

**CHALLENGES AND COPING STRATEGIES OF MALE ADOLESCENTS IN
WATERBERG DISTRICT CHILD AND YOUTH CARE CENTRES**

by

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Declaration

I, Lebo Ignitius Maela (student number: 46895671), declare that "**MALE ADOLESCENTS WITHIN A CHILD AND YOUTH CARE CENTRE CONTEXT: CHALLENGES AND COPING STRATEGIES**" are my original work and that all sources that I have cited have been properly acknowledged and indicated using comprehensive references.



Mr L.I Maela

Date : November 2025

Dedication

This study is wholeheartedly dedicated to my late mother, Mmaphuthi Margaret Maela. Your son has grown to be a responsible and independent man at an early age. Your son is a Master's graduate, and how I wish you were here to witness all the greatness that I have achieved.

Also, a special dedication to my three children, Lehlogonolo, Tebogo, and Thato Maela. Let nothing stand in your way of education because education will enable you to acquire knowledge, enhance your skills and transform your lives. When an opportunity presents itself, my children, please ensure that you study.

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The Rose That Grew From The Concrete

“Did you hear about the rose that grew from a crack in the concrete?

Proving nature’s law is wrong, it learned to walk without having feet.

Funny it seems; by keeping its dreams, it learned to breathe fresh air.

Long live the rose that grew from the concrete when no one else ever cared.” – Tupac Shakur.

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Abstract

Child and Youth Care Centres (CYCCs) play a critical role in safeguarding and supporting vulnerable children, yet adolescents in these centres often face complex challenges adapting to institutional life. This study explored the challenges experienced by male adolescents residing in CYCCs and examined their coping strategies, alongside the roles of Child and Youth Care Workers (CYCWs) in supporting these adolescents. The research was guided by Bronfenbrenner's Ecological Systems Theory and Lazarus and Folkman's Transactional Model of Stress and Coping, which provided a framework for understanding how environmental and individual factors interact to shape adolescent experiences in residential care.

A qualitative phenomenological approach, complemented by exploratory, descriptive, and contextual research designs, was employed. The study was conducted in CYCCs in the Waterberg District Municipality, Limpopo Province, involving nine male adolescents aged 13–18 and seven CYCWs selected through purposive sampling. Data were collected through semi-structured interviews and analysed using the seven-phase qualitative analysis process outlined by Lochmiller and Lester (2017). Trustworthiness was ensured through credibility, transferability, dependability, and confirmability, while ethical standards such as informed consent, confidentiality, and minimisation of harm were strictly maintained.

The findings revealed that male adolescents in CYCCs face multifaceted challenges. Key issues included identity and belonging, with adolescents struggling to navigate cultural identity and social isolation; family separation, which led to feelings of abandonment; and emotional and psychological difficulties, such as anxiety, depression, and low self-esteem, often linked to unresolved trauma. Institutional experiences were varied, with some adolescents benefiting from structure and support, while others felt constrained by rules. Coping strategies ranged from adaptive mechanisms, such as self-reflection, behavioural adjustment, and seeking peer or caregiver support, to maladaptive strategies, including withdrawal and substance use. CYCWs played a critical role in facilitating coping and resilience, though they require adequate training and resources to effectively meet adolescents' complex needs.

Overall, the study highlighted the importance of trauma-informed, culturally sensitive, and holistic support systems that integrate emotional, social, and educational

interventions. The findings provided practical insights for improving care practices, guiding policy, and informing future research, ultimately aiming to enhance the well-being, resilience, and development of male adolescents in residential care.

Key words: Male, Adolescents, Child and Youth Care Centres (CYCC), Challenges, Coping strategies

Nkomiso

Tisenthara ta Nhlayiso wa Vana na Vantshwa (tiCYCC) ti tirha ntirho wa nkoka swonghasi emisaveni hinkwayo eka ku sirhelela na ku seketela vana lava nga sirhelelekangiki. Hambiswiritano, vakondlo-a-ndzi-dyi kotala va langutana na ku tikeriwa ko tivikana eka ku tifambelanisa na mbangu lowu. Ndzavisiso lowu wu lavisisile mitlhontlho leyi fanaka yi ri yoxe leyi tokotiwaka hi vaxinuna va vakondlo-a-ndzi-dyi lava tshamaka eka tiCYCC naswona wu kamberile tindlela ta vona to kondzelela endzeni ka ndhawu leyi.

Rimba ra ntivontokoto wa mpimarisima ri amukeriwile, ri tatisiwa hi mitivomaendlelo yo valanga, yo hlamusela hi vutalo, na ya mbangu. Ndzavisiso lowu wu kongomise eka vakondlo-a-ndzi-dyi va 12–18 wa malembe hi vukhale na Vatirhi va le ka Nhlayiso wa Vana na Vantshwa (tiCYCW) eka tiCYCC leti kumekaka eka Masipala wa Xifundzatsongo wa Waterberg. Masampulelo lama nga na xikongomelo ya tirhisiwile ku hlawula vatekaxiave, ku tiyisisa mfambelano na swikongomelotsongo swa ndzavisiso lowu.

Mihloko hliso leyi nga na xivumbekohafu yi endlwile ku hlengeleta switiviwa, leswi endzhaku ka swona swi xopaxopiweke hi ku tirhisa endlelo ra nxopaxopo wa mpimarisima wa swiyimo swa nkombo, leri katskanyiweke hi Lochmiller na Lester (2017). Tiphurosese ta ntiyisiso wa vuenti ti tirhisiwile ku tiyisisa vutshembeki bya switiviwa, vutiyisiseki, vuhundziseleki, na vutshemberi. Mipimo ya matikhomelonene yi landzeleriwile hi ndlela ya vurhonwana, leyi katsaka mpfumelelo u ri na vutivi, xihundla, ku hungutiwa ka ku vaviseka, na ku rhangisiwa emahlweni ka nhlayiseko wa vatekaxiave. Hi ku tlakusa marito ya vaxinuna va vakondlo-a-ndzi-dyi lava nga eka tiCYCC, ndzavisiso lowu wu tirhana na vangwa leri vonaka eka matsalwa lama nga kona naswona wu hoxa xandla eka ntwisiso wo enta wa mitokoto ya vona leyi hanyiweke.

Maritokulu: Waxinuna, Vakondlo-a-ndzi-dyi, Tisenthara ta Nhlayiso wa Vana na Vantshwa (tiCYCC), Mitlhontho, Maqhinga yo kondzelela

Kakaretšo

Disenthara tša Tlhokomelo ya Bana le Baswa (di-CYCC) di šoma mošomo wo bohlokwa lefaseng ka bophara go šireletša le go thekga bana bao ba lego kotsing. Le ge go le bjalo, batšwamahlalagading gantši ba lebeletšana le mathata a magolo a gore ba ka tlwaela tikologo ye. Nyakišišo ye e nyakišišitše ditlhohlo tša moswananoši tšeo di itemogetšwego ke batšwamahlalagading ba e lego banna bao ba dulago ka gare ga di-CYCC le go hlahloba mekgwa ya bona ya go lebeletšana le maemo ka gare ga lefelo le.

Foreimiweke ya ponagalo ya khwalithethifi e amogetšwe, ya tlaleletšwa ka mekgwa ya go nyakišiša, ya tlhalošo le ya diteng. Dinyakišišo di be di lebeletše kudu baswa ba mengwaga ye 12–18 le Bašomi ba Tlhokomelo ya Bana le Baswa (di-CYCW) ka gare ga di-CYCC tšeo di lego Mmasepaleng wa Selete sa Waterberg. Go šomišitšwe sampole ya ka morero go kgetha bakgathatema, go kgonthiša gore go be le tshepetšano le maikemišetšo a nyakišišo.

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Chapter One

General Introduction and Background of the Study

This study focused on challenges faced by male adolescents residing in Child and Youth Care Centres (CYCCs) within Waterberg District in Limpopo Province. Chapter 1 provides a summary of all elements of the research study. The chapter commences with an introduction to the study, the problem statement and the rationale for the study. The theoretical framework utilised for the study, research questions, aims, and objectives of the study are explained. The key concepts used in the study are defined. The description of the research methodology used in gathering and analysing appropriate data results is provided. Ethical considerations to the study are also put forward, and the structure of the dissertation is provided.

1.1 Introduction and Background

Child and Youth Care Centres (CYCCs) fulfil a crucial role globally in safeguarding vulnerable children (UNICEF, 2017:8). In South Africa, the Children's Act 38 of 2005, as amended (South Africa, 2006: Section 191) defines a CYCC as a residential facility accommodating more than six children separated from their biological families. Globally, UNICEF (2017:8) estimates that approximately 2.7 million children across 140 countries reside in such institutional care settings. South Africa ranks among nations with notably high levels of vulnerability within its youth population (Van Breda & Dickens, 2016:1-2).

Under the Children's Act 38 of 2005 (as amended) (South Africa, 2006: Section 150), children and adolescents residing in CYCCs are legally recognised as requiring care and protection. The Act defines such children as those who have been abandoned, orphaned, exhibit uncontrollable behaviour, engage in street living or labour, suffer from substance addiction, experience exploitation, endure harmful living conditions, face risks in familial placements, or are subjected to neglect, maltreatment, abuse, or degradation by caregivers. This legislative framework emphasises the state's responsibility to safeguard minors who lack adequate familial support or face systemic vulnerabilities.

Under the provisions of the Children’s Act 38 of 2005 (as amended), minors are relocated to CYCCs when home or community environments fail to protect them from abuse, neglect, abandonment, or psychosocial challenges (Craft, 2017:47). These centres are legally mandated to function as trauma-informed environments, prioritising safety and therapeutic support for vulnerable children (Craft, 2017:49). To achieve this, CYCCs employ structured intervention strategies, including assessments and Individual Development Plans (IDPs). IDPs, as outlined by Sheppard, Garcia and Sear (2015:17), adopt a holistic approach to address children’s emotional states, behavioural patterns, environmental stressors, and developmental needs, while simultaneously identifying and nurturing their strengths.

Children residing in CYCCs exhibit diverse psychosocial needs stemming from prior exposure to abuse, neglect, and trauma (Tanga & Kang’ethe, 2017:77). These adverse experiences often manifest as socioemotional deficits, including pervasive feelings of rejection, a heightened need for acceptance and self-worth, and struggles with perceived inadequacy.

Adolescents in CYCCs face compounded stressors compared to peers raised in familial settings (World Health Organisation (WHO), 2019). Prolonged exposure to maladaptive homes, educational, and social environments prior to institutional care exacerbates their vulnerability to developmental disruptions and psychological disorders (WHO, 2019).

Empirical studies over the years consistently indicated that adolescents in residential care facilities exhibit markedly elevated rates of psychopathology and diminished well-being relative to peers raised in familial environments (Dubois-Comtois, Bussières, Cyr St-Onge, Baudry, Milot & Labbe, 2021). Compounding these challenges, such youths frequently demonstrate compromised self-worth, low self-esteem, and a lack of hope regarding future prospects (Krasniqi Vazsonyi & Cakirpaloglu, 2024). The confluence of heightened psychological distress, reduced emotional resilience, and negative outlooks collectively undermines their capacity for adaptive functioning in adulthood.

Comprehending the unique struggles of adolescents in residential care necessitates an in-depth analysis of this transitional life stage. The WHO (2019) classifies adolescence as the period from ages 10–19, characterised by profound biological,

cognitive, and interpersonal transformations. During this phase, young individuals acquire more advanced cognitive abilities, including abstract reasoning and critical analysis, while simultaneously establishing their personal identity, fostering peer connections, and building emotional bonds. This stage also marks the gradual emergence of greater autonomy and accountability (WHO, 2019). Concurrently, adolescents often confront systemic barriers to quality education, scarce vocational opportunities, and health-related adversities such as unplanned pregnancies, sexually transmitted infections, exposure to violence, and heightened susceptibility to mental health disorders like anxiety and depressive conditions (Blum, Mmari & Moreau, 2017: 61).

Adolescence represents a crucial phase in human development, marked by profound biological and emotional transformations that many young individuals find challenging to navigate. This stage is characterised by efforts to cultivate a sense of identity, pursue self-determination, and exercise agency in personal decision-making. Serving as a critical bridge between dependency and maturity, it involves assuming adult-like responsibilities and navigating newfound independence—a process integral to transitioning from childhood to adulthood (Claussen, 2019:34).

Within CYCCs, however, opportunities for self-reliance are often constrained. Adolescents in these settings encounter barriers that require structured guidance and mentorship to achieve developmental milestones (Claussen, 2019:35).

1.2 Description of the Study Problem and Rationale

1.2.1 Problem Statement

A problem statement articulates a gap or limitation within a theoretical or practical context, which the researcher aims to address through systematic inquiry (Bairagi & Munot, 2019:57). Alli and Pandya (2021) state that a problem statement should be easy to talk to and read and should represent the problem directly. The authors add that to define the research challenge, a researcher must be aware of any limitations or weaknesses associated with the chosen area of study (Bairagi & Munot, 2019:57)

Compounding this gap, CYCC programmes often assume life-skills training inherently prepares adolescents for adulthood, yet male care-leavers frequently struggle to apply

these skills post-discharge due to sudden transitions and inadequate support networks (Mmusi & Van Breda, 2017:2-14; Moodley, 2020:46). Bond and Van Breda (2018:1) further highlight the unsupported transition of South African care-leavers into adulthood, underscoring the urgency of understanding in-care coping strategies. Based on existing literature, a lack of research on the challenges and coping strategies of male adolescents within the CYCC context has been identified as the focus of this research. This study responds to these omissions by investigating the challenges and adaptive strategies of adolescent males in CYCCs within Waterberg District, Limpopo Province. Given these gaps in existing literature and practice, it is necessary to further justify the significance of the investigation, which is outlined in the rationale for the study below.

1.2.2 Rationale

Bowen (2017:305) underlines that a study's rationale must identify gaps in existing scholarship, grounded in a thorough literature review. This rationale clarifies the researcher's motivations and justifies the study's significance (Creswell & Poth, 2018). Dudovskiy (2018: par. 2,6,10) states that the rationale for the research study ought to be explained in a clear manner and should contribute to the reduction of the lack of information in literature and enhance the professional growth of the researcher. For this research, the rationale stems from the researcher's professional engagement within CYCC, where recurrent observations of male adolescents' unmet needs highlighted a critical oversight in academic and practice-based literature.

The momentum for this inquiry arose from daily encounters with male adolescents in CYCCs exhibiting behaviours such as scaling perimeter fences to access nearby communities, actions that jeopardise their safety, yet reflect a desperate pursuit of autonomy. Despite extensive South African research on CYCCs, prior studies have disproportionately focused on female adolescents (Chimange & Bond, 2020) or systemic challenges like cultural integration (Malatjie & Dube, 2017), neglecting the 'unique psychosocial struggles of male residents.

Addressing this gap is essential for informing gender-responsive support programmes and improving Individual Development Plans (IDPs) within CYCCs. Furthermore, a deeper understanding of male adolescents' challenges and coping strategies may

assist practitioners and policymakers in strengthening support systems that prepare adolescents for the transition out of care and reduce the post-discharge vulnerabilities highlighted by Mmusi and Van Breda (2017)

By exploring these lived experiences within the Waterberg District context, the study aims to contribute to improved intervention strategies, guide practice within CYCCs, and inform policies that support the holistic development and successful transition of male adolescents into adulthood.

1.3 Theoretical Framework

This research is informed by two interconnected theoretical lenses: Bronfenbrenner's ecological systems theory (1979) and Lazarus and Folkman's coping theory (1984), which collectively provide a scaffold for understanding the experiences of male adolescents in CYCCs. Bronfenbrenner's (1979) theory elucidates the multi-layered environmental systems ranging from immediate care settings (microsystems) to broader sociocultural influences (macrosystems) that shape adolescents' experiences and developmental trajectories within residential care. Concurrently, Lazarus and Folkman's (1984) coping theory unpacks the cognitive and behavioural mechanisms youths employ to manage stressors, distinguishing between problem-focused (action-oriented) and emotion-focused (affect-regulating) strategies.

Integrating these models enables a holistic analysis of both the structural contexts influencing male adolescents in CYCCs and their personal adaptive mechanisms. This dual focus allows the study to explore how institutional, familial, and societal dynamics intersect, while simultaneously evaluating how adolescents navigate resulting adversities through various coping strategies. By synthesising these frameworks, the study bridges macro-level systemic influences with micro-level individual processes, thereby offering nuanced insights for interventions that foster psychosocial wellbeing. A detailed discussion of these theories and their specific application is presented in Chapter 2.

1.4 Research Purpose, Question(s) and Objectives

1.4.1 Research Purpose or Aim

The overarching purpose of this study was to develop an in-depth understanding of the challenges and coping strategies of male adolescents within the CYCC context in Waterberg District, Limpopo Province. Guided by Bronfenbrenner's (1979) ecological systems theory and Lazarus and Folkman (1984) transactional model of stress and coping, this research aimed to generate a nuanced, context-rich analysis of how institutional, interpersonal, and societal factors shape these adolescents' realities. By amplifying the voices of a demographic population that had been historically underrepresented in South African child and youth care literature, this study sought to produce evidence-based insights that can inform the development of more effective, gender-responsive, and trauma-informed support systems within residential care settings.

