespan and family perspectives. *Family Process, 35*, 283-298.
- Henning, E., Van Rensburg, W., & Smit, B. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Hinduja, S., & Patchin, J. W. (2017). Cultivating youth resilience to prevent bullying and cyberbullying victimization. *Child Abuse and Neglect, 73*, 51-62.
- Holloway, I. (1997). *Basic concepts for qualitative research*. London: Blackwell Science.
- Humphrey, G., & Crisp, B. R. (2008). Bullying affects us too: Parental responses to bullying at kindergarten. *Australian Journal of Early Childhood, 33*, 45-49.

- Hymel, S., & Swearer, S. M. (2015). Four decades of research on school bullying: An introduction. *American Psychologist*, *70*, 293-299.
- Jansen, P. W., Verlinden, M., Dommisse-Van Berkel, A., Mieloo, C., Van der Ende, J., Veenstra, R., Verhulst, F. C., Jansen, W., & Tiemeier, H. (2012). Prevalence of bullying and victimization among children in early elementary school: Do family and school neighborhood socioeconomic status matter? *Public Health*, *12*, 494-519.
<https://doi.org/10.1186/1471-2458-12-494>
- Johnson, R. B. (1997). Examining the validity structure of qualitative research. *Education*, *118* (2), 282-292.
- Jonker, L., & Greeff, A.P. (2009). Resilience factors in families living with people with mental illnesses. *Journal of Community Psychology*, *37*(7), 859-873.
- Jose, P. E., Kljakovic, M., Scheib, E., & Notter, O. (2011). The joint development of traditional bullying and victimization with cyber bullying and victimization in adolescence. *Journal of Research on Adolescence*, *22*(2), 301-309.
[doi:10.1111/j.1532-7795.2011.00764.x](https://doi.org/10.1111/j.1532-7795.2011.00764.x)
- Kaufman, J., & Zieger, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry*, *57*, 186-192.
- Kochenderfer, B. J., & Ladd, G. W. (1996). Peer victimization: Manifestations and relations to school adjustment in kindergarten. *Journal of School Psychology*, *34*, 267-283.
- Lereya, S. T., Samara, M., & Wolke, D. (2013). Parenting behaviour and the risk of becoming a victim and a bully/victim: A meta-analysis study. *Child Abuse & Neglect*, *37*, 1091-1108. [doi:10.1016/j.chiabu.2013.03.001](https://doi.org/10.1016/j.chiabu.2013.03.001)
- Liang, H., Flisher, A. J., & Lombard, C. J. (2007). Bullying, violence, and risk behavior in South African school students. *Child Abuse & Neglect*, *31*(2), 161-171.
[doi:10.1016/j.chiabu.2006.08.007](https://doi.org/10.1016/j.chiabu.2006.08.007)

- Linley, P. A., Joseph, S., Harrington, S., & Wood, A. M. (2006). Positive psychology: Past, present and (possible) future. *The Journal of Positive Psychology, 1*, 3-16.
doi:10.1080/17439760500372796
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543-562.
- MacDonald, H., & Swart, E. (2004). The culture of bullying at a primary school. *Education as Change, 8*, 33-55.
- Marsh, D. T., Lefley, H. P., Evans-Rhodes, D., Ansell, V. I., Doerzbacher, B. M., LaBarbera, L., & Paluzzi, J. E. (1996). The family experience of mental illness: Evidence for resilience. *Psychiatric Rehabilitation Journal, 20*(2), 3-12.
- Marsh, L., McGee, R., Nada-Raja, S., & Williams, S. (2010). Brief report: Text bullying and traditional bullying among New Zealand secondary school students. *Journal of Adolescence, 33*(1), 237-240. doi:10.1016/j.adolescence.2009.06.001
- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcame adversity. *Developmental Psychopathology, 2*, 425-444.
- McCubbin, H., & McCubbin, M. (1993). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations, 37*, 247-254.
- Meltzoff, J. (2005). Ethics in research. *Journal of Aggression, Maltreatment and Trauma, 11*, 311-336. https://doi.org/10.1300/J146v11n03_03
- Mishna, F., Pepler, D., & Wiener, J. (2006). Factors associated with perceptions and responses to bullying situations by children, parents, teachers, and principals. *Victims and Offenders, 1*(3), 255-288.
- Mishna, F., Scarcello, I., Pepler, D., & Wiener, J. (2005). Teachers' understanding of bullying. *Canadian Journal of Education, 28*(4), 718-738.