1.4.2 Research Questions

Research questions serve to refine a study's focus, guiding the exploration of specific issues within the research scope (Creswell & Poth, 2018:154). In qualitative studies, these questions are intentionally open-ended, dynamic, and non-prescriptive, reflecting the flexible nature of such methodologies. According to Leavy (2017:71), research questions are the main questions that guide the research project. Creswell and Poth (2018:204) emphasise that effective qualitative questions rephrase the study's overarching purpose into more concrete terms, typically beginning with "what" or "how" to foreground exploration of the central phenomenon, rather than "why," which may imply causal assumptions. The researcher in this regard ensured that he asked questions, which were aimed at bringing answers that would alleviate the problem statement.

This study addressed the following research questions:

- What challenges do adolescent males encounter within CYCC environments in Waterberg District, Limpopo Province?
- How do these adolescents employ coping strategies to navigate challenges within the same institutional context?

1.4.3 Research Objectives

Research objectives serve as the foundational framework for a study, ensuring alignment with its overarching aim through specificity and clarity (Booth, Noyes, Flemming, Moore, Tuncalp & Shakibazadeh, 2019). These objectives operationalise research questions, defining the purpose of data collection and the nature of insights to be generated, whether descriptive, analytical, or evaluative. As Dianala (2025) emphasise, objectives act as measurable criteria to systematically achieve research goals, while Kumar (2019:86) conceptualises them as actionable refinements of research questions, phrased to guide exploration, analysis, and evaluation. For this study, objectives function as a conceptual roadmap, directing the inquiry towards its intended outcomes.

The following objectives were formulated to address the study's aim:

- To identify and describe challenges experienced by adolescent males residing in CYCCs within Waterberg District, Limpopo Province.
- To analyse the coping strategies employed by adolescent males in response to the challenges within the same institutional context.
- To synthesise findings and propose evidence-based recommendations for enhancing support systems for male adolescents in CYCCs.

1.5 Definition of Key Concepts

The following key concepts were used in this study: male, adolescent, child and youth care centre, challenges and coping strategies.

Male

A male is an individual of the sex that is typically capable of producing small, usually motile gametes (such as sperm or spermatozoa) that fertilise the eggs of a female (Merriam- Webster Dictionary, 2022). The word 'male' is defined as: "belonging to the sex that does not give birth to babies" (Merriam-Webster, 2025). Within the scope of this research, the term specifically pertains to adolescent males aged 13 to 18 years residing in CYCCs, reflecting the study's focus on this demographic group.

Adolescent

Adolescence is broadly recognised as a transitional phase of growth between childhood and adulthood, marked by significant physical, psychological, and social development. The WHO (2016) characterises this period as spanning from 10 to 19 years of age, aligning with biological and emotional maturation. Furthermore, Sawyer, Azzopardi, Wickremarathne and Patton (2018) narrow this range to individuals aged 12–18, emphasising its relevance to policy frameworks. de Moor, Van der Graaf, Van Dijk, Meeus and Branje (2019:75) conceptualise adolescence as a dynamic process of self-discovery, during which individuals reassess their identity, origins, and aspirations. The APA Dictionary of Psychology (2020) defines adolescence as a period of human development, which begins with puberty, usually around the ages of 10 to 12 years, and ends around 19 years of age when biological maturity is reached. For this research, the term ‘adolescent’ specifically refers to young people aged 13–18 years living in CYCCs.

Child and Youth Care Centre (CYCC)

Under the Children’s Act 38 of 2005 (as amended) (South Africa 2006: Section 197), a CYCC is formally defined as a residential facility accommodating more than six minors who are separated from their biological families. According to the National Child Care and Protection Policy (DSD, 2019:14) a CYCC is referred to as a facility for the provision of court-ordered residential care to more than six children outside the child’s family environment, which is in accordance with a residential programme suited for children in the facility.

Within the context of this research, the term CYCC refers specifically to state-registered residential institutions within South Africa’s Waterberg District. These facilities operate under the oversight of the Department of Social Development (DSD) and cater for children deemed ‘in need of care’ through judicial orders, ensuring their protection and rehabilitation in accordance with statutory mandates.

Challenges

A ‘challenge’ is defined as an obstacle that can be viewed as an opportunity instead of a hazard (American Psychological Association Dictionary of Psychology, 2020). From a strengths-based lens, Zastrow (2017:51) reframes challenges as universal

experiences encountered by individuals, groups, or communities, emphasising the identification of existing or required assets, skills, and resilience to navigate such circumstances. Within the scope of this study, challenges are interpreted as obstacles that may impede the attainment of defined objectives, reflecting a pragmatic focus on barriers to achieving goals.

Coping Strategies

Coping strategies are broadly envisaged as conscious efforts or acquired skills employed to reduce the impact of psychological, social, or environmental stressors (Nwaogu & Chan, 2022). Building on this, Holubova, Prasko, Ociskova, Kantor, Vanek, Slepecky and Vrbova (2019:73) frame these strategies as adaptive mechanisms, enabling individuals to navigate both internal emotional strain and external pressures during adversity. Originating in social psychology, the term sums up patterned behavioural, cognitive, or emotional responses deployed by individuals or groups to manage perceived threats or challenges (Omeni, 2020:9). Within this study, the concept is operationalised as the deliberate methods individuals adopt to address or endure challenging situations, with a focus on practical application in real-world contexts.

Child and Youth Care Worker (CYCW)

Child and youth care workers (CYCWs) are recognised in scholarly literature as professionals directly engaged in supporting minors across developmental contexts. Dewa and Dewa (2023) characterise these practitioners as frontline staff responsible for the round-the-clock care and supervision of children and adolescents. Expanding on this, Jamieson (2013:3) delineates CYCWs as specialists who operate within the daily-lived environments of young people, employing intentional strategies—including structured programmes and spontaneous interactions—to address both typical and complex developmental needs, thereby enhancing their capacity to adapt across diverse social settings.

For this study, the term CYCW is operationally defined as institutional caregivers employed within registered residential facilities. These professionals provide direct physical, emotional, and developmental support to children and adolescents separated from familial care, aligning their practice with the regulatory frameworks governing child protection services.

1.5.1 Research Paradigm

This study was guided by an interpretivist paradigm, which posits that social reality is subjective and constructed through human interactions and meanings (Kivunja & Kuyini, 2017). This paradigm was particularly suitable for research that sought to understand lived experiences within specific contexts, as it prioritises deep, subjective understanding over generalizable laws (Alharahsheh & Pius, 2019). The interpretivist framework enabled the exploration of nuanced challenges and coping strategies of adolescent males in CYCCs from their own perspectives, acknowledging multiple constructed realities rather than a single objective truth.

1.5.2 Research Approach and Design

The research adopted a qualitative approach, characterised by its focus on exploring and understanding the meanings individuals attribute to social phenomena (Creswell & Poth, 2018). This approach is ideal for investigating complex human experiences and answering 'how' questions, as it facilitates gathering rich, contextual data about participants' lived realities. The study employed the exploratory and phenomenological designs, which allowed for flexible investigation of poorly understood phenomena while focusing on capturing the universal essence of lived experiences (Neubauer, Witkop & Varpio, 2019). This combined design enabled comprehensive exploration of male adolescents' experiences in CYCCs while maintaining methodological coherence.

1.6 Research Methods

Research methods refer to the specific techniques and procedures used for data collection and analysis, representing the practical implementation of the methodological framework (Khan, Raman & Sambamorthy, 2023). These methods constitute the 'how' of the research process and are elaborated comprehensively in Chapter 3. The following sections outline the principal methods employed in this study.

1.6.1 Study Setting, Population, Sampling and Sample Size

The study was conducted within CYCCs in South Africa's Waterberg District, ensuring naturalistic data collection within authentic contexts (Creswell & Poth, 2018). Five

CYCCs were selected for the study, however three were excluded as they did not meet the requirements. Mantadi CYCC (Mookgophong Municipality) was omitted to mitigate potential bias, as the researcher is employed there. Huis Talje CYCC (Bela-Bela Municipality) was excluded because it exclusively serves severely handicapped children, outside the study's focus. Huis Tekna CYCC (Bela-Bela) was excluded from data collection because its sole male resident was 11 years old, falling outside the study's inclusion criteria. Consequently, data were gathered from Thabang and Abraham Kriel CYCCs. The study population comprised adolescent males aged 13-18 residing in these CYCCs, with purposive sampling employed to select information-rich cases that can provide profound insights into the phenomenon under investigation (Lawson, Apps, Ramaphane & Barchi, 2025). The sample size was determined by data saturation principles, whereby data collection continues until no new thematic information emerges from subsequent interviews.

1.6.2 Data Collection Methods and Procedures

Primary data collection utilised semi-structured interviews featuring open-ended questions, allowing participants to express their experiences freely while maintaining thematic focus (Ruslin et al., 2022). These individual interviews were audio-recorded with consent and transcribed verbatim to ensure accurate data representation. The data collection process emphasised creating psychologically safe environments for participants, employing active listening techniques and follow-up probes to explore emergent themes thoroughly (Rutakumwa et al., 2019). Comprehensive field notes complemented interview data to capture contextual observations and non-verbal cues. Interviews lasted between 30-45 minutes per participant and only one interview was conducted per participant.

1.6.3 Data Analysis Methods

According to Campbell, Taylor and McGlade (2018:4), data analysis in qualitative research is aimed at comprehending the importance that participants attach to their lived experiences and the language they use in describing their experiences. Data analysis followed thematic analysis procedures, involving systematic transcription review, code generation and theme development through an iterative process (Naeem, Ozuem, Howell & Ranfagni, 2023). This method facilitates identifying,

analysing and reporting patterns within qualitative data, moving from descriptive coding to interpretive thematic organisation (Naeem et al., 2023). Analysis employed both inductive and deductive approaches, allowing themes to emerge from the data while considering theoretical frameworks. Independent coding verification enhanced analytical rigour and minimised researcher bias.

1.6.4 Ensuring Rigour

Trustworthiness was ensured through Guba's framework, addressing credibility, transferability, dependability and confirmability (Kocaman, 2024). Credibility was enhanced via member checking and prolonged engagement; transferability through thick contextual descriptions; dependability via audit trails; and confirmability through reflexivity practices (Kocaman, 2024). Researcher reflexivity was maintained through journaling to acknowledge and bracket preconceptions, while triangulation through multiple data sources strengthened methodological rigour (Johnson, Adkins & Chauvin, 2020).

1.7 Ethical Considerations

Ethical adherence prioritised informed consent processes, ensuring comprehensive participant understanding of research purposes and rights. Confidentiality protections included the use of pseudonyms and secure data storage, while minimisation of harm involved psychological support availability and participant withdrawal rights without penalty (Al Habsi, 2024). Ethical clearance was obtained from relevant institutional review boards, with ongoing monitoring to ensure the maintenance of ethical standards throughout the research process.

1.8 Format of the Research Report

In Chapter 1, the study provides background information on CYCCs and male adolescents in residential care, outlines the research problem, questions, objectives, and the rationale for the study. This chapter highlights the necessity of the research, emphasising that male adolescents in care have distinct needs that are frequently neglected.

Chapter 2 presents a review of existing literature. It discusses children in need of care, the structure and role of CYCCs, and the developmental characteristics of male adolescents. It also explores the challenges they face on a psychological, social, educational, behavioural, and environmental level, as well as the coping strategies they use. The chapter highlights the role of CYCWs, social workers, and institutional support in helping adolescents manage these challenges.

Chapter 3 summarises the study's methodology. A qualitative approach was used, collecting data through interviews and group discussions with male adolescents and CYCWs. The data were analysed to identify key themes about their experiences and coping strategies. Ethical issues, including informed consent, confidentiality, and protection of participants, were carefully addressed. A full methodology is provided in Chapter 3.

Chapter 4 presents the findings. Male adolescents shared experiences related to identity development, relationships, adjustment to life in the CYCC, as well as coping strategies, including emotional regulation, social support, and personal growth. CYCWs provided insights into adolescent behaviour, challenges, coping mechanisms, and the types of support needed to foster resilience.

Finally, Chapter 5 summarises the study and provides recommendations for practice, policy, and future research. The findings emphasise the importance of holistic support, family and community involvement, and interventions tailored to the developmental needs of male adolescents in residential care. Overall, the dissertation offers practical and policy guidance to improve care and support for male adolescents in CYCCs.

1.9 Chapter Summary

This chapter outlined the foundational elements of the research, including the contextual background, problem formulation, rationale for the study, and the underpinning theoretical perspectives. It further indicated the guiding research purpose, research questions, and objectives that steered the investigation. Key concepts were defined to establish conceptual coherence and a comprehensive overview of the research approach, design and data collection methods adopted was provided. Ethical considerations addressed in the research were summarised, and

structural aspects of the report were clarified. The next chapter provides a literature overview of the topic under consideration.

Chapter Two

Literature Review

2.1 Introduction

Millions of children globally have experienced the permanent loss of their parents or have been orphaned due to various crises. A significant number of these vulnerable children are subsequently placed in institutional care, where they face numerous challenges (Gray & Lombard, 2022). Research shows that institutionalisation can have detrimental effects on children's development, including emotional, psychological, and physical harm (UNICEF, 2021; Save the Children South Africa, 2022). The aim of this study was to develop an in-depth understanding of the challenges faced by and the coping strategies utilised by male adolescents within a CYCC context in Waterberg District, Limpopo.

This chapter reviews existing literature related to the stated aim, examining what other researchers have discovered about the topic both globally and within the South African context.

2.2 Children in Need of Care and Protection

Children requiring care and protection are legally defined under South Africa's Children's Act 38 of 2005 as amended (South Africa 2006: Section 191) as minors who, owing to circumstances such as neglect, abuse, abandonment, or parental loss, lack adequate familial or societal safeguards for their welfare. Statutory interventions proposed by the Act prioritise securing stable environments where such children can access holistic development opportunities. UNICEF (2017) estimates that over 150 million children worldwide are orphaned or separated from caregivers, of whom 52 million reside in Sub-Saharan Africa (Christian Alliance for Orphans, 2023). In South Africa, Childline South Africa (2024) reports approximately 2.8 million children classified as orphans, underlining the urgent need for structured care frameworks to address systemic gaps in protection and support.

When minors are deemed to require safeguarding, statutory protocols prioritise placement alternatives that balance stability with developmental needs. Kinship care,

prioritising familial continuity, places children with relatives or trusted family associates, thereby preserving cultural and relational ties, as advocated by UNICEF (2017). Foster care provides provisional residential stability within approved households, serving as an interim measure while permanent solutions such as reunification with biological families or adoption are pursued (Parliamentary Monitoring Group, 2019). Adoption, a legally binding process, establishes enduring parental rights for children unable to return to their birth families. In contrast, prolonged stays in residential institutions, though providing immediate shelter, may hinder developmental outcomes if relied upon extensively. To counter this, community-based care models emphasised by Huynh (2019:99) adopt preventative strategies, delivering targeted resources to at-risk families to reduce reliance on external care systems by strengthening familial and communal support networks.

In South Africa, residential care provisions for minors have undergone notable shifts in recent years. Historical data from 2017 indicated approximately 21,000 children were housed in CYCCs, as highlighted by Jamieson (2017:89). Concurrently, over 3,300 minors were placed in temporary safe care arrangements, with a further 900 residing in specialised secure facilities catering to those with behavioural or psychological challenges (Vorster, 2022: para.2). Paradoxically, despite CYCCs nationwide operating at roughly 3,000 placements below capacity, systemic pressures persist, reflecting deepening inadequacies in addressing the escalating demand for protective care (Vorster, 2022: para.3).

The next section gives an overview of CYCCs and how they came about to ensure the care and protection of many children around the world and in South Africa.

2.3 Child and Youth Care Centres (CYCCS)

CYCCs are residential facilities offering care and support to minors unable to remain with their biological families due to factors including neglect, abuse, parental loss, or abandonment (Phaswana & Erlank, 2023). Governed by statutory frameworks, these centres prioritise creating secure, nurturing environments that address physical, emotional, and psychological needs while fostering holistic development. This is achieved through structured access to education, healthcare, and psychosocial

assistance, equipping children with the resilience and skills necessary to reintegrate into society (Agere, Tanga & Kang'ethe, 2017:82).

Additionally, CYCCs cater to youth impacted by trauma or instability, providing stable settings for recovery, relationship-building, and cultivating life skills essential for future independence (Gray & Lombard, 2022). By integrating therapeutic and developmental programmes, such institutions aim to mitigate the long-term effects of adversity, ensuring minors transition into adulthood with enhanced coping mechanisms and social adaptability. CYCCs have evolved to address the specific needs of children in society, particularly following significant social and political changes, such as those witnessed in South Africa's post-apartheid era (Varaden, 2016). The centres, while providing residential care, also serve as places where children can experience a sense of normality, safety, and emotional support amid personal adversity.

CYCCs function within a dual legislative framework encompassing both national statutes and international conventions aimed at safeguarding children's rights. Domestically, South Africa's Children's Act 38 of 2005 establishes statutory obligations for these facilities, mandating adherence to prescribed care standards while enshrining minors' rights to safety and dignity (Schmidt, 2022). Globally, the United Nations Convention on the Rights of the Child (UNCRC) reinforces these principles, explicitly advocating for family- or community-based care over institutional placements except as a measure of last resort. Complementing this, the UN Guidelines for the Alternative Care of Children (2009) stipulate rigorous quality benchmarks for residential facilities, emphasising the imperative to prioritise kinship or foster care unless proven incompatible with a child's best interests (Nurcombe-Thorne, Nadesan & Van Breda, 2018). Together, these instruments position CYCCs as transitional rather than permanent solutions, aligning care practices with broader commitments to holistic child welfare.

While CYCCs provide critical services, they also face challenges in addressing the diverse needs of the children they serve. These children come from various backgrounds and life circumstances, which include trauma, neglect, or the loss of family members (Molepo & Delport, 2015:150). Furthermore, CYCCs in South Africa and globally are often at the centre of debates on the best approach to child welfare, with considerations regarding the socio-economic impacts of family breakdowns,

migration, and urbanisation (Hall & Posel, 2019:2). The disruption of family life, often stemming from colonial and apartheid-era policies, has contributed to the creation of these centres as a necessary response to children's needs. In South Africa, for example, urbanisation and industrialisation have led to significant shifts in family dynamics, leaving many children behind or neglected due to migration (Malatjie & Dube, 2017:111). Additionally, it is further stated that South Africa, from the apartheid era, inherited a legacy of violence, severe inequality, as well as social disruption, which has manifested in high rates of domestic violence, substance abuse, sexual abuse and the neglect of children (Tanga & Agere, 2018:77).

Historically, CYCCs have also relied on philanthropy to meet the needs of children in care. Before the establishment of formal child protection services, individuals and organisations took it upon themselves to provide shelter, food, and other necessities for children in need (Malatjie & Dube, 2017:111). This approach has helped shape the role of CYCCs as institutions that not only care for children but also support their emotional and psychological recovery in a nurturing, supportive environment.

The evolution of CYCCs in South Africa has been marked by a shift towards a more comprehensive model of care, which includes both residential and community-based services. This shift occurred after the end of apartheid in 1994 and was in response to the social challenges faced by children growing up in a society struggling with the legacies of inequality and systemic violence (Makiwane, Makoae & Mokomane, 2018:52). The work of CYCCs expanded from merely providing residential care to becoming active participants in the wider community, addressing issues such as substance abuse, domestic violence, and inadequate parenting (Quiroga & Hamilton-Giachritsis, 2016:625). Through this broadened scope of services, CYCCs have contributed to the transformation of child welfare systems, ensuring that children receive the holistic care they require to overcome adversity and build positive futures.

CYCCs grapple with systemic challenges, notably the risks of societal marginalisation and prolonged institutionalisation for minors under their care. Within South Africa, children placed in residential facilities frequently endure disconnection from their familial and communal networks, exacerbating experiences of alienation and hindering social integration (Nurcombe-Thorne et al., 2018:1). This detachment underscores the multifaceted role of CYCCs: beyond meeting basic physical needs, they must actively

counteract the psychological repercussions of trauma, neglect, or abuse through structured emotional and social support. To mitigate institutionalisation's adverse effects, these centres strive to emulate home-like environments, blending routine stability with therapeutic programmes tailored to address developmental gaps and emotional distress (Varaden, 2016; Von Bratt, 2018). Such efforts aim not only to safeguard immediate welfare but also to equip children with relational and coping skills essential for societal reintegration.

Through these interventions, CYCCs play a crucial role in the restoration of children's well-being, supporting them as they recover from past trauma and equipping them with the tools needed to thrive in society (Agere et al., 2017:82). Whether through access to education, healthcare, or emotional support, the ultimate goal of CYCCs is to ensure that children grow up in environments that are safe, nurturing, and conducive to their development, allowing them to realise their potential.

2.4 Male Adolescents within CYCCS

In the landscape of child welfare, CYCCs represent critical institutional spaces designed to provide care, protection, and support for vulnerable adolescents. Male adolescents within these centres occupy a particularly complex developmental terrain, navigating intersecting challenges of personal trauma, institutional dynamics, and societal expectations (Rasool & Swart, 2024).

The unique experience of male adolescents in CYCCs is characterised by profound psychological, social, and developmental complexities.

These centres serve as critical intervention points for adolescents who have experienced significant disruptions in their familial and social systems. For male adolescents, the CYCC environment becomes more than just a temporary residence; it represents a transformative space where personal resilience, institutional support, and individual potential converge (Albarello, Crocetti & Rubini, 2018:690). Understanding the difficult experiences of male adolescents within CYCCs requires a multidimensional approach that acknowledges their developmental needs, recognises their inherent strengths, and addresses the systemic challenges embedded within institutional care frameworks (Bogaerts et al., 2019:891). This exploration aims to

understand the dynamics shaping these adolescents' experiences, challenges, and potential pathways for meaningful intervention and support.

2.4.1 Developmental Characteristics of Male Adolescents

Adolescence is a critical period of development marked by physical, emotional, social, and cognitive changes. For male adolescents in CYCCs, these developmental milestones are often affected by trauma, neglect, and abandonment, complicating their journey towards adulthood (Christiaens et al., 2021). Understanding these stages is crucial for staff working within CYCCs to provide appropriate care. The different types of developments males go through during adolescence are discussed under this section.

2.4.1.1 Physical Development

During adolescence, males undergo significant physical changes, including growth spurts, increased muscle mass and hormonal shifts, which are accompanied by the onset of puberty (de Moor, Denissen, Emons, Bleidorn, Luhmann, Orth & Chung, 2021). These changes often lead to increased physical strength and changes in physical appearance that can affect self-esteem and body image. In CYCCs, these developmental milestones may be disrupted due to the trauma experienced by male adolescents, particularly if they have been removed from their families due to neglect, abuse, or abandonment (Erentaitė et al., 2018). These physical changes can also heighten vulnerability to physical and emotional conflicts with peers and staff within the centre.

During adolescence, male physical development is characterised by profound hormonal and physiological transformations driven primarily by increased testosterone production. These changes initiate a complex process of body maturation that typically begins between ages 9-14, involving rapid growth spurts, muscle development, voice deepening, and sexual maturation (Mbedzi, 2019). Puberty triggers significant physical changes, including skeletal growth, increased muscle mass, and the development of secondary sexual characteristics. Males can experience height increases of 4-5 inches (10-12 cm) annually, with total growth potentially reaching 8-

13 inches (20-33 cm) during the entire adolescent period. Muscle mass increases dramatically, body proportions shift, and facial hair begins to develop.

Within CYCCs, these physical changes can create unique challenges. Adolescents who have experienced trauma may find these bodily transformations particularly disorienting (Mbedzi, 2019). The institutional environment can limit personal space and privacy, potentially intensifying feelings of vulnerability during this sensitive developmental stage. Hormonal shifts can also influence emotional regulation and behavioural patterns. Physical strength development can potentially create power imbalances among residents and challenge existing institutional management strategies (Zibengwa & Bila, 2021).

The intersection of physical changes with psychological trauma can profoundly impact male adolescents' self-perception and emotional well-being. Body image concerns, feelings of confusion about identity, and navigating new physical capabilities become critical developmental tasks within the structured CYCC environment (Vankerckhoven et al., 2023).

2.4.1.2 Emotional Development

Emotional regulation is often a challenge for male adolescents, especially those in residential care. The surge of hormones during puberty, combined with the emotional impact of being separated from their families, can lead to heightened emotional responses, mood swings, and difficulties in managing anger and frustration (Behrens, 2017:131). For adolescents in CYCCs, these emotional issues can be exacerbated by past trauma, leaving them more prone to emotional dysregulation, which can manifest in aggression, withdrawal, or anxiety. Their emotional responses may also be influenced by the absence of consistent parental figures or caregivers who can provide emotional stability and support (Klimstra & Denissen, 2017).

Male adolescents in CYCCs frequently struggle with emotional regulation due to compounded traumatic experiences. The absence of consistent emotional support and disrupted attachment patterns can significantly impact their ability to process and express emotions effectively (Dumas et al., 2012). These challenges often manifest through heightened emotional responses, including anger, frustration, and mood instability.

The institutional environment of CYCCs can further complicate emotional development. Limited personal space, collective living arrangements, and structured routines may restrict opportunities for genuine emotional expression and individual emotional processing (Cruwys & Gunaseelan, 2016). Male adolescents often find themselves navigating complex emotional landscapes with minimal personalised emotional support.

Societal expectations of masculinity significantly influence emotional expression for male adolescents. Traditional masculine norms that discourage emotional vulnerability can exacerbate existing emotional challenges (Thompson, Simpson & Berlin, 2022). These adolescents may feel pressured to suppress genuine feelings, leading to increased internal emotional tension and potential behavioural manifestations. Understanding and supporting emotional development requires a nuanced, trauma-informed approach that recognises the unique emotional experiences of male adolescents in residential care (Gray & Lombard, 2022). Providing safe spaces for emotional expression, developing emotional intelligence skills, and offering consistent, compassionate support become crucial to their psychological well-being.

2.4.1.3 Social Development

Social development during adolescence is characterised by the formation of peer relationships, the exploration of identity, and a growing need for independence. Male adolescents in CYCCs may struggle with peer relationships, particularly if they have been placed in institutions after experiencing abuse, neglect, or abandonment (Sprang, Craig & Clark, 2019). Their capacity to trust others and form meaningful relationships can be impaired, resulting in difficulties with integration into peer groups. Furthermore, socialisation within a CYCC environment can be fraught with competition for limited resources, conflicts with peers, and a lack of positive role models, further complicating their social development (Cook & Waite, 2016).

Social development during adolescence emerges as a critical pathway of psychological and interpersonal growth, marked by complex interactions and evolving relational dynamics. For male adolescents in CYCCs, this developmental stage presents unique challenges that extend far beyond typical adolescent social experiences (Knorth & Harder, 2022). Peer relationships become the primary

landscape of social exploration during this period. Male adolescents in residential care often struggle to establish meaningful connections due to prior traumatic experiences that have compromised their ability to trust and engage authentically (Knorth & Harder, 2022). The institutional environment creates additional barriers, with limited opportunities for natural social interaction and potential power dynamics that complicate the formation of relationships.

Identity exploration drives social interactions, pushing adolescents to understand themselves through group dynamics and interpersonal relationships. In CYCCs, this process becomes more complex, as residents navigate institutional constraints, collective living arrangements, and the psychological impact of separation from familiar social networks (Knorth & Harder, 2022). The competition for resources and attention within the centre can further distort normative social development processes.

Trust represents a fundamental challenge in social development for these adolescents. Past experiences of abuse, neglect, or abandonment create significant psychological barriers to forming genuine connections (Dada, Burnhams, Erasmus & Parry, 2019:17). Many develop protective social strategies characterised by emotional guardedness, potential aggression, or social withdrawal as mechanisms of self-preservation. The absence of consistent positive role models significantly impacts social skill development. Male adolescents may struggle to learn healthy interpersonal communication, conflict resolution, and emotional engagement (Mathibela & Skhosana, 2020:5). The institutional environment, while providing structure, often fails to offer the nuanced social learning experiences crucial for healthy psychological and relational development.

2.4.1.4 Cognitive Development

Cognitively, male adolescents in CYCCs are often at a stage where they are developing more complex thinking abilities and a stronger sense of identity. However, their cognitive development can be hampered by trauma, stress, and disrupted education (Masombuka, 2021). For many adolescents in residential care, cognitive development is often misaligned with their age due to interruptions in their schooling, poor academic performance, or undiagnosed learning disabilities. These challenges can have long-term implications on their ability to succeed academically and integrate

successfully into society once they leave the CYCC. Adolescence is a crucial time for cognitive development, marked by significant intellectual changes and the ability to think more critically and abstractly (Groenewald, 2018:1569). For male adolescents living in CYCCs, this stage often becomes more complex due to past traumatic experiences and disruptions in their education.

One of the major milestones during this period is the development of abstract reasoning. Boys begin to enhance their problem-solving skills, think critically, and engage with hypothetical ideas (Hall et al., 2018). However, trauma and the restrictions of institutional living can hinder this progress, creating potential gaps in their cognitive development. Neurologically, the brain continues to develop throughout adolescence, particularly the prefrontal cortex, which is responsible for skills like impulse control, decision-making, and planning.

Cognitive development during this time is also closely tied to identity formation. Adolescents start to develop a deeper understanding of themselves, reflecting on their experiences and imagining their future. Supporting cognitive development in these settings requires a holistic approach. This involves providing tailored educational support, addressing potential learning barriers, and fostering environments that encourage curiosity and intellectual engagement. These efforts are key in helping male adolescents in CYCCs overcome their challenges and reach their cognitive potential (Ungar, Theron & Leibenberg, 2022).

2.5 Gender-Specific Challenges Faced by Male Adolescents in CYCCS

Male adolescents in CYCCs confront distinct challenges shaped by gendered societal norms and institutional limitations, differing markedly from those experienced by female peers. These challenges often manifest in heightened behavioural complexities and unmet emotional needs, exacerbated by systemic gaps in tailored support frameworks (Tanga & Agere, 2018:34). Male adolescents face distinct psychological, social, educational and environmental challenges within CYCCs.

2.5.1 Psychological Challenges

Psychologically, male adolescents in CYCCs face heightened risks of trauma-related disorders such as post-traumatic stress disorder (PTSD), depression, and anxiety as

they have often witnessed or experienced abuse, neglect, or abandonment, which can result in difficulties in emotional regulation (Zondeka, 2021). Emotional dysregulation manifests as mood swings, impulsivity, anger, and difficulty forming healthy emotional attachments. This emotional instability often makes it difficult for them to form secure and healthy relationships, further isolating them emotionally (Cleveland Clinic, 2024).

Many male adolescents internalise messages that discourage emotional vulnerability, viewing emotions like sadness or fear as signs of weakness. As a result, they may suppress their feelings, which can intensify their psychological distress over time (Knight & Baune, 2019). Some may channel their emotions into aggression or other externalised behaviours, which can be misinterpreted as defiance rather than signs of underlying pain. A pervasive sense of shame or guilt about their circumstances often adds to their emotional burden, further complicating their ability to process and heal from their experiences (Knight & Baune, 2019). The lack of accessible and specialised mental health services within many CYCCs presents another significant challenge. Many centres are understaffed or lack adequately trained professionals to address the complex psychological needs of the adolescents in their care (Hasler, 2020). This gap in mental health support often leaves young people without appropriate interventions, increasing their risk of adopting maladaptive coping mechanisms. Behaviours such as self-isolation, aggression, or substance abuse are frequently attempts to numb or escape their emotional pain.

2.5.2 Social Challenges

Male adolescents often face significant challenges in forming healthy, supportive peer relationships, as many have experienced social isolation prior to entering care, either due to family dysfunction or social marginalisation. This lack of positive socialisation history often leads to poor social skills and challenges in interacting with peers in a CYCC setting (Moeni & Eisenberger, 2018). Male adolescents in residential care may face societal stigma related to being in care, which can affect their self-esteem and sense of belonging. Feeling “different” from their peers outside the care system may leave them struggling with a diminished sense of belonging. Within the CYCC itself, stigma can manifest in the form of stereotyping or labelling by staff or peers, which often deepens feelings of inadequacy or exclusion. Peer relationships are often characterised by power struggles, aggression, and competition for attention from staff

(Dryman & Heimberg, 2018). These dynamics can exacerbate feelings of isolation and rejection, contributing to the young person's sense of social dislocation.

For many adolescents, interactions with others in the centre may replicate or amplify patterns of conflict or mistrust developed in earlier relationships (Cleveland Clinic, 2024). This can result in a culture of rivalry and defensiveness, where cooperation and mutual support are overshadowed by hostility or competition. Such dynamics can reinforce feelings of rejection and make it more challenging for young people to build meaningful connections.

Additionally, some male adolescents in CYCCs may display behavioural challenges stemming from unresolved trauma, further complicating their relationships with peers (Vankerckhoven, et al., 2023). For instance, a tendency towards aggression or withdrawal may alienate them from others, perpetuating a cycle of isolation. In some cases, they may also gravitate towards unhealthy peer groups, seeking acceptance or validation but ultimately exposing themselves to negative influences.

The structured framework of CYCCs may inadvertently impede the cultivation of social competencies and relational bonds among male adolescents (Strydom, Schiller & Orme, 2020:383). Frequent staff rotation, inflexible timetables, and a deficit in tailored engagement can undermine youths' sense of sustained support or individual recognition. While the regimented setting is essential for maintaining order, it often restricts opportunities for spontaneous peer interactions and the nurturing of meaningful connections (Strydom et al., 2020:383).

2.5.3 Educational Challenges

Male adolescents in CYCCs also face significant educational challenges. Academic struggles are common, especially when considering the trauma many have faced, which can impact their cognitive development and ability to concentrate in school (Cruz et al., 2022). Learning disabilities, poor academic performance, and gaps in education due to previous disruptions in their schooling further compound these issues. Without the necessary support, these challenges can lead to poor educational outcomes, limiting future opportunities for these adolescents.

Moreover, male adolescents may experience frustration and feelings of inadequacy in academic settings, particularly if they are surrounded by peers who have had more stable educational backgrounds (Strydom et al., 2020:383). This can lead to disengagement from education altogether, further contributing to their difficulties.

Male adolescents in CYCCs often encounter significant educational challenges that hinder their academic progress and future opportunities. Many of these adolescents have experienced trauma, which can deeply affect their cognitive development and ability to concentrate, making it difficult to keep up in school (Swingler, Morrow & Nicol, 2019). Learning disabilities frequently go undiagnosed in this population, further complicating their ability to engage with their studies. For many, their education has been disrupted multiple times due to instability in their home lives or frequent relocations before entering care, leaving them with noticeable gaps in knowledge and skills. The experience of being behind academically can be deeply frustrating and disheartening for these adolescents, especially when they compare themselves to peers who have had the benefit of more stable educational experiences (Kaminer, 2020). Feelings of inadequacy often arise, leading to a lack of confidence in their own abilities, which can cause them to disengage from learning altogether, creating a cycle where poor academic performance reinforces negative self-perceptions.