- Mishna, F., Wiener, J., & Pepler, D. (2008). Some of my best friends: Experiences of bullying within friendships. *School Psychology International*, 29(5), 549-573.
- Monks, C. P., Smith, P. K., Naylor, P., Barter, C., Ireland, J. L., & Coyne, I. (2009). Bullying in different contexts: Commonalities, differences and the role of theory. *Aggression and Violent Behaviour*, 14, 146-156. doi.org/10.1016/j.avb.2009.01.004
- Moon, K., Brewer, T. D., Januchowski-Hartley, S. R., Adams, V. M., & Blackman, D. A. (2016). A guideline to improve qualitative social science publishing in ecology and conservation journals. *Ecology and Society*, 21(3),17. <http://dx.doi.org/10.5751/ES-08663-210317>
- Namyslowska, I. (1986). Social and emotional adaptation of the families of schizophrenic patients. *Family Systems Medicine*, 4(4), 398-407. doi:10.1037/h0089693
- Neser, J., Ovens, M., Van der Merwe, E., Morodi, R., Ladikos, A., & Prinsloo, J. (2004). The victims of bullying in schools. *Acta Criminologica*, 17, 28-47.
- Nicholls, D. (2009). Qualitative research: Part three – Methods. *International Journal of Therapy and Rehabilitation*, 16, 638-647. doi:10.12968/ijtr.2009.16.12.45433
- Nichols, M., & Schwartz, R. (2000). *Family therapy: Concepts and methods* (5th ed.). Needham Heights, MA: Allyn & Bacon.
- Olweus, D. (1993). *Bullying at school: What we know and what we can do*. Oxford: Blackwell.
- Olweus, D. (1999). Sweden. In P. K. Smith, Y. Morita, J. Junger-Tas, D. Olweus, R. Catalano, & P. Slee (Eds.), *The nature of school bullying: A cross-national perspective* (pp. 7-27). London: Routledge.
- Ortega, R., Elipe, P., Mora-Mercha, J. A., Genta, L., Brighu, A., Guarini, A., & Tippett, N. (2012). The emotional impact of bullying and cyberbullying on victims: A European cross-national study. *Aggressive Behavior*, 38(5), 342-356. doi:10.1002/ab.21440

- Pillay, J. (2004). Experiences of learners from informal settlements. *South African Journal of Education, 24*, 5-9.
- Popovac, M., & Leoschut, L. (2012). *Cyber bullying in South Africa: Impact and responses*. Centre for Justice and Crime Prevention (CJCP) Issue Paper No. 13. CJCP, Claremont, South Africa. Retrieved from:
https://www.researchgate.net/publication/259117407_Cyber_bullying_in_South_Africa_Impact_and_Responses
- Power, J., Goodyear, M., Maybery, D., Reupert, A., O'Hanlon, Cuff, R., & Perlesz, A. (2016). Family resilience in families where a parent has a mental illness. *Journal of Social Work, 16*, 66-82. doi:10.1177/1468017314568081
- Raskauskas, J. (2010). Text-bullying: Associations with traditional bullying and depression among New Zealand adolescents. *Journal of School Violence, 9*(1), 74-97.
doi:10.1080/15388220903185605
- Raskauskas, J. L., Gregory, J., Harvey, S. T., Rifshana, F., & Evans, I. M. (2010). Bullying among primary school children in New Zealand: Relationships with prosocial behaviour and classroom climate. *Educational Research, 52*(1), 1-13.
doi:10.1080/00131881003588097
- Reddy, S. P., Panday, S., Swart, D., Jinabhai, C. C., Amosun, S. L., & James, S. (2003). *Umthenthe Uhlaba Usamila: The South African Youth Risk Behaviour Survey 2002*. Cape Town: South African Medical Research Council.
- Reivich, K., & Schatté, A. (2002). *The resilience factor*. New York, NY: Broadway Books.
- Rigby, K. (2008). *Children and bullying: How parents and educators can reduce bullying at school*. Malden, MA: Blackwell Publishers.