Additionally, the institutional nature of many CYCCs may not always provide the educational support these adolescents require. Classrooms in residential settings may lack the resources to address diverse learning needs, and the emphasis on behavioural management can sometimes overshadow academic growth (Swingler et al., 2019). For adolescents who already struggle to stay motivated, the absence of individualised attention and encouragement can further alienate them from their education.

2.5.4 Behavioural Challenges

Male adolescents in CYCCs often display a range of behavioural challenges, including aggression, defiance, and rebellion. These behaviours are frequently rooted in past trauma, frustration, and difficulties with emotional regulation (Miller et al., 2018). Aggression can be a way for these adolescents to assert control in an environment where they may feel powerless. Additionally, defiant behaviour often stems from a

desire to challenge authority and resist perceived threats to their autonomy, which can be amplified in the hierarchical, structured environment of a CYCC (Molepo, 2020). This can result in oppositional behaviour, in which young people challenge rules or resist authority to reclaim a sense of personal power. Such actions, while disruptive, are often a form of self-preservation or an attempt to navigate the perceived imbalance of control in their lives. This behaviour can also be a way of protecting themselves emotionally, masking vulnerability behind anger or hostility (Matthews & Hugh-Jones, 2024).

Substance abuse is another prevalent behavioural challenge. Some male adolescents may turn to drugs or alcohol as a coping mechanism to manage their trauma, emotional distress, or dissatisfaction with their circumstances (Matthews & Hugh-Jones, 2024; South African Police Services, 2023). These maladaptive behaviours can disrupt their ability to thrive in a CYCC, presenting significant challenges for caregivers and staff.

2.5.5 Environmental Challenges within CYCCs

The environment within CYCCs can also present significant challenges for male adolescents. Overcrowding is a frequent issue, leading to limited personal space and resources. This can result in heightened competition among residents and an increased risk of conflicts (Lischka et al., 2018). Another significant challenge is the inconsistency in the quality of relationships between staff and residents (Lischka et al., 2018). Many male adolescents in CYCCs struggle with trust and attachment issues due to past experiences of trauma, neglect, or abandonment. High staff turnover, a common issue in care settings, can disrupt the continuity of care, leaving adolescents feeling unsupported or disconnected. This instability can hinder the development of meaningful, trusting relationships, which are essential for fostering emotional security and growth (Lischka et al., 2018).

Inadequate supervision or insufficiently trained staff can also have a profound impact on the adolescents' experiences within CYCCs. When caregivers lack the necessary skills to manage challenging behaviours or respond to trauma, adolescents may feel misunderstood or unfairly treated (Palmer, Durham & Osmond, 2017). This can contribute to a sense of resentment or disengagement, making it harder to create a

nurturing and structured environment. Furthermore, the absence of consistent rules and boundaries may leave adolescents feeling uncertain or unsafe, amplifying existing behavioural and emotional challenges.

The physical environment of CYCCs may also fail to provide a sense of comfort or normalcy for the adolescents. Institutional settings can often feel cold or impersonal, lacking the warmth and stability of a family home. This atmosphere may deepen feelings of alienation and make it harder for adolescents to view the centre as a safe space (Palmer & Osmond, 2017). Additionally, the absence of stimulating or enriching activities within the CYCC environment can limit opportunities for personal growth and development, leaving young people feeling bored or unmotivated.

2.5.6 Child and Youth Care Centres and Cultural Diversity

It is believed that culture is a storehouse of knowledge or information, values, community, belonging, as well as customs that are vital to a child's overall well-being (Thwala, 2013:107). Consequently, cultural barriers can have an impact on care and how care is provided (Machenjedze, 2019:28). While providing child care necessitates recognising and enhancing the child's culture, social workers as well as other child and youth care workers also have the challenge of meeting the cultural needs of institutionalised children, who frequently do not share the same cultural background (Machenjedze, 2019:28).

Moreover, it is proposed that identity should be considered a two-sided continuum, with one end personal and found in interpersonal relationships, and the other end social identity, manifested in intergroup relationships (Ivanova & Ivanova, 2020:329). In the same light, young people are said to form their identity under the impact of multiple factors, partly as a defence mechanism in the constantly changing world they are living in, or as a way of self-assertiveness (Zotova, Kholmogorova & Klimanova, 2018:834). Therefore, it can be argued that being in a CYCC can have a significant influence on an adolescent's identity, through interpersonal relationships as well as social identity.

Additionally, it has been noted that the ability of social workers in meeting the needs of children in residential care environments can be affected by their lack of awareness of cross-cultural perspectives (Malatjie & Dube, 2017:109). In the same light,

Adonteng-Kissi (2023:118) emphasises the necessity of fully understanding cultural responsiveness in the field of child protection and adapting local conditions to the best interests of the child. Furthermore, Malatjie and Dube (2017:109) highlight that studies have found that logistics must be set up to enable culture-related programmes, and that cultural identity is a significant component for adolescents in residential care, especially for males. Haffejee, Theron and Moretti (2024:17) concur by stressing that it is crucial that programmes are culturally suitable and respectful of community values. They also added that training programmes ought to address generational or cultural misalignment in ways that promote effective communication and foster better connections, while also being respectful and mindful (Haffejee et al., 2024:17).

2.6 Coping Strategies

In social psychology, the term ‘coping strategies’ was developed to describe how people and communities respond to challenges in their lives (Omeni, 2020:9). Simply, coping is defined as the way in which a person handles a situation that appears to be stressful (Furtado, Tran, Currie & Preyde, 2016:108). Waini (2015:78) defines coping as an effort that one creates in order to continue moving forward.

Problem-focused approaches prioritise directly resolving or mitigating stressors; for instance, male adolescents might engage with academic tutors or behavioural specialists to address challenges. Conversely, emotion-focused strategies centre on regulating affective responses to stress, which could manifest as social withdrawal, peer-mediated emotional support, or maladaptive practices such as substance misuse to alleviate psychological distress. While the former emphasises practical intervention, the latter often reflects attempts to manage overwhelming emotions in contexts where systemic or personal resources are perceived as insufficient.

The coping strategies employed by male adolescents, which could be either problem-focused and/or emotion-focused, can vary widely, ranging from adaptive strategies that promote resilience and emotional regulation to maladaptive behaviours that may hinder their development and wellbeing (Miller et al., 2018). Recognising and understanding the coping strategies utilised by male adolescents is vital for caregivers and staff in CYCCs, as it provides an opportunity to guide them towards healthier ways

of managing their challenges while addressing the underlying causes of their distress (Machenjedze, 2019:28).

2.6.1 Positive Coping Strategies

Positive coping strategies for male adolescents in CYCCs include social support, therapy, and mentorship (Yakhnich, Grupper & Romi, 2018). Central to their adaptive capacity is social support, which enables the formation of authentic bonds with peers and caregivers (Yakhnich et al., 2018:46). Such relationships foster a sense of belonging and psychological safety, creating a secure environment where youths can articulate emotions, exchange experiences, and gain affirmation. This network of support mitigates the pervasive sense of isolation common among those in residential care, while enhancing their ability to navigate adversities (Yakhnich et al., 2018:46). The realisation that challenges are shared can reinforce self-worth and engender collective identity within institutional settings.

Therapy, particularly trauma-focused therapy and counselling, also plays a crucial role in helping male adolescents cope. Through therapy, they have the opportunity to process these past experiences in a safe, controlled environment. Therapeutic interventions help adolescents build emotional regulation skills, enabling them to manage intense feelings of anger, sadness, or fear in healthier ways (Yakhnich et al., 2018:46). Therapy can also assist in breaking down the emotional walls many male adolescents build as a form of protection, allowing them to better understand and express their emotions. Mentorship is another powerful positive coping strategy that can significantly impact the development of male adolescents in CYCCs. Having a mentor, who can serve as a positive role model, provides guidance and encouragement at a time when adolescents are navigating the complexities of growing up (Smith, Brown & Williams, 2021:18). A mentor can offer wisdom, emotional support, and practical advice, helping male adolescents make healthier choices and gain perspective on their challenges. Positive male role models, in particular, can have a lasting impact by demonstrating constructive ways to manage difficult emotions, develop self-confidence, and build positive relationships (Smith et al., 2021:18).

2.6.2 Maladaptive Coping Strategies

Maladaptive coping strategies, such as substance abuse, aggression, or withdrawal, often develop when adolescents lack the skills or support needed to cope effectively with their stressors (Schuitmaker, 2018:1). One of the most common maladaptive coping mechanisms is substance abuse. For many adolescents in care, drugs or alcohol may seem like a way to escape the emotional pain or trauma they have experienced (American Addiction Centres, 2023). In the short term, substances can numb difficult feelings, creating a sense of temporary relief or detachment from one's struggles. However, this relief is fleeting, and the long-term effects of substance abuse are often damaging. Over time, substance use can lead to physical health problems, increased emotional instability, and a deepening sense of isolation (American Addiction Centres, 2023). Instead of addressing the root causes of their pain, the use of substances only compounds the difficulties these adolescents face, making it harder to heal and build healthy coping mechanisms.

Aggression is another maladaptive coping strategy that many male adolescents adopt in response to the trauma and stress they have encountered. For some, acting out aggressively can serve as a defence mechanism, a way of asserting control in situations where they may feel powerless or unsafe (Modlin, 2018:166). This aggression can manifest as verbal outbursts, physical altercations, or destructive behaviours. While aggression may provide a sense of control in the moment, it often leads to negative consequences, such as conflict with peers and staff, feelings of guilt, and further emotional distress. Over time, this pattern of behaviour can create a cycle of anger and isolation, preventing the adolescent from forming positive, supportive relationships and impeding their emotional growth (Modlin, 2018:166).

Withdrawal is also considered a maladaptive coping strategy when faced with overwhelming emotions. Some adolescents in CYCCs may choose to retreat inwardly, shutting themselves off from others (Phillips & Walsh, 2019:23). This withdrawal can take the form of emotional detachment, social isolation, or complete disengagement from their environment. While this may feel like a way to protect themselves from further hurt or disappointment, it ultimately prevents the individual from developing healthier ways of coping and leaves them feeling increasingly alienated (Phillips & Walsh, 2019:23). The lack of social interaction and emotional support can further

intensify feelings of loneliness and despair, creating a barrier to healing and personal growth.

These maladaptive coping strategies not only hinder the emotional and psychological development of male adolescents but also create significant challenges within the CYCC environment (Phillips & Walsh, 2019:23). To break these destructive patterns, it is essential to address the underlying causes of these behaviours and provide adolescents with healthier, more adaptive ways to cope with their stressors.

2.6.3 Factors Influencing Coping Strategies

Several factors influence the coping strategies employed by male adolescents, including individual resilience, peer dynamics, and staff interventions (McLean & Harrison, 2015:344-346). Resilience is a key factor that can significantly influence the coping strategies used by young people (McLean & Harrison, 2015:344-346). For adolescents with higher levels of resilience, coping with challenges may be more adaptive and effective. These young people are often better able to bounce back from setbacks, maintain a positive outlook, and utilise healthy strategies, such as seeking social support or engaging in problem-solving if they are linked to necessary programmes and resources (Meier, 2017:13). Resilience can act as a protective factor, helping adolescents manage their emotional responses to trauma and adversity in more constructive ways. On the other hand, adolescents who lack resilience may be more vulnerable to developing maladaptive coping strategies, such as substance abuse, aggression, or withdrawal, as they may struggle to manage their emotions or process difficult experiences (Barford & Whelton, 2010:271). In these cases, building resilience becomes an essential part of the support provided by caregivers and staff within the CYCC.

Peer dynamics also play an important role in shaping coping strategies. Adolescents are highly influenced by their peers, and the way they interact with others in the CYCC environment can either reinforce or challenge their coping mechanisms (Barford & Whelton, 2010:271). Positive peer relationships can offer emotional support, foster a sense of belonging, and provide opportunities for healthy coping strategies, such as group activities or shared problem solving. Conversely, negative peer dynamics such as bullying, exclusion, or competition can exacerbate stress and lead to the adoption

of maladaptive behaviours. In these situations, fostering positive peer relationships and promoting a supportive social environment becomes crucial for helping adolescents cope in healthier ways (Barford & Whelton, 2010:271).

Staff interventions are another critical factor in shaping the coping strategies of male adolescents in care. Consistent and compassionate staff support can provide adolescents with the stability and guidance they need to develop healthier coping mechanisms (Whittaker et al., 2016:89-106). Creating a safe, structured environment where adolescents feel valued and heard can reduce feelings of anxiety and uncertainty, making it easier for them to process their emotions and deal with stress constructively. Therapeutic interventions, such as trauma-focused therapy or counselling, can also be instrumental in helping adolescents understand and address the underlying causes of their emotional distress, empowering them to adopt more adaptive coping strategies (Mattingly, Stuart & VanderVen, 2010:99). The involvement of well-trained staff that is attuned to the individual needs of the adolescents is essential in fostering the development of positive coping mechanisms.

Ultimately, the interplay between individual resilience, peer dynamics, and staff interventions influences the coping strategies that male adolescents in CYCCs employ.

2.6.4 Intervention Strategies within CYCCs

Intervention strategies within CYCCs are essential for supporting male adolescents as they navigate the challenges associated with trauma, emotional dysregulation, and social difficulties (Molepo & Delpont, 2015:152). These strategies, when implemented effectively, can provide the necessary support to help adolescents overcome adversity, foster emotional growth, and develop healthier coping strategies. Social workers, CYCW, and management all play critical roles in delivering these interventions in a coordinated and comprehensive manner.

Social workers are often at the forefront of providing interventions, working closely with adolescents to assess their individual needs and develop personalised care plans (Molepo & Delpont, 2015:152). These plans are based on a thorough understanding of the adolescent's past trauma, behavioural challenges, and emotional needs. Social workers may facilitate individual or group therapy, providing trauma-informed care that

enables the adolescent to process their experiences in a safe and supportive environment.

CYCWs are responsible for providing day-to-day support to adolescents within the CYCC. They serve as role models, offering guidance, emotional support, and stability within the centre's structured environment. CYCWs are often the first point of contact for the adolescents, helping them navigate daily challenges, providing opportunities for personal growth, and addressing behavioural issues as they arise (Edwards & Gaidhu, 2018:-36-40). They use a variety of strategies to promote positive social and emotional development, including structured activities, group discussions, and individualised support. CYCWs play a key role in building trust with the adolescents, offering a safe space for them to express their feelings and concerns, and helping them develop adaptive coping mechanisms.

In addition to the work of social workers and CYCWs, management within CYCCs plays an important role in shaping the overall environment and ensuring that effective intervention strategies are in place (Edwards & Gaidhu, 2018:36-40). Management is responsible for setting the tone of the centre, ensuring that staff are properly trained, and creating a culture of care that emphasises respect, empathy, and understanding. They are also responsible for ensuring that the CYCC has the resources necessary to implement effective interventions, such as access to specialised therapeutic services, educational support, and recreational activities. Additionally, management must ensure that the centre is a safe and secure environment, which is essential for fostering the emotional and psychological well-being of the adolescents in care (Lwina et al., 2018:172).

A key aspect of intervention strategies within CYCCs is the emphasis on consistency and collaboration among all staff members. Staff should work as a cohesive team, ensuring that interventions are well-coordinated and aligned with the adolescent's care plan (Malatjie & Dube, 2017:109). Regular communication and case reviews help ensure that the adolescent's progress is closely monitored and that adjustments to the care plan are made as necessary. By working together, social workers, CYCWs, and management can create a supportive, nurturing environment that fosters positive change and personal development (Molepo, 2020).

2.7 Theoretical Frameworks

As articulated by Chukwuere (2021:2679), a theoretical framework anchors the research process, offering conceptual clarity and methodological direction. In qualitative inquiry, such frameworks ensure rigour by guiding the systematic exploration of phenomena, as emphasised by Padgett (2017:60).

This research is informed by two interconnected theoretical lenses: Bronfenbrenner's ecological systems theory and Lazarus and Folkman's coping theory, which collectively provide a scaffold for understanding the experiences of male adolescents in CYCCs.

2.7.1 Ecological Systems Theory

Ecological systems theory, developed by Urie Bronfenbrenner, posits that individuals are influenced by multiple systems, including family, community, and broader societal factors (Bronfenbrenner, 1994:37).

The framework delineates four interdependent levels: the microsystem (immediate environments like family or school), mesosystem (interactions between microsystems), exosystem (external settings indirectly influencing the individual), and macrosystem (broader socio-cultural norms and policies) (Rasool & Swart, 2024:72). The theory emphasises the mutual interdependence of individuals, contexts, and systems, arguing that developmental outcomes emerge from dynamic interactions across these layers (Ettekal & Mahoney, 2017:3). By analysing how individuals function within and across these nested systems, the theory offers a holistic lens to examine development as a product of both immediate interactions and wider structural forces (Bronfenbrenner, 1994:37; Rasool & Swart, 2024:72).

According to Ettekal and Mahoney (2017:2), the ecological systems theory examines how individuals interact with one another in both real-life contexts and spatial environments. It encompasses a wide range of interactions between systems and subsystems. Besides, Bridgen (2017:11) notes that the ecological systems theory is comprehensive in nature and holds that difficulties are inextricably linked to an individual's relationships and interactions with others. In addition, Ebersohn and Bower (2015:2) assert that our living environment has a significant impact on our

behaviour. The ecological systems theory focuses on humans in their society and argues that individuals do not operate as individual islands, but are influenced by their environments, either physically or socially (Guy-Evans, 2024).

Bronfenbrenner's ecological systems theory (1979) is particularly relevant to this study, as it applies to the adaptation challenges male adolescents encounter when transitioning into CYCCs. Removed from their familial and communal environments, these youths must navigate unfamiliar institutional systems, necessitating adjustments to new relational dynamics, routines, and support structures. The theory aids in identifying how disruptions in adaptation, such as conflicts with caregivers or peers, or misalignment with institutional norms, can destabilise interconnected systems within the CYCC. For instance, an adolescent's struggle to integrate into the microsystem (e.g., peer group or care routines) may ripple into the mesosystem, affecting interactions between staff and external systems such as educational providers. This framework underlines the interdependence of individual adaptation and systemic cohesion, highlighting the need for care practices that proactively address ecological integration to promote stability and holistic development.

It can further be emphasised that an adolescent's ability to adapt, function or prosper within the system will also be influenced by how the system is set up, as well as the services offered (Rasool & Swart, 2024:72). For these reasons, it is important to understand the different levels in the ecological systems that can influence and have an impact on the challenges that male adolescents face when placed in CYCCs. The four inter-functioning levels of the theory are discussed in detail below, with reference to the present study:

- **Microsystem**

The microsystem refers to the setting where individuals live and have direct interactions with social agents (Laff & Ruiz, 2019:7). The microsystem, which is the innermost circle of the ecological systems theory, includes a pattern of roles, interactions, and interpersonal relationships that a developing individual experiences in their immediate environment in a setting that has specific material and physical characteristics (Strayhorn, 2018:32; Zhang, 2018:1756). The adolescent would interact directly and frequently with micro-level systems, which would serve as their

primary source of support, or lack thereof, while they deal with the range of difficulties they encounter on a daily basis, to the point where they were placed in a CYCC.

In this study, some of these difficulties are those mentioned by Tanga and Agere (2018:77) as resulting in the removal of children, such as domestic violence, substance abuse, sexual abuse and the neglect of children.

- **Mesosystem**

The relationship between the various systems within the micro-level of an individual is referred to as the mesosystem by Bronfenbrenner (1979). In other words, Kalinowski (2017:295) elaborates that this theory is based on the interplay among several facets of an individual's microsystems. Therefore, the mesosystem can be summarised and described as a collection of microsystems and the ways in which these systems interact with one another (Zhang, 2018:1766).

Bronfenbrenner's mesosystem, as applied to this study, encompasses the interactions between key support systems within a male adolescent's ecological framework, such as those between social workers, biological families, and CYCWs. These cross-system relationships, as Rasool and Swart (2024:74) emphasise, necessitate active, coordinated engagement to ensure continuity in care and relational stability. For instance, inconsistent communication between a social worker and CYCC staff could fragment the adolescent's support network, undermining trust and exacerbating adjustment challenges.

Within the CYCC context, the interdependent roles of social workers and CYCWs are pivotal: they bridge institutional care with familial or community ties, directly influencing the adolescent's emotional security and capacity to navigate institutional life. This study examines how such mesosystemic dynamics shape the coping strategies adopted by male adolescents. A well-integrated mesosystem, for example, may foster adaptive coping through consistent guidance, while fragmented interactions could heighten reliance on maladaptive strategies, such as emotional withdrawal or defiance. By foregrounding these systemic interdependencies, the research highlights the importance of multidisciplinary collaboration in mitigating institutional stressors and fostering resilience among adolescents in care.

Additionally, an adolescent's development and the effectiveness of their therapy depend on the social service providers and the adolescents at the CYCC having consistent and trustworthy relationships (Rasool & Swart, 2024:74). In this study, the researcher also considers how an adolescent's relationships with the school, for example, affect their interactions with the carers in the setting of the CYCC.

- **Exosystems**

Bronfenbrenner's exosystem (1979), within the context of this study, refers to broader societal structures and institutional networks that indirectly shape the experiences of male adolescents in CYCCs. As conceptualised by Strayhorn (2018:32), this layer encompasses formal and informal systems such as healthcare providers, judicial frameworks, or policymaking bodies where adolescents lack direct agency, yet remain affected by their operations. Social service professionals routinely engage with these exosystemic structures, mediating their impact on youths' psychosocial functioning (Rasool & Swart, 2024:74). For instance, delays in court proceedings regarding parental custody or limited access to specialised mental health services may exacerbate feelings of instability or neglect among adolescents in care, despite their passive role within these systems.

For the researcher, analysing the exosystem provides critical insights into how external institutional dynamics, often beyond the immediate control of CYCCs, influence adolescents' coping mechanisms and systemic challenges. By exploring the interactions between CYCCs and entities such as hospitals or legal authorities, the study reveals structural barriers that intensify stressors for adolescents, while also highlighting opportunities for advocacy and systemic reform to improve the coherence of care. This perspective highlights the necessity of situating individual coping strategies within wider socioinstitutional contexts, ensuring interventions address both personal and structural determinants of well-being.

- **Macrosystem**

Bronfenbrenner's macrosystem, as applied to this study, represents the overarching societal and cultural milieu that shapes the institutional and relational contexts of male adolescents in CYCCs. Situated at the outermost layer of the ecological model, this system encompasses pervasive cultural norms, legislative frameworks, and socio-

economic ideologies that indirectly govern individual experiences (Bronfenbrenner, 1979; Rasool & Swart, 2024:75). As Ettekal and Mahoney (2017:5) clarify, it reflects collective values such as societal attitudes towards family structures, child-rearing practices, or communal responsibility embedded in institutional policies and everyday interactions.

These elements collectively shape the institutional ethos of CYCCs, influencing how male adolescents perceive their placement, engage with caregivers, and navigate societal reintegration. For instance, cultural stigmas surrounding residential care may exacerbate feelings of marginalisation, while progressive legislation could empower adolescents through participatory rights. By analysing these macrosystemic dynamics, the study elucidates how broader societal structures both constrain and enable adaptive coping, informing culturally responsive interventions that align institutional practices with South Africa's socio-legal landscape.

Zhang (2018:1767) emphasises this further by stating that the macrosystem is "the overarching institutional patterns of the culture or subculture, such as the political, legal, social, and economic systems, of which the concrete manifestations are the micro-, meso-, and exosystems". According to Rasool and Swart (2024:75), the ecological system theory might be useful in assessing how laws and regulations can be created and enhanced to support efficient service delivery in CYCCs.

Furthermore, Rasool and Swart (2024:76) point out that culture can function as a macrosystem in the context of South Africa. They observe that patriarchal ideas may have an impact on the frequency and social acceptance or normalisation of domestic violence, which could have led to the child's placement in a CYCC (Rasool & Swart, 2024:76). This reasoning has been used to demonstrate how patriarchy can sometimes have an impact on level of support given to witnesses and victims of domestic abuse (Rasool & Swart, 2024:75). In a similar vein, a study by Fakunmoju and Rasool (2018:11) discovered that pro-violence views have been upheld by male adolescents, as their upbringing fosters violent masculinities that justify male aggression against females.

The entrenched cultural norms and societal beliefs within the macrosystem can compound challenges faced by male adolescents both within and beyond CYCCs.

These youths often contend with systemic barriers shaped by cultural forces beyond their influence—such as stigmatisation of institutional care or gendered expectations which directly and indirectly restrict access to necessary support services (Beebeejaun-Muslum, 2024:15). Socialisation processes, rooted in familial and societal norms, further embed these cultural values, as upbringing is aligned with macrosystemic ideals of masculinity, kinship, and communal responsibility.

From an ecological systems perspective, adolescent functioning is contingent upon the quality and consistency of social support available across micro-, meso-, exosystems and macrosystems. Rasool and Swart (2024:74) stress that secure, stable, and supportive environments are critical for fostering resilience, particularly for adolescents navigating the dual pressures of institutional care and societal marginalisation. For instance, fragmented support networks, whether due to cultural stigmatisation or resource limitations, can impede emotional regulation and social integration, perpetuating cycles of disengagement. Conversely, cohesive ecological systems that harmonise cultural sensitivity with institutional care practices can mitigate these challenges, enabling adolescents to reconcile personal identity with broader societal expectations while building adaptive coping strategies.

2.7.2 Coping Theory

The coping theory, which focuses on how individuals manage stress and adversity, is also vital for understanding how male adolescents in CYCCs cope with their challenges. This theory highlights the need for appropriate interventions to help adolescents develop healthy coping strategies, rather than relying on maladaptive strategies like aggression or substance abuse. The term ‘coping’ has been defined in various ways in the literature on social and behavioural science. Coping is understood to refer to the ways in which a person responds to demands from outside sources that they perceive as stressful, significant or negative (Raskauskas & Huynh, 2015). Coping is defined as the way in which a person handles a situation that appears to be stressful (Furtado, Tran, Currie & Preyde, 2016:108). Lazarus and Folkman (1984:41) further define coping as “constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are assessed as demanding or exceeding the resources of the person”. In social psychology, the term ‘coping strategies’ was developed to describe how people and communities respond to

challenges in their lives (Omeni, 2020:9). Waini (2015:78) defines coping as an effort one makes to continue moving forward. Therefore, this theory enables the researcher to know how male adolescents persevere through the difficult situations that they may encounter in their daily lives within the CYCC.

Adolescents in CYCCs often employ a blend of adaptive and maladaptive coping strategies to navigate stressors. While problem-focused approaches (e.g., seeking guidance) and emotion-focused tactics (e.g., peer bonding) are essential, some resort to risky mechanisms—such as substance misuse or absconding—to alleviate distress, reflecting limited access to healthier alternatives (Glover, 2018:60). Effective coping typically necessitates a fluid integration of both strategy types, tailored to situational demands.

However, by early adolescence, many youths exhibit entrenched behavioural patterns shaped by prior adversities, complicating efforts to instigate positive change (Steinhoff et al., 2023:15). These ingrained responses not only influence their immediate stress management but also shape interactions within ecological systems such as peer groups or institutional hierarchies, creating cyclical dynamics where maladaptive behaviours reinforce environmental friction. For instance, defiance towards caregivers may stem from distrust rooted in past trauma, perpetuating conflict and limiting access to supportive relationships. Thus, interventions must address both individual coping strategies and systemic interactions, recognising how entrenched behaviours mediate adolescents' engagement with their environments. This dual focus is crucial for fostering resilience while dismantling cycles of dysfunction within care settings.

The theory takes into account coping in the context of a larger biopsychosocial model of health and well-being instead of just looking at it in isolation (Stallman, 2020:296). The way young people react to stress, including their emotional and cognitive evaluations and their coping strategies, is crucial in determining their mental health risks and resilience (Steinhoff et al., 2023:2). In addition, healthy behaviours, such as exercise, nutrition and sleep, as well as a young person's healthy coping strategies, can be the first-hand components of emotional regulation (Stallman, 2020:296). When faced with negative emotions, healthy behaviours may lessen emotional reactivity and the need for unhealthy coping strategies, which further reduce the possibility that

unhealthy coping behaviours will have unfavourable effects (Ferrer & Mendes, 2018:3).

For the present study, it can be argued that ecological systems theory and coping theory could be merged when examining the male adolescent, the various systems affecting him, and his responses to the changes and challenges he faces, given his circumstances. Bronfenbrenner's ecological systems theory examines the dynamic interplay between individuals and their multi-layered environments spanning microsystems (immediate settings like CYCCs), mesosystems (interactions between settings), exosystems (broader societal structures), as well as macrosystems (broader cultural norms), his lens is pivotal for analysing how institutional, familial, and societal systems shape adolescents' trajectories within care settings. Complementing this, Lazarus and Folkman's coping theory elucidates the cognitive and behavioural strategies youths employ to navigate stressors, distinguishing between problem-focused (action-oriented) and emotion-focused (affect-regulating) responses. Together, these theories illuminate both the structural contexts influencing male adolescents in CYCCs and their adaptive strategies. By synthesising these frameworks, the study advances a holistic perspective, bridging macro-level systemic influences with micro-level individual coping processes, thereby enriching insights into interventions that foster psychosocial well-being within residential care.

2.8 Chapter Summary

The literature review provided a detailed overview and in-depth understanding of the various challenges male adolescents in CYCCs experience. This complex array of challenges requires a comprehensive, multidisciplinary approach to care. By understanding, male adolescents' developmental characteristics and the specific challenges they face in CYCCs, caregivers and professionals can facilitate more effective coping strategies and implement more useful interventions. Through targeted support, mentorship, and therapeutic interventions, male adolescents in CYCCs can be equipped with the tools they need to overcome adversity and build positive futures. The two theories discussed also shed light on how the different systems affecting these male adolescents in CYCCs can have a significant impact on their coping strategies and overall well-being. The next chapter provides a detailed discussion on the research methodology employed in this study.

Chapter Three

Application of the Research Methodology

3.1 Introduction

This chapter explains the methodological framework and procedural techniques employed to investigate the challenges and coping strategies of male adolescents residing in CYCCs within South Africa's Waterberg District, Limpopo Province. Methodological design, as defined by Babbie and Mouton (2016:647), encompasses the systematic integration of methods, techniques, and procedural frameworks guiding the execution of a study's design. It serves not only to justify methodological choices but also to ensure rigour, coherence, and ethical adherence throughout the research process (Groenland & Dana, 2019:163). The study employed a qualitative research approach, using the exploratory and phenomenological designs to holistically examine male adolescents' challenges and coping strategies within CYCCs.

3.2 Research Paradigm

The conceptualisation of research methodology is marked by terminological diversity, with scholars employing terms such as methods, procedures, techniques, and rules to delineate its scope and application (Grinnell & Unrau, 2018:655). This variance reflects the multifaceted nature of methodological design, which extends beyond mere procedural execution to encompass the epistemological and ontological assumptions underpinning a study.

The research paradigm has four components, which are epistemology, ontology, methods and methodology (Rehman & Alharthi, 2016:51). The mentioned components are there to assist the researcher in how the research can be undertaken and the kind of method to be used. Rehman and Alharthi (2016:51) state that epistemology is concerned with how knowledge is accumulated, certified as the truth and how it is communicated to readers. Ontology pertains to assumptions about reality, specifically, the researcher's perspective on what constitutes truth and the fundamental nature of existence (Antwi & Hamza, 2015:37). Methodology bridges these concepts by operationalising how knowledge is systematically gathered and

analysed, encompassing the strategic techniques and procedural frameworks guiding empirical inquiry (Kawulich, 2015:1; Antwi & Hamza, 2015:218).

These principles collectively shape the researcher's approach: epistemological stances determine whether knowledge is viewed as objective or subjective (McGregor, 2018:98); ontological positions define the perceived structure of reality (e.g., singular vs. multiple realities) (Harper, 2018:1149); and methodological choices align with these presuppositions to ensure coherence in data collection and interpretation (McGregor, 2018:29). For instance, a study adopting an interpretivist epistemology and relativist ontology would prioritise qualitative methods like ethnography to explore diverse subjective experiences, whereas a positivist paradigm might employ quantitative surveys to test hypotheses about universal truths.

Three principal paradigms underpin social research: positivism, interpretivism, and critical theory (Alharahsheh & Pius, 2020:41). Positivism aligns with natural scientific principles, prioritising objective reality and logical relationships between observable phenomena. It seeks to uncover universal laws through empirical verification and quantitative analysis (Ryan, 2018). In contrast, interpretivism centres on subjective human experiences, emphasising qualitative methods to explore how individuals ascribe meaning to their social worlds (Alharahsheh & Pius, 2020:41). Critical theory, meanwhile, interrogates structural inequities and power dynamics, aiming to expose and transform societal systems that perpetuate oppression (Crossman, 2020).

This study adopts an interpretivist paradigm, as it prioritises understanding the lived realities of male adolescents in CYCCs through their own narratives. This paradigm enables the researcher to delve into participants' subjective interpretations of challenges and coping strategies, capturing the complexity of their experiences within institutional contexts. By foregrounding participants' perspectives, the approach fosters empathy and contextual depth, aligning with the study's goal of uncovering nuanced insights into resilience and systemic barriers. Such a framework not only humanises the research process but also challenges assumptions by centring the voices of marginalised youths, thereby contributing to trauma-informed care practices grounded in lived realities.

3.3 Study Approach

This study employed a qualitative research approach, prioritising narrative data over numerical analysis to explore the lived experiences of male adolescents in CYCCs. As articulated by Nieuwenhuis (2016:58), qualitative methodologies focus on contextual understanding, seeking to interpret how individuals ascribe meaning to their social realities (Teherani, Martimianakis, Stenfors-Hayes, Wadhwa & Varpio, 2015:45; Leavy, 2017:124). This approach was selected to generate nuanced insights into the challenges and coping strategies of institutionalised male youths, a population often underrepresented in scholarly discourse.

Creswell and Creswell (2018:72) advocate qualitative inquiry when investigating under-researched phenomena or marginalised groups, as it facilitates exploratory depth and contextual richness. The research approach here encompasses a systematic methodological strategy, integrating data collection (for example, interviews, observations), thematic analysis, and interpretative frameworks to construct a coherent, participant-driven narrative (Creswell & Creswell, 2018:3). By foregrounding the voices of male adolescents, this design not only addresses gaps in existing literature but also advocates for trauma-informed care models rooted in authentic lived experiences.

Scholarly inquiry is guided by three primary methodological frameworks: quantitative, qualitative, and mixed methods, each tailored to distinct research objectives and epistemological orientations (Saunders, Lewis & Thornhill, 2016:165).