- Rothon, C., Head, J., Klineberg, E., & Stansfeld, S. (2011). Can social support protect adolescents from adverse outcomes? A prospective study on the effects of bullying on the educational achievement and mental health of adolescents at secondary schools in East London. *Journal of Adolescence, 34*, 579-588.
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57*, 316-331.
- Sapouna, M., & Wolke, D. (2013). Resilience to bullying victimization: The role of individual, family, and peer characteristics. *Child Abuse and Neglect, 37*, 997-1006. doi:10.1016/j.chiabu.2013.05.009
- Sawyer, J.-L., Mishna, F., Pepler, D., & Wiener, J. (2011). The missing voice: Parents' perspectives of bullying. *Children and Youth Services Review, 33*, 1795-1803. doi:10.1016/j.chilyouth.2011.05.010
- Seligman, M. E. P. (2002). Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 3-9). New York: Oxford University Press.
- Seligman, M. E. P., & Csikzentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14. doi:10.1037//0003-066X.55.1.5
- Stinnett, N., & DeFrain, J. (1985). *Secrets of strong families*. Boston: Little, Brown.
- Sjostrom-Strand, A., & Fridland, B. (2007). Stress in women's daily life before and after a myocardial infarction: A qualitative analysis. *Scandinavian Journal of Caring Science, 21*, 10-17. doi:10.1111/j.1471-6712.2007.00433.x
- Smith, P. K., & Morita, Y. (1999). Introduction. In P. K. Smith, Y. Morita, J. Junger-Tas, D. Olweus, R. Catalano, & P. Slee (Eds.), *The nature of school bullying: A cross-national perspective* (pp. 1-4). London: Routledge.

- Sourander, A., Klomek, A. B., Niemelä, S., Haavisto, A., Gyllenberg, D., & Helenius, H. (1999). Childhood predictors of completed and severe suicide attempts: Findings from the Finnish 1981 Birth Cohort Study. *Archives of General Psychiatry*, *66*, 398-406. doi:10.1001/archgenpsychiatry.2009.21
- Speziale, H. J. S., & Carpenter, D. R. (2007). *Qualitative research in nursing: Advancing the humanistic imperative* (4th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Srabstein, J. C., & Leventhal, B. L. (2010). Prevention of bullying-related morbidity and mortality: A call for public health policies. *Bulletin of the World Health Organization*, *88*, 403-403A. doi:10.2471/BLT.10.077123
- Srabstein, J., & Piazza, T. (2008). Public health, safety and educational risks associated with bullying behaviours in American adolescents. *International Journal of Adolescent Medicine and Health*, *20*, 223-233.
- Swart, E., & Bredekamp, J. (2009). Non-physical bullying: Exploring the perspectives of Grade 5 girls. *South African Journal of Education*, *29*, 405-425.
- Townsend, L., Flisher, A. J., Chikobvu, P., Lombard, C., & King, G. (2008). The relationship between bullying behaviours and high school dropout in Cape Town, South Africa. *South African Journal of Psychology*, *38*, 21-32.
- Ttofi, M. M., & Farrington, D. P. (2011). Effectiveness of school-based programs to reduce bullying: A systematic review. *Journal of Experimental Criminology*, *7*(1), 27-56. doi:10.1007/s11292-010-9109-1
- Ungar, M. (2003). Qualitative contributions to resilience research. *Qualitative Social Work*, *2*, 85-102. doi:10.1177/1473325003002001123
- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process*, *35*(3), 261-281.
- Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford Press.

- Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, 51, 130-137.
- Walsh, F. (2003). Family resilience: Strengths forged through adversity. In F. Walsh (Ed.), *Normal family processes* (pp. 399-423). New York: Guilford Press.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46, 207-227.
- Walsh, F. (2012). *Normal family processes* (4th ed.). New York: Guilford Press.
- Walsh, F. (2016) Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, 13, 313-324. doi:10.1080/17405629.2016.1154035
- Weaver, A. J., & Flannelly, K. J. (2004). The role of religion/spirituality for cancer patients and their caregivers. *Southern Medical Journal*, 97(12), 1210-1214.
doi:10.1097/01.SMJ.0000146492.27650.1C
- Whitney, I., & Smith, P. K. (1993). A survey of the nature and extent of bullying in junior/middle and secondary schools. *Educational Research*, 35, 3-25.
- Zaklama, C. (2003). The bullying spectrum in grade schools: Parents, teachers, child bullies and their victims (Master's thesis). McGill University, Montreal, Canada. Retrieved from ProQuest Dissertations and Theses (UMI No. MQ98846).

ADDENDUM A

Letter of consent from primary school



3 August 2017

Dear Vicky

Thank you for your application to complete your Masters Research Project at Somerset House. I am comfortable with you completing your research here and I am confident that you will do so in an ethical and professional manner.