- **Quantitative Research**

This approach employs statistical analysis to test hypotheses about relationships between measurable variables, prioritising objectivity and generalisability (Creswell & Creswell, 2018:49). It is particularly suited to studies seeking to identify causal factors, evaluate interventions, or predict outcomes through empirical validation. For instance, quantifying the efficacy of a behavioural intervention in reducing aggression among adolescents would align with this paradigm.

- **Qualitative Research**

A qualitative research approach, according to Leavy (2022:9), is used by researchers to understand the phenomenon being studied and the meaning that people attach, and is also grounded in a natural world. In this instance, the researcher conducted face-to-face interviews with participants with the aim of obtaining an in-depth understanding of the challenges and coping strategies they employ.

- **Mixed Methods Research**

Combining quantitative and qualitative techniques, this approach addresses multifaceted research questions, requiring both breadth and depth. Creswell and Creswell (2018:49) define it as an integrative strategy that collects, analyses, and interprets diverse data types within a unified theoretical framework. Blackie and Priest (2017:10) advocate its use in complex scenarios such as evaluating institutional care programmes where triangulating numerical trends (e.g., behavioural metrics) with personal narratives (e.g., interviews) enriches understanding of systemic and individual dynamics.

The selection of approach hinges on the study's aims, with mixed methods offering flexibility to navigate intricate phenomena where singular methodologies prove insufficient.

The following are characteristics of qualitative research, used in this study, as highlighted by Creswell and Poth (2018:43-44).

- **Researcher as Principal Data-Gathering Instrument**

The qualitative researcher functions as the primary mechanism for data collection, employing techniques such as semi-structured interviews, behavioural observations, and document analysis. In this study, the researcher utilised open-ended interviews to explore male adolescents' challenges and coping strategies within CYCCs.

- **Multi-Method Data Collection**

To mitigate the limitations of single-source data, the study integrated diverse methods, including semi-structured interviews and observational field notes. This triangulation

ensured comprehensive insights into participants' lived realities, capturing both verbal narratives and contextual behaviours. Creswell (2016:6) highlights the importance of collecting data from multiple sources to establish validity and advance a comprehensive understanding of the phenomena under study.

- **Field-Based Data Collection**

Data was gathered in the natural settings of CYCCs within South Africa's Waterberg District, where participants experience daily challenges. Face-to-face interviews were conducted on-site to preserve contextual authenticity and align findings with the institutional environments under study.

- **Emphasis on Participants' Subjective Meanings**

The research prioritised participants' interpretations of their experiences, avoiding imposition of the researcher's assumptions. Adolescents were encouraged to articulate their perspectives freely, enabling the capture of unfiltered narratives about coping mechanisms and systemic barriers.

- **Contextual Interpretation**

Findings were interpreted through the dual lens of existing literature (literature control) and the study's theoretical frameworks—Bronfenbrenner's ecological systems theory and Lazarus and Folkman's coping theory. This ensured that conclusions were grounded in both empirical evidence and conceptual rigour.

- **Holistic, Multi-Perspective Analysis**

This study synthesised viewpoints from male adolescents and CYCWs to construct a layered understanding of institutional dynamics. This approach aligned with the qualitative commitment to portraying complex social phenomena through diverse narratives.

The research was guided by a theoretical framework that integrated ecological and coping theories, serving as a scaffold for developing arguments and contextualising findings (Vinz, 2023). This framework ensured methodological coherence, linking data collection, analysis, and interpretation to established scholarly concepts.

3.4 Study Design

The research design functions as the structural framework that integrates all components of a study, ensuring methodological coherence and alignment with investigative goals (Akhtar, 2016:68). Pathak and Intratat (2016:96) conceptualise it as a mechanism to systematically explore individuals' perceptions, interpretations, and lived experiences of a specific phenomenon. Echoing this, Nieuwenhuis (2016:72) defines research design as a strategic blueprint that guides how a researcher addresses the study's central questions or problems. From the researcher's perspective, the design represents a proactive plan delineating the procedural roadmap for the entire inquiry. It encompasses decisions about data collection methods, analytical techniques, and interpretative frameworks, ensuring each phase of the project aligns with overarching objectives.

The researcher utilised the exploratory and phenomenological designs to navigate complexities while maintaining focus on the study's aim: unravelling the challenges and coping strategies of male adolescents in CYCCs.

3.4.1 Exploratory Research Design

This study adopted an exploratory research design to investigate an under-examined phenomenon, aligning with Punch's (2016:67) assertion that such designs synthesise and interpret descriptive data to generate preliminary insights. Grinnell and Unrau (2018:650) further posit that exploratory frameworks are instrumental when investigating topics with limited prior scholarship, enabling researchers to map uncharted terrain through inductive inquiry. Exploratory research design, according to Cropley (2022:40), is aimed at examining areas of a study that have not been thoroughly investigated and is also aimed at answering the "what" questions, and it can also be useful in developing hypotheses for further investigation.

The researcher applied this design to address gaps in understanding the challenges and coping strategies of male adolescents in CYCCs, a population and context underexplored in existing literature. By prioritising open-ended exploration, the design facilitated the identification of emergent themes, such as institutional stressors or resilience practices, while allowing flexibility to adapt inquiry as new patterns arose.

This design proved critical in capturing the nuanced realities of adolescents' experiences, viewed both from the perspectives of male adolescents themselves, as well as CYCWs, laying a foundation for future hypothesis-driven studies.

3.4.2 Phenomenological Research Design

This study also employed a phenomenological research design to examine the lived experiences of male adolescents in CYCCs in depth from their own frame of reference. As Creswell and Poth (2018:75) assert, phenomenology focuses on elucidating individuals' subjective interpretations of their experiences, prioritising the meanings they ascribe to specific phenomena. Qutoshi (2018:215) reinforces this, noting that such a design centres participants' perspectives, enabling researchers to distil insights directly from their narratives. According to Cropley (2022:71), phenomenological research design is aimed at investigating research questions by looking into the lived experiences of the research participants.

Phenomenology aligns with the study's aim to acquire knowledge through participants' lived experiences (Neubauer, Witkop & Varpio, 2019:95). By engaging male adolescents in reflective dialogue, the researcher elicited rich, first-hand accounts of their adaptive strategies and systemic barriers. This approach not only illuminated individual resilience but also contextualised these narratives within broader institutional dynamics, ensuring findings remained grounded in participants' realities. The main goal of employing the phenomenological research design was for the researcher to obtain and give an in-depth understanding of the phenomenon researched from the point of view of the male adolescents within the CYCCs. Gill (2020:11) states that the application of phenomenological design enables the researcher to gain clarity regarding the underlying nature of a phenomenon and a particular experience.

The researcher adhered to the phenomenological research design by conducting comprehensive interviews with 6 male adolescents to acquire insight into the lived experiences and highlighting the significance of their challenges and coping strategies in relation to their emotions, thoughts and encounters. The suggested range of sample size according to Creswell and Poth (2018:66-67) for phenomenological investigations is between three and fifteen people. Sample size of 6 male adolescents fell within this

range and provided diverse data on their challenges and coping strategies. The researcher was able to describe the lived experiences of participants, including their feelings and how they make sense of those experiences. To triangulate the information provided by the male adolescents on their challenges and coping strategies, the researcher also interviewed seven CYCW to enrich the data from another perspective.

3.5 Study Setting, Study Population and Sample Size

3.5.1 Study Setting and Study Population

The term population denotes the collective group from which study participants are selected, representing those about whom the researcher seeks to draw conclusions (DeCarlo, 2018:264; Creswell, 2016:381). This study engaged two distinct participant groups. The first group comprised male adolescents aged 13–18 residing in CYCCs within South Africa’s Waterberg District Municipality. The second group consisted of CYCWs employed at these CYCCs, selected for their daily, intensive engagement with adolescents, offering unique insights into systemic challenges and coping mechanisms.

Waterberg District was chosen due to the researcher’s professional familiarity with the region, enhancing logistical feasibility and contextual understanding. Including CYCWs as secondary participants facilitated data triangulation, leveraging their frontline expertise to enrich findings and inform recommendations applicable to care professionals.

Of the five CYCCs in the district, three were excluded. Mantadi CYCC (Mookgophong Municipality) was omitted to mitigate potential bias, as the researcher is employed there. Huis Talje CYCC (Bela-Bela Municipality) was excluded because it exclusively serves severely handicapped children, outside the study’s focus. Huis Tekna CYCC (Bela-Bela) was excluded during data collection because its sole male resident was aged 11, falling outside the inclusion criteria of the study. Consequently, data were gathered from Thabang and Abraham Kriel CYCCs, ensuring alignment with the research’s age-specific and contextual parameters.



Figure 3.1 Waterberg District map (Limpopo Province South Africa)

3.5.2 Sampling

Sampling in research involves the deliberate selection of specific individuals or cases from a broader population to facilitate focused investigation (Leavy, 2017:76). While probability sampling aims for statistical representativeness, non-probability sampling, particularly purposive sampling, aligns with qualitative research objectives centred on depth, understanding, and insight generation (Mishra & Alok, 2017:8). Given this study's emphasis on exploring lived experiences rather than generalising findings numerically, a non-probability approach was deemed both appropriate and methodologically coherent.

Purposive sampling involves selecting participants based on predefined criteria that align with the study's objectives, ensuring rich and relevant data (Chivanga & Monyai, 2021:13). According to Chivanga and Monyai (2021:13), purposive sampling entails the selection of participants to ensure they meet the inclusion criteria and provide different perspectives on the research question. For this research, specific criteria were applied. The research population focused on male adolescents aged 13–18, as this cohort represented the primary group from whom the researcher gathered rich qualitative data. Contextual relevance required that participants reside within CYCCs

located in South Africa's Waterberg District, ensuring alignment with the study's geographic and institutional focus. Experiential knowledge emphasised first-hand experience of challenges and adaptive strategies within CYCCs, enabling participants to contribute authentic, contextually grounded insights.

The researcher identified and recruited participants from the two selected CYCCs, Thabang and Abraham Kriel and excluded centres that did not meet the age or contextual criteria. This approach-prioritised depth over breadth, allowing exploration of nuanced narratives about coping mechanisms and systemic barriers directly from those most affected. By focusing on adolescents with direct lived experience, the study captured detailed, empathetic accounts essential for informing trauma-responsive care practices.

Purposive sampling also mitigated ethical risks by excluding vulnerable groups outside the study's scope, such as younger children or those with severe disabilities. This selective process ensured methodological rigour while respecting participants' autonomy and contextual realities.

This intentional selection of participants not only enhanced the depth of the study but also upheld ethical standards, making the findings both reliable and meaningful. By honing in on those best positioned to inform the research questions, the study provides valuable insights into the challenges and coping strategies of male adolescents in institutional care within Waterberg District, Limpopo Province.

The following were the inclusion and exclusion criteria that the researcher used:

Inclusion criteria for male adolescents

- Participants who were willing and available to participate in the study.
- The participants who resided in CYCCs for two years or more.
- The participants were male adolescents aged 13-18 years.

Exclusion criteria for male adolescents

- Participants who had not resided in a CYCC for two years or more.
- Participants who were younger than 13 years or older than 18 years.

- Participants who were not males.

Inclusion criteria for CYCW

- Participants who were willing and available to participate in the study.
- CYCWs who worked at CYCCs for two years or more.
- Participants who worked with male adolescents within a CYCC.

Exclusion criteria for CYCW

- CYCWs who had been working at CYCC for less than two years.
- CYCWs who were not working with male adolescents within a CYCC.

Prior to their involvement, all participants were provided with thorough explanations of the research's aims and assured of their unrestricted right to discontinue participation at any point. Despite this provision, every individual opted to remain engaged throughout the entire study.

3.5.3 Sample Size

Qualitative research prioritises depth over breadth, focusing on obtaining rich, detailed insights from participants rather than pursuing statistical generalisability (Creswell & Poth, 2018:224). Geoffrey, De Matteo and Festlinger (2021:18) refer to sample size as the number of participants the researcher works with during the study. The sample size, defined as the number of individuals or sites included in the study, is guided by the principle of data saturation, the point at which new data cease to yield novel insights, and themes become recurrent (Bailey, 2018:245). This approach aligns with the methodological ethos of qualitative inquiry, which aims to achieve thematic saturation rather than numerical quotas.

In this study, saturation was attained after interviewing six male adolescents and seven CYCWs across two CYCCs in South Africa's Waterberg District. Creswell and Poth (2018:158) advocate against predetermining sample sizes, instead recommending iterative data collection until redundancy in responses signals saturation. The suggested range of sample size according to Creswell and Poth

(2018:66-67) for phenomenological investigations is between three and fifteen people. By adhering to this principle, the researcher ensured that findings were both comprehensive and grounded in the participants' lived realities, avoiding superficial or premature conclusions.

3.6 Data Collection Method(s) and Procedure

3.6.1 Data Collection Procedure

Gatekeepers are referred to as individuals in positions of authority within organisations who control or limit researcher access for studies (McFadyen & Rankin, 2016:83). For this research, ethical approval was secured from the College Research Ethics Committee (CREC) of the College of Human Sciences, alongside endorsement from the Department of Social Work's Scientific Research Committee (SRC) (see-attached letter, Appendix 7). Prior to data collection, the researcher formally requested access by corresponding directly with directors of CYCCs in the Waterberg District via written appeals.

Responses authorising the study were received electronically, establishing formal consent for fieldwork. The decentralised approval processes of non-profit CYCCs necessitated direct engagement with institutional gatekeepers (i.e., directors or senior management), bypassing broader departmental channels such as the Department of Social Development. This preparatory phase fostered collaborative relationships with participants and ensured clarity regarding the study's objectives, aligning with ethical standards and procedural rigour.

To recruit participants, the researcher collaborated with centre managers, who disseminated information about the study's objectives to eligible male adolescents and CYCWs (see the attached letter, Appendix 4). Volunteers were invited to partake through a formal appeal process. Informed consent documentation was distributed electronically to the CYCCs, outlining the study's aims and emphasising the significance of participant contributions (see the attached letter, Appendix 5). Consent for adolescents, who remain under institutional guardianship, necessitated managerial endorsement alongside individual assent.

Once approvals were secured, participants received detailed briefings on logistical specifics, including session timing, duration, and location, to ensure clarity and preparedness. The managers of the respective CYCCs allocated the social workers who assisted the researcher in ensuring that the logistics of the interviews were met, including preparing the venue, getting participants ready, and informing them of the interview times. The researcher got permission from participants to digitally record the interviews during the signing of the informed consent forms and discussion of permission letters (see the attached letter, Appendix 5).

3.6.2 Methods Used For Data Collection

The study employed semi-structured interviews, guided by open-ended questions, to facilitate a nuanced exploration of participants' perspectives and lived experiences. As defined by Zahle (2017:146), this method balances structured inquiry with flexibility, allowing participants to articulate their views while ensuring thematic alignment with research objectives. The approach prioritised eliciting diverse interpretations rather than directing responses, enabling participants to conceptualise issues and forge connections organically (Peel, 2020:6).

Prior to interviews, participants received detailed briefings from the researcher on the study's purpose, emphasising voluntary participation and the right to withdraw without repercussion. Consent was secured via formal documentation, with institutional approval required for adolescents under CYCC guardianship (see the attached letter, Appendix 5). Interviews, lasting 35–45 minutes, were audio-recorded on a mobile device with participants' explicit consent. Recordings were strictly anonymised, accessible only to the researcher, supervisor, and an independent coder (see the attached letter, Appendix 5), ensuring confidentiality.

As the primary data-gathering instrument, the researcher employed interpersonal and communication skills central to qualitative inquiry. Open-ended questioning, probing, and active listening were prioritised to elicit depth and clarity (Nieuwenhuis, 2016:94). Active listening, as outlined by Canpolat, Sekvan, Yildirim and Canpolat (2015:165), involved paraphrasing responses and adaptive follow-up questions, fostering a collaborative dialogue. Non-verbal cues (e.g., attentive posture, eye contact) further

reinforced rapport, enabling participants to share candidly within a psychologically safe environment.

This approach promoted methodological transparency and, through the integration of ethical rigour, participatory engagement, and reflexive practice, achieved a balance between empirical depth and respect for participants' agency and institutional contexts.

3.6.3 Pilot Testing

Pilot testing according to Fraser, Fahlman, Arscott and Guillot (2018:261) is a small version of a full-scale study which is aimed to test research instruments, such as questionnaire or interview guide, before the actual research study can commence. A pilot study, according to Ismail, Kinchin and Edwards (2018:1), is a small portion of the research project, which is undertaken prior to the final full scale of the actual study.

Yin (2018:39) underscores its role as a microcosm of the main study, enabling researchers to identify logistical or procedural adjustments. For this inquiry, a pilot phase was conducted with one adolescent male and one CYCW from Abraham Kriel Children's Home in Modimolle, selected for geographical proximity and operational feasibility.

The pilot test aimed to assess instrument clarity by verifying the coherence and comprehensibility of interview questions, removing ambiguities or redundancies; optimise resources by estimating time allocation and potential costs, as advocated by Fraser et al (2018:261); and enhance interview techniques, allowing the researcher to refine probing, active listening, and rapport-building skills. Data from this phase were excluded from the final analysis to prevent contamination of findings, and participants were explicitly informed that their contributions would solely inform methodological adjustments.

The pilot test revealed opportunities to streamline the interview schedule, eliminating tangential questions while amplifying focus on core themes. It also provided pragmatic insights into time management, ensuring subsequent interviews remained within the 35–45 minute window. This preparatory step strengthened the researcher's methodological confidence, ensuring rigour and ethical adherence during formal data

collection and helped in ensuring that the interview guide used was effective and well-structured to collect necessary data.