I am happy to allow contact with the children and their parents providing all correspondence is cleared with the senior staff first.

I wish you everything of the best with your studies and hope that it will be a fulfilling experience for you.

Regards
Chris

Chris Storey
Headmaster

ADDENDUM B

Information letter for parents

Dear Parents,

I am currently doing my Master's degree at the Department of Psychology at the University of Stellenbosch. I will be doing an investigation into how families cope when their child is being bullied. Bullying can be experienced by all families – be it two-parent families, single parent families or multi-generational families. For the purpose of this study however, I will be focusing on two-parent families who have experienced bullying.

In order to be able to participate you will need to meet the following criteria:

1. Your family consists of two parents who have at least one child
2. You as parents have been aware of the bullying for at least 6 months
3. Your child experienced bullying whilst at pre-school and/or at primary school
4. At the time of this study your child must be in grades one, two or three.

Procedure:

Should you wish to volunteer in this study, I will set up an interview with either one or both of you, at a time that is convenient. (Due to prior commitments it may be possible that only one parent be available for the interview which will be fine). The interview will take a maximum of 45 minutes where I will be asking you two main questions:

1. How did you as parents experience the bullying?
2. What qualities and resources did you as a family use in order to cope when your child was bullied?

Should you have experienced bullying as a family, this is an excellent opportunity to reflect on your experiences as well as provide valuable insight into how families cope with bullying- where limited information exists, especially in South Africa.

Confidentiality:

Please be aware that all information and personal details will remain confidential at all times. Any information you provide etc. will not be identified with you in anyway. Should you be referred to in the thesis, a pseudonym will be used for your protection. Also, please be aware

that your participation is completely voluntary, and you can withdraw from the process at any time, and should you wish all your information can be deleted from the study.

If you have any questions, please do not hesitate to contact me. I look forward to hearing from you.

Thank you for your time,

Yours sincerely

Victoria Freeman

Tel: 0812707831

Email: 12893889@sun.ac.za

ADDENDUM C**Biographical questionnaire**

Please be advised that all information will remain confidential.

Date:		Home language:		
Education level of Mother	Primary School	High School	Diploma	Degree
Education level of Father	Primary School	High School	Diploma	Degree
Economic status:	Low income	Middle income	High Income	
Occupation of mother:				
Occupation of father:				
How many years have you been together as a couple?				
How many children in your family?	1	2	3	4
What is the position of your child in the family?	1 st	2 nd	3 rd	4 th
Your child's age:				
Your child's grade:				
Your child's gender?				
When did you first become aware that your child was being bullied?				
How long has/had this bullying being going on for?				

ADDENDUM D

Semi-structured interview schedule

Open ended questions:

1. How did you as a parent experience the crisis of your child being bullied?

-Prompting questions:

A) How did you feel at the time?

B) Was it initially a negative experience?

C) What emotions did you go through?

2. What would you say helped your family to cope when you discovered that your child was being bullied?

-Prompting questions:

A) Could you expand on that?

B) Can you explain that a bit better?

C) Can you explain that in more depth?

D) Did you do something different as a family in this case than you normally would?

E) Can you give me an example of that?

ADDENDUM E

Consent Form

Stellenbosch University Consent to participate in research



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

Title of study: Exploring factors that helped families cope when they discovered their child was being bullied.

You are asked to participate in a research study conducted by myself, Victoria Freeman from the Department of Psychology at Stellenbosch University. The data collected for this research project will be used for my Master's Research in Psychology. You were selected as a possible participant in this study because you identified yourself as having a child who was bullied, and you are willing to participate in this study.

1. Purpose of study

Exploring factors that helped families cope when they discovered their child was being bullied, as well as the experiences of the parents.

2. Procedures

If you are willing to participate in this study, I would ask you to do the following: First you will complete a short questionnaire requiring biographical information. Next, I will conduct a semi-structured interview that will last approximately 45 minutes to answer two broad questions. Before we start the interview, I would like to ask your permission to record the interview for the ease of accuracy. Once the interview is completed, I will transcribe the whole session and condense the core themes of the interview.

3. Potential risks and discomforts

Often when we talk about our experiences, we might feel some discomfort during the process. Should you experience such emotions and if you want to withdraw from the study, you are at liberty to stop the interview process at any time. Should you experience any discomfort and feel you would benefit from professional help, you can contact Educational Psychologist Sarah Jervis who has been informed of this study. This will be available to support you at your own cost.