3.7 Data Analysis Method

Data analysis constitutes the systematic transformation of raw data into coherent research insights, necessitating meticulous organisation to ensure traceability and rigour (Nieuwenhuis, 2016:114). Grinnell and Unrau (2018:648) emphasise its role in consolidating and condensing data to address core research questions.

For this study, analysis adhered to the seven-phase framework proposed by Lochmiller and Lester (2017:98-99), ensuring methodological transparency and depth.

Phase 1: Preparing and organising the data for analysis.

Post-interview, the researcher read thoroughly transcribed interviews with the aim of gaining an understanding of the collected data and also made notes of ideas that came to mind after carefully reading the transcripts.

Phase 2: Transcribing the data

Interviews were transcribed verbatim to preserve participants' exact language, capturing nuances in tone and emphasis. This approach aligns with qualitative standards for maintaining authenticity (Lochmiller & Lester, 2017).

Phase 3: Becoming familiar with the data

The researcher engaged in repeated reviews of transcripts and notes, identifying patterns, anomalies, and gaps. This immersion fostered a holistic grasp of the dataset, crucial for subsequent interpretive accuracy.

Phase 4: Memoing the data

Analytical memos were drafted to document initial interpretations, emergent themes, and potential biases. These memos served as a reflexive tool, enabling the researcher to critically assess their influence on data interpretation.

Phase 5: Thematic Coding

Data were coded using an inductive approach, tagging segments with descriptive labels (e.g., “institutional stigma,” “peer support”). Coding software was avoided to prioritise manual, context-sensitive engagement.

Phase 6: Category and Theme Development

Codes were clustered into broader categories (e.g., “structural barriers,” “adaptive resilience”), which were synthesised into overarching themes. This phase bridged micro-level observations with macro-level theoretical frameworks.

Phase 7: Transparent Reporting

The analytic process was meticulously documented, including code definitions, thematic maps, and decision trails. This transparency bolstered the study’s credibility and replicability.

An independent coder, an experienced social worker, reviewed the dataset to validate findings, mitigate bias, and ensure interpretive consistency. A consensus meeting between the researcher and the coder was facilitated by the supervisor. Discrepancies were resolved through iterative dialogue, refining codes and themes until consensus was achieved. Final themes were then contextualised within existing literature to derive conclusions and recommendations.

3.8 Ensuring Rigour

Trustworthiness in qualitative research focuses on assessing the accuracy and dependability of the research findings (Nunes,Barroso & Santos,2019:1). The implementation of self-correction by researchers throughout the study enabled the verification of data (Polit & Beck, 2017:570). Liamputtong (2019:20) defines rigour as the standard and quality of qualitative research and further states that it is meant to judge its validity. To fortify the rigour of this inquiry, the researcher applied Guba’s criteria of trustworthiness (cited in Bryman, 2016:302), encompassing credibility, transferability, dependability, and confirmability.

3.8.1 Credibility

Credibility in research denotes the appropriateness of methodological tools, the precision of analytical processes, and the extent to which findings accurately reflect participants' lived experiences (Saunders et al., 2016:202). Crolley (2022:36) defines credibility as the belief in the truth-value of information, which helps determine if one variable influenced the other or not. To uphold this criterion, the study employed rigorously validated methods aligned with its theoretical framework (Bronfenbrenner's ecological systems theory and Lazarus and Folkman's coping theory), ensuring congruence between research questions, design, and execution.

Trust building with participants was prioritised through empathetic engagement, fostering an environment where male adolescents felt secure articulating their challenges and coping strategies without fear of judgment. Interviews were conducted at the respective CYCCs where the male adolescents resided, on Saturdays, because that was the only time the participants were available. Open-ended questioning facilitated unfiltered expression, capturing nuanced narratives central to the study's objectives.

Well-established research methods, together with a research design that fits the research question, were employed. The researcher employed a well-defined purposive sampling method to ensure that male adolescents who met the study's criteria participated. An example of this was that the study focused on male adolescents between 13-18 years of age residing in CYCCs within Waterberg District municipality. The researcher also ensured the credibility of the study by maintaining regular contact with his supervisor, either through WhatsApp, email, or Teams meetings.

3.8.2 Transferability

Transferability in qualitative research denotes the extent to which findings can be meaningfully applied to other contexts or populations, enabling readers to assess relevance to their own settings (Creswell and Poth: 2018:495-496). Unlike statistical generalisation, this concept emphasises the provision of thick description—a detailed account of the research context, participants, and methodologies—to empower readers in drawing connections to analogous scenarios (Nieuwenhuis, 2016:124). In

this study, transferability was bolstered through meticulous documentation of the CYCCs' institutional environments (e.g., daily routines, caregiver ratios), participant demographics (e.g., age ranges, trauma histories), and procedural specifics (e.g., semi-structured interview protocols). Such details allow future researchers or practitioners to evaluate the applicability of insights to comparable care settings, ensuring findings resonate beyond the immediate study context.

3.8.3 Dependability

Dependability in research pertains to the stability and reliability of data across varying conditions and temporal contexts, ensuring that findings remain consistent if the study were replicated under similar circumstances (Polit & Beck, 2017:559). Dependability or consistency in research requires that the researchers follow a specific and understandable plan and complete each step of the research process (Lune & Berg, 2017:48).

To uphold this crucial criterion, the researcher implemented measures to enhance methodological transparency and accountability. This practice not only safeguarded data integrity but also facilitated future replication or secondary analysis by other scholars. Furthermore, an independent coder reviewed the dataset to corroborate analytical processes, ensuring coding consistency, thematic accuracy, and the inclusion of all relevant data. This external validation mitigated researcher bias and reinforced the study's analytical rigour. By integrating these strategies, the study demonstrates methodological dependability, and builds confidence in the strength of its findings.

3.8.4 Confirmability

Confirmability refers to the extent to which study findings reflect neutrality and impartiality, ensuring that interpretations are grounded in the data rather than researcher bias. This criterion is achieved when independent evaluators concur on the accuracy, relevance, and coherence of the data's interpretation (Polit & Beck, 2017:559). Marshall and Rossman (2016:263) further emphasise that confirmability necessitates methodological transparency, enabling external scrutiny of analytical processes, data sources, and decision-making trails. By maintaining detailed records

such as audit trails, reflexivity journals, and raw data sets, researchers allow peers to verify the logical consistency and empirical basis of their conclusions, thereby upholding the study's integrity and scholarly rigour.

The researcher used an independent coder during data analysis, which provided the researcher an opportunity to ensure congruency between his own analysis and that of the coder. Interview skills such as paraphrasing and reflecting were employed to help understand the points made by the participants without replicating their words. An audio recorder was also used by the researcher to ensure confirmability.

3.9 Ethical Considerations

Ethics in research is aimed at protecting the vulnerable populations and respecting the dignity and privacy of participants and gives guidance of what is appropriate and inappropriate behaviour (Sobočan, Bertotti & Strom-Gottfried 2019:806). Defined as the systematic evaluation of appropriate and inappropriate conduct, ethics governs researchers' adherence to moral obligations and societal norms (Hilton, Fawson, Sullivan & DeJong, 2020:61). Proactive anticipation of ethical dilemmas, as emphasised by Creswell and Creswell (2018:159), is critical to maintaining integrity and trust throughout the investigative process.

3.9.1 Informed Consent

In adherence to ethical standards, the researcher prioritised the diligent implementation of informed consent throughout this study. As emphasised by Ryne (2016:32), informed consent necessitates that participants are fully aware of all aspects of the research, including its objectives, processes, and scope, enabling them to make voluntary and knowledgeable decisions about their involvement. To operationalise this principle, the researcher treated informed consent as a mutual agreement between prospective participants and themselves, ensuring clarity and transparency prior to participation. This approach aligned with Babbie's (2017:66; 2017:64) assertion that researchers must confirm participants' understanding of the study's requirements before consent is formally granted.

Participants were explicitly informed of their right to withdraw from the study at any stage without consequence, reinforcing the voluntary nature of their involvement (see

the attached letter, Appendix 4). Prior to data collection, assurances were provided regarding confidentiality: all shared information would remain strictly tied to the study's aims, and explicit permission to use audio recording devices was sought individually. To guarantee comprehension, participants received detailed information letters (see the attached letter, Appendix 5), which the researcher reviewed verbally, addressing queries to confirm understanding. This process upheld accountability while respecting participants' autonomy and privacy.

3.9.2 Confidentiality

Protecting the personal details and identities of participants is a fundamental ethical requirement in research, encapsulating the concepts of anonymity and confidentiality (Babbie, 2017:67). Ryne (2016:33) emphasises that confidentiality entails a duty to safeguard each participant's identity, as well as the location where the study is conducted. Confidentiality, according to York (2020:57), refers to the implied or explicit contracts individuals have regarding the sharing of information a person might have about another person. In the current study, the information which was received from the participants about their private lives was protected and not shared with other persons.

3.9.3 Anonymity

Anonymity serves as a means to preserve participants' privacy by ensuring that researchers cannot link the collected data back to the individuals who provided it (Hilton et al., 2020:70). Hartell and Bosman (2016:72) highlight that the essence of anonymity lies in the information obtained being incapable of revealing participants' identities under any circumstances.

In this study, the researcher ensured anonymity by omitting participants' names and replacing them with unique identifiers such as 'Participant 1' or 'Participant 2'. All recorded interviews were securely stored on a computer with a secure password to prevent unauthorised access to the information. Participants were reassured that while the findings would be disseminated through research reports, journal articles, and conference presentations, their individual contributions would remain confidential unless they expressly consented otherwise (see the attached letter, Appendix 4).

3.9.4 Beneficence

Beneficence according to Babbie (2020:64) means that the research must not in any way harm the subject/participant rather it should benefit them. Within this study, the principle of beneficence is interpreted as prioritising long-term benefits for participants, have their welfare in mind as a goal and strive for the benefits of the research in order to outweigh the risk (Weinbaum, Landree, Blumenthal, Piquado and Gutierrez, 2019:10). To operationalise this commitment, the researcher has adopted transparent practices, including comprehensive written documentation that clarifies the study's objectives and outlines how participation will yield value for individuals and their affiliated organisations (see the attached letter, Appendix 4). This approach not only aligns with ethical standards but also reinforces accountability, ensuring that participants' welfare remains central to the research process.

3.9.5 Avoidance of Harm

Avoiding harm entails preventing potential negative consequences, whether physical or emotional, for research participants (Babbie, 2017:64). Scholars underline the necessity for researchers to minimise risks, ensuring that any discomfort or stress experienced during the study does not exceed what participants might encounter in everyday life (Babbie & Mouton, 2016:522). This proactive approach involves anticipating subtle risks and implementing safeguards to mitigate them, including halting data collection methods that inadvertently provoke anxiety or distress. In this study, participants were explicitly informed of their right to withdraw from answering any question that caused discomfort by the researcher. Additionally, a debriefing protocol was established to address any adverse emotional effects that may arise from interviews, reinforcing ethical commitments to participant welfare and dignity. These measures align with the principle of non-maleficence, prioritising protection over procedural expediency.

3.9.6 Voluntary Participation

Voluntary participation requires ensuring that individuals freely choose whether to engage in a study without coercion, safeguarding their autonomy throughout the research process (Babbie, 2017:63). This principle obliges researchers to reiterate

participants' right to withdraw at any stage, even after the study's objectives have been thoroughly explained (Arifin, 2018:30). In this study, the researcher prioritised transparency, providing comprehensive verbal and written details about the research aims to enable informed, unpressured decisions. Potential participants were explicitly assured of their freedom to decline involvement or exit the study without consequence, reinforcing ethical respect for their agency (see-attached letter, Appendix 4). To formalise this commitment, an information sheet was distributed for retention, and written consent emphasising voluntary engagement was obtained prior to participation. These measures align with ethical standards, ensuring accountability and upholding participants' rights to self-determination.

3.9.7 Debriefing of Participants

Singleton and Straits (2018:490) highlight that debriefing serves methodological, educational, and ethical purposes. Babbie (2016:68) defines debriefing as interviews designed to identify and address any issues arising from the research experience. Allen (2017:357) states that debriefing is an ethical practice in research, whereby the participants are given an opportunity to ask any questions after the research process or be assisted with any problems that may have arisen during the research.

The researcher agrees with these authors, recognising that debriefing is essential for ensuring participants' well-being. It is unrealistic to assume that participants will maintain the same emotional state after the interviews as they had prior to the study. Therefore, it is crucial not to make assumptions about their well-being but to address any misconceptions that may emerge during data collection. If necessary, debriefing should occur immediately after data collection. To this end, the researcher arranged for a qualified social worker to provide psychosocial debriefing and support during and after data collection for any participant who may require it (Padgett, 2017:85).

In ensuring that the research participants were protected, the researcher made follow-ups with the interviewees to find out whether the study made them feel uncomfortable or not. It was found that none of the participants required the services of the debriefer.

3.10 Chapter Summary

Chapter 3 details the research methodology employed in this study, focusing on a qualitative approach to explore the challenges and coping strategies of male adolescents in Waterberg District CYCCs. To gain a deep understanding of the participants' lived experiences, an interpretive paradigm was adopted. This was supported by the exploratory and phenomenological designs, which together provided a comprehensive framework for the inquiry.

Purposive sampling was utilised to select participants who were most relevant to the research objectives and could provide insightful perspectives on the phenomena under study. Data were collected through semi-structured interviews with six male adolescents and seven CYCWs. Interviews continued until saturation was achieved, ensuring that the data were rich and no new themes emerged. For data analysis, a seven-phase thematic approach was employed. This method allowed for systematic identification, analysis, and reporting of patterns within the data, ensuring rigour and depth in the findings. The study emphasised credibility, transferability, dependability, and confirmability to enhance the trustworthiness of the results.

Ethical considerations were rigorously adhered to throughout the research process. Informed consent was obtained from all participants, and principles of confidentiality and voluntary participation were strictly upheld to protect their rights and well-being. Measures were taken to ensure that participants were fully informed about the study, and their involvement was entirely voluntary. Provisions were made for debriefing support where necessary, demonstrating a commitment to ethical integrity and the well-being of all involved. By meticulously addressing these methodological and ethical considerations, the study laid a solid foundation for credible and meaningful insights into the experiences of male adolescents in CYCCs.

Chapter Four

Presentation of Findings

4.1 Introduction

In this chapter, the researcher presents, interprets and discusses the study's findings in relation to the existing literature, aiming to provide a rich, qualitative analysis of data collected from male adolescents who have resided in CYCCs within the Waterberg District. The focus also extends to CYCWs who have been working in CYCCs within Waterberg District of Limpopo Province.

The primary goal of the study was to develop an in-depth understanding of the challenges and coping strategies of male adolescents in Waterberg District CYCCs, Limpopo Province. This chapter is pivotal because it presents data collected and analysed from a qualitative perspective. The findings are based on 13 semi-structured interviews with male adolescents and CYCWs, incorporating open-ended questions that allowed participants to express their experiences freely. The researcher employed verbatim quotations to capture the authentic voices of the participants and substantiate their statements regarding the phenomena under investigation. A literature review was conducted to validate the study's findings. Data analysis was carried out using the seven-phase method outlined by Lochmiller and Lester (2017:98-99). The chapter begins with a detailed description of the research participants, including presentations of the samples in tabular form.

This comprehensive approach ensures that the findings are rooted in the lived experiences of the participants, offering valuable insights into the dynamics within CYCCs. By integrating participant perspectives with existing literature, the study contributes meaningfully to the body of knowledge on the challenges faced by male adolescents in institutional care and the coping strategies employed by both the adolescents and the care workers supporting them.

4.2 Profile of the Participants

This section presents a total of 13 biographical profiles of the participants who were interviewed through semi-structured interviews. The participants were male

adolescents between the ages of 13-18 who resided in CYCCs within Waterberg District Municipality for two or more years, and CYCWs employed in CYCCs in this district for two or more years. *The researcher included participants from all racial groups (CYCWs and male adolescents); however, only 10 Blacks, two Whites and one Coloured adolescents were found in the CYCCs selected for data collection, possibly due to the demographic composition of Waterberg District and the socioeconomic factors influencing which children are placed in institutional care in this region. Tables 4.1 and 4.2 present the biographical details of the two populations.*

Table 4.1 Biographical Details of Male Adolescents

No	Participant	Age	Home Language	Gender	Race	Years Residing in CYCC
1	Participant MA	18	Sepedi	M	Coloured	14
2	Participant MB	13	Tsonga	M	African	4
3	Participant MC	17	English	M	White	3
4	Participant MD	16	English	M	White	3
5	Participant ME	16	Sepedi	M	African	2
6	Participant MF	14	Shona	M	African	2

Table 4.2 Biographical Profile of CYCW

No	Participant	Age	Gender	Race	Home Language	Highest Level of Education	Number of Years Employed as a CYCW
1	Participant A	39	F	African	Tsonga	BA (SW)	3
2	Participant B	42	M	African	Venda	Certificate in CYC	6
3	Participant C	37	M	African	Sepedi	Certificate in CYC	4
4	Participant D	46	F	African	Sepedi	Certificate in CYC	9
5	Participant E	36	F	African	Tswana	Certificate in CYC	4
6	Participant F	44	M	African	Sepedi	Certificate in CYC	15
7	Participant G	37	M	African	Sepedi	Certificate in CYC	5

4.2.1 Participants

The study involved 6 male adolescents from two CYCCs and 7 CYCWs. As outlined by the American Psychological Association Dictionary (APAD) (2022), a participant refers to an individual engaged in research, performing assigned tasks or responding to inquiries formulated by the investigator. The adolescent participants were aged between 13 and 18 years, while the CYCWs fell within the 36 to 46 age range. This demographic composition ensured diverse perspectives while maintaining ethical alignment with the study's focus on youth and caregiver dynamics.

4.2.2 Gender Distribution of Participants

The study's participant cohort comprised 13 individuals, with a gender distribution of four females and nine males. This imbalance reflects broader societal patterns, particularly the prevalence of single-mother households where maternal caregivers often receive limited support from fathers or extended family networks (Phumudzo, Shirindi & Makofane, 2021). Such circumstances can strain single mothers' capacity to provide stable environments for their children, including male adolescents, who may face compounded challenges due to absent paternal figures (Mathibela & Skhosana, 2020). The researcher specifically focused on male adolescents to explore the challenges and coping strategies unique to this group within CYCCs. The adolescents had stayed in the CYCCs for periods ranging from two to fourteen years, reflecting varying levels of institutionalisation and adjustment to care. Research underscores the growing proportion of children raised in female-headed families, a shift linked to social and emotional difficulties among male adolescents, such as gaps in male mentorship, premature assumption of household responsibilities, and heightened vulnerability to behavioural issues (Mabelane, Makofane & Kgadima, 2019). This focus aligns with Bronfenbrenner's ecological systems theory (1979), which highlights how the absence or presence of supportive figures within a child's microsystem (such as parents and caregivers) significantly influences their development.

Among the 7 CYCWs interviewed, 4 were male and 3 were female. The inclusion of more male CYCWs was intentional, as the study aimed to gain insights into how male care workers engage with and support male adolescents. Research suggests that male adolescents may respond differently to male caregivers, viewing them as

surrogate father figures or mentors when paternal involvement is lacking (Mathibela & Skhosana, 2020). This selection allowed the researcher to explore whether the gender of CYCWs influenced the support provided to male adolescents and how male care workers navigate their roles in shaping positive outcomes for these youths.

4.2.3 Length of Time Participants Stayed in CYCCs

The duration of adolescents' stay in the CYCCs during the study period varied between two and fourteen years. Mathebula (2021:18) defines family reunification in a child welfare context as the structured process of returning a child to their biological parents or guardians after removal, accompanied by support services to stabilise the family unit. Global research echoes this emphasis on reducing reliance on residential care. Van Ijzendoorn, Schuengel and Bakermans-Kranenburg (1999:1) advocate limiting admissions to CYCCs and shortening stays when institutional care is unavoidable, while Lopez and Del Valle (2015:457) highlight international consensus favouring family-centred interventions over prolonged residential placements. To contextualise these principles, interviews were conducted not only with adolescents but also with CYCC staff (2-5 years of service), whose experiences indicated systemic challenges in implementing reunification policies. Their insights underlined the tension between legal mandates for rapid reintegration and the complex realities of ensuring safe, sustainable family environments, balancing critical safeguarding of children's long-term wellbeing.

4.3 Discussion of Findings in Relation to Literature

Themes, sub-themes, and categories that emerged from the data analysis were presented and contrasted with the body of existing literature in this part. Findings were also interpreted in relation to the study's theoretical framework. Findings were presented in Part A, focusing on findings derived from data obtained from male adolescents and Part B, referring to findings based on information gathered from CYCW.

PART A: MALE ADOLESCENTS

The researcher sought answers to the following biographical and open-ended questions:

- Please explain to me what it means to you to be a male adolescent.
- Tell me about your experiences as a male adolescent living within the CYCC.
- What challenges do you come across as a male adolescent living within the CYCC? (probing challenges with house rules, relationships with CYCW, social workers, friends in the centre, friends outside the centre, family visiting, going home, school, church, community, other)
- How do you cope with your challenges as a male adolescent living within the CYCC? (probing all the challenges mentioned)
- What type of support do you need as a male adolescent living within the CYCC? (probing friends, social workers, CYCW, school, family, church, community, others)

Five themes were identified during data analysis, as depicted by Figure 4.1 below.

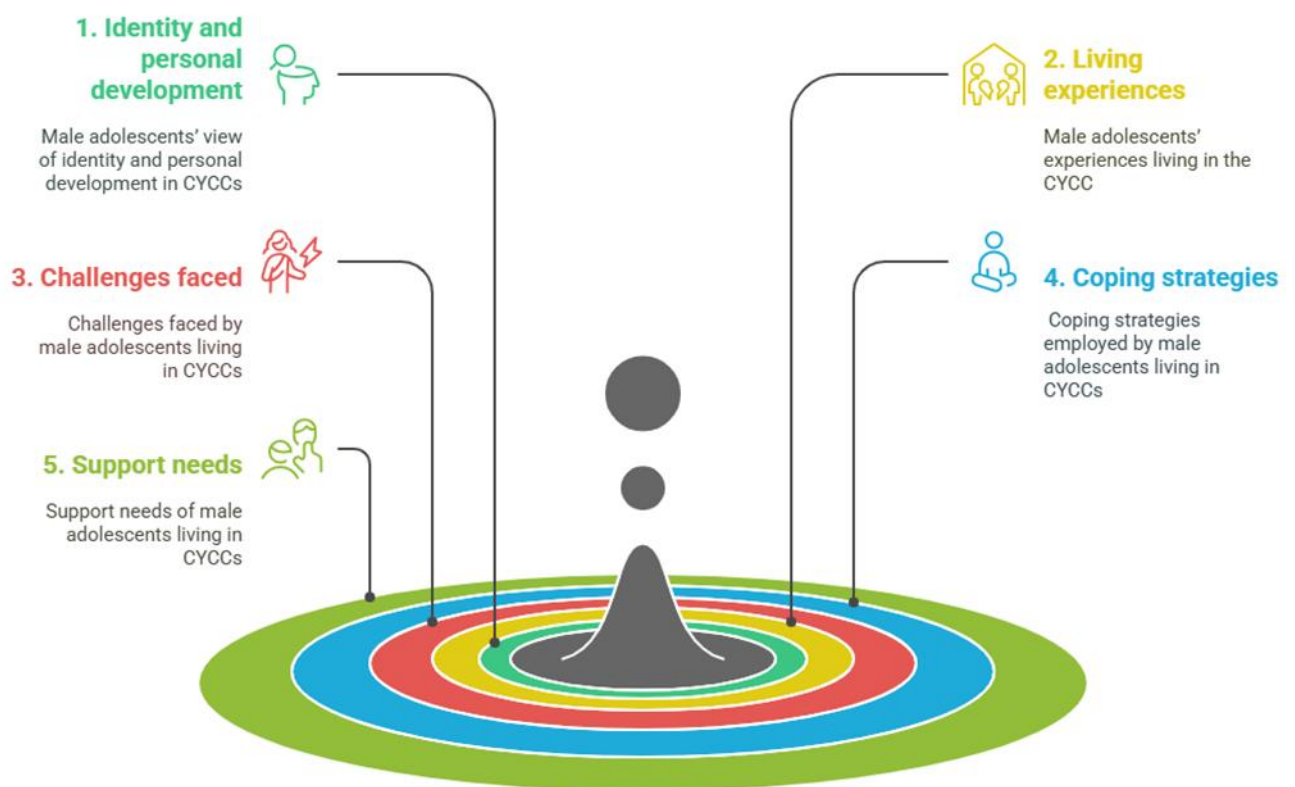


Figure 4.1 Themes identified from the Data obtained from Male Adolescents

Table 4.1 provides an overview of the themes, sub-themes and categories obtained from male adolescents.

Table 4.3 Overview: Themes, Sub-themes and Categories (Male Adolescents)

Themes	Sub-themes	Categories
Theme 1: Male adolescents' view of identity and personal development in CYCCs	Sub-theme 1.1: Cultural identity struggle and self-understanding	
	Sub-theme 1.2: Transition into adolescence	Category 1.2.1 Behavioural changes and peer pressure Category 1.2.2 Sexual and physical development
Theme 2: Male adolescents' experiences living in the CYCC	Sub-theme 2.1: Experiences of restriction and loss of freedom	
	Sub-theme 2.2: Relationships and support experiences	Category 2.2.1 Positive experiences Category 2.2.2 Negative experiences
	Sub-theme 2.3: Reflections and personal growth	
	Sub-theme 2.4: Family and connections outside the centre	
Theme 3: Challenges faced by male adolescents living in CYCCs	Sub-theme 3.1: Challenges with rules and restrictions	
	Sub-theme 3.2: Peer pressure and social influence	
	Sub-theme 3.3: Friendship and social support	
	Sub-theme 3.4: Family relationships and loneliness	
	Sub-theme 3.5: Bullying and peer conflict	
	Sub-theme 3.6: Care worker relationships	

Themes	Sub-themes	Categories
Theme 4: Coping strategies employed by male adolescents living in CYCCs	Sub-theme 4.1: Coping mechanisms employed	
	Sub-theme 4.2: Reflection and personal self-growth	
	Sub-theme 4.3: Family and relationships	
	Sub-theme 4.4: Social interactions	
Theme 5: Support needs of male adolescents living in CYCCs	Sub-theme 5.1: Educational programs	
	Sub-theme 5.2: Holistic support spectrum	Category 5.2.1 Emotional support Category 5.2.2 Family support Category 5.2.3 Support from CYCW and social workers Category 5.2.4 Peer support Category 5.2.5 Spiritual support Category 5.2.6 Community support Category 5.2.7 School support

The themes, sub-themes and categories were discussed and compared to the literature.

4.3.1 THEME 1: Male Adolescents' View of Identity and Personal Development in CYCCS

This theme examines how male adolescents in CYCCs perceive their identity and the factors shaping their personal growth. It explores how young residents navigate the process of self-discovery while facing unique challenges inherent to the institutional care environment. The theme emerged from participants' reflections on changes in their sense of self and personal development during their time in CYCCs.

Bronfenbrenner's ecological systems theory (1979) provides a useful lens for understanding these experiences. At the microsystem level, daily interactions with CYCWs and peers in the CYCCs directly shape adolescents' self-perception. This section demonstrates how young residents in CYCCs manage their self-discovery process alongside specific obstacles they face in these environments. This theme emerged from the participants' responses to the researcher's inquiry about their views of their identity changes and personal developments, which have occurred while being in CYCCs.

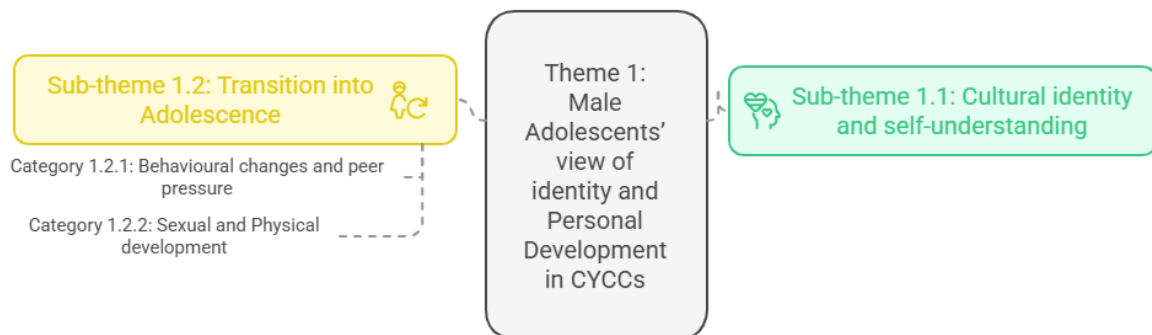


Figure 4.2 The Sub-themes and Categories linked to Theme 1

4.3.1.1 Sub-theme 1.1: Cultural Identity and Self-understanding

The sub-theme investigates how male adolescents in CYCCs develop self-understanding through their perception of cultural identity. The research examines how male adolescents in CYCCs construct their identities through cultural values and traditions, alongside family influences, despite lacking conventional family structures. Participant MA highlighted a struggle with identity as seen by the following response after being asked how he felt being a person who does not speak their mother tongue:

“So now I am just a Coloured by race. I would like to believe that a person is who they are because of the language they speak...sometimes it makes me feel like I don’t know my true identity, who I am. At least if it was said that I am a Pedi because it’s the language that I speak” [Participant MA: MA15-25].

Based on the sentiments shared by Participant MA, language barriers, identity confusion, and cultural displacement were significant challenges expressed by the participants. These challenges reflect the complex interplay between their cultural identity and their current environment, leading to feelings of being out of place. The adolescent phase is characterised by the start of questioning and exploring one’s identity, and adolescents often seek to understand the person they are and want to be, and how they fit in society (Branje, de Moor, Spitzer & Becht, 2021:908). Thus, similarly, Malatjie and Dube (2017:109) note that some studies have found that logistics must be set up to enable culture-related programmes, in that cultural identity is a significant component for adolescents in residential care, especially for boys.

These challenges highlight the importance of creating supportive environments that acknowledge and respect adolescents' cultural identities. Care centres should provide culturally sensitive interventions that help adolescents navigate these complexities and foster a sense of belonging. By addressing language barriers, promoting cultural pride, and facilitating connections to their heritage, care centres can help adolescents build a stronger, more cohesive sense of identity (Malatjie & Dube, 2017:109).

4.3.1.2 Sub-theme 1.2: Transition into adolescence

This sub-theme explores how male adolescents in CYCCs navigate the critical developmental stage of adolescence, marked by physical, emotional, and social changes. Participants described this transition as particularly complex within the structure and, at times, restrictive environment of CYCCs, which often limits opportunities for autonomy and peer interaction. From the perspective of Bronfenbrenner’s ecological systems theory (1979), this period of transition is shaped by interactions within the microsystem (relationships with caregivers and peers) and influenced by the broader mesosystem and macrosystem factors such as cultural expectations and societal norms.

Category 1.2.1 Behavioural changes and peer pressure

This category explores how male adolescents in CYCCs perceive and experience behavioural changes during adolescence, particularly under the influence of peer dynamics. The narratives shared by participants highlight that adolescence is not merely a developmental stage but a period deeply shaped by social pressures, cultural expectations, and the need for belonging within peer groups.

Participant MB noted:

"To me, being a male adolescent means a stage where a boy will start to disrespect their parents, start coming late at home, start going to taverns and drinking alcohol, start proposing to girls." [Participant MB16–MB19].

Participant MC elaborated further, associating this stage with peer influence.

"Being a male adolescent to me means a stage where some males might start to smoke, either cigarettes or marijuana. A phase where males start to be in romantic relationships with girls, they start to have sex, start to have morning erections, and some, like me, grow a beard, and there is a physical change." [Participant MC14–MC19].

Participant MD reflected specifically on peer influence:

"...a male adolescent to me is a stage whereby a guy or male starts dating girls, maybe starts smoking, and some smoke because of peer pressure or looking for a sense of belonging." [Participant MD20–MD24].

These reflections suggest that behavioural changes during adolescence are often tied to the influence of peer groups and the pursuit of social identity. Actions such as substance use, defiance of authority, and seeking romantic relationships indicate a strong desire for autonomy and acceptance among peers. According to de Moor et al (2019:75), adolescence is a period characterised by increased experimentation and identity exploration, which can be intensified in environments lacking consistent adult guidance, such as CYCCs.

Peer pressure emerges as a critical factor shaping adolescents' behavioural choices. The desire to "fit in" can drive male adolescents toward risky behaviours such as

smoking, drinking, or breaking rules, mirroring findings in the literature that peer conformity during adolescence may promote both prosocial and antisocial behaviours depending on the social context (Steinberg & Monahan, 2007:153). In CYCCs, where adolescents often live closely with peers and have limited positive role models, this dynamic may heighten the likelihood of adopting negative behaviours as a means of gaining acceptance.

From Bronfenbrenner's ecological systems Theory perspective (1979), these behavioural changes are influenced not only by immediate peer relationships within the microsystem but also by interactions in the mesosystem, such as those between caregivers and peers. The absence of stable family structures and cultural continuity in CYCCs can exacerbate this vulnerability, leaving adolescents navigating conflicting influences without adequate support (Ungar, 2022:29).

Category 1.2.2 Sexual and Physical Development.

This category explores how male adolescents in CYCCs perceive and experience the transition into adolescence. The narratives offered by participants highlighted that adolescence is more than a biological or developmental phase; it is a socially and culturally constructed experience shaped by peer influence, physical transformations, and emerging behaviours associated with masculinity.

Participant MF described adolescence as a time:

"... when a boy starts to date a girl and starts kissing...Some adolescents have pimples on their faces, some start coming home late, and don't respect people."
[Participant MF 14-22].

Participant MC elaborated further by associating adolescence with physical and sexual development:

*"[It] means a stage where some males might start to smoke, either cigarettes or marijuana. A phase where males start to be in romantic relationships with girls, they start to have sex, start to have morning erections, and some, like me, grow a beard, and there is a physical change."***[Participant MC14–MC19].**

Participant MD also reflected on the influence of peers.

"...a stage whereby a guy or male starts dating girls, maybe starts smoking, and some smoke because of peer pressure or looking for a sense of belonging."
[Participant: MD20–MD24].

These reflections indicate that the transition into adolescence is a multifaceted process marked by physical changes, emotional upheaval, and shifting social behaviours. The physical signs of puberty, such as facial hair, acne, and sexual maturation, emerge as salient markers of growth, often reinforcing traditional notions of masculinity (Kågesten et al., 2016:37). For many participants, these changes signalled