Phone: 083 650 5923, E-mail: sarah.jervis@gmail.com

4. Potential benefits to participants and/or society

Participating in research projects like these can be rewarding as it provides an opportunity to reflect on important aspects of your life and could help you to adjust and continue with life after your child has been bullied. Your participation can also provide researchers with invaluable information that could be used to plan family interventions in the future.

5. Payment for participation

Participation in this study is voluntary and no payment will be offered for your time.

6. Confidentiality

Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission, or as required by law. Confidentiality will be maintained by means of coding procedures where your identity and personal information will not be available to the public. As the researcher, I will allocate a code to your name which only I will know. Should you be referred to in the thesis in any way, a pseudonym will be used for your protection. With your permission, interviews will be recorded, and you will have the right as to review/edit the recordings. The recorded interviews and biographical questionnaires will be safely locked within the psychology department and no one besides myself and my supervisor will have access to the data. After the study has been completed, the recordings will be erased. Should the interview data be converted into a research article, your personal details will not be included in the article. The common themes gleaned from the data will be reported and care will be taken to ensure that none of your details or your location will be identifiable.

7. Participation and withdrawal

You can choose whether to be part of this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. Should you wish to withdraw from the study, you may request all information already given to be deleted from the study and not used. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so.

8. Identification of researchers

If you have any questions or concerns about the research, please feel free to contact:
 Victoria Freeman (Researcher) cell phone: 0812 707 831 Email: 12893889@sun.ac.za
 Prof. Awie Greeff (Supervisor) phone: 021 808 3464 (w); 021 887 8294 (h)
 Email: apg@sun.ac.za

9. Rights of participant

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development at Stellenbosch University.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was described and explained to me, by Victoria Freeman in..... and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to She/he was encouraged and given ample time to ask me any questions. This conversation was conducted in.....and no translator was used.

Signature of Researcher

Date

ADDENDUM F

Letter from Educational Psychologist

SARAH JERVIS

M.ED (ED PSYCH), BA (HONS) STELL, PGCE (UNISA), BCOM (UNIV. NATAL)

EDUCATIONAL PSYCHOLOGIST

INDEPENDENT PRACTICE

CEL 0836505923

PS0104 876; PRACTICE NO.:0325031

Dear Victoria,

05 June 2017

Thank you for your recent email (and our discussion) regarding your proposed thesis: Resilience factors families draw upon to cope with the crisis of their child being bullied.

I would absolutely be available to support you should you need to discuss (with their permission), and /or refer, any families to me who are experiencing any concerns and difficulties due to bullying. This is a serious issue that often impacts the whole family at some point, and I would be more than willing to be involved, should the need arise.

Thank you for being in contact and best wishes with your thesis.

Kind regards,

Sarah Jervis



Educational Psychologist

PS0104876

ADDENDUM G**REC Approval letter****NOTICE OF APPROVAL****REC Humanities New Application Form**

18 December 2017

Project number: 0912

Project Title: An exploration of resilience characteristics that families draw upon with the crisis of their child being bullied

Dear Mrs Victoria Freeman

Your response to stipulations submitted on 30 October 2017 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
15 October 2017	14 October 2018

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (0912) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Data collection tool	Semi structured interview	07/08/2017	final
Data collection tool	Biographical questionnaire	07/08/2017	final
Proof of permission	Vix Barnard- school letter permission	07/08/2017	final
Default	Sarah Jervis	07/08/2017	final
Research Protocol/Proposal	REC revised FINAL V Freeman proposal for REC OCT 2017 FINAL	27/10/2017	2
Recruitment material	information letter to parent 2	27/10/2017	2
Informed Consent Form	informed consent form 2	27/10/2017	2
Default	REC response	27/10/2017	1

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.
The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

Investigator Responsibilities

Protection of Human Research Participants

Some of the general responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.

2. Participant Enrollment. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use.

3. Informed Consent. You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents/process, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.

4. Continuing Review. The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the REC approval of the research expires, it is **your responsibility to submit the progress report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.

5. Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.

6. Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouche within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the REC's requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.

7. Research Record Keeping. You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC.

8. Provision of Counselling or emergency support. When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.

9. Final reports. When you have completed (no further participant enrollment, interactions or interventions) or stopped work on your research, you must submit a Final Report to the REC.

10. On-Site Evaluations, Inspections, or Audits. If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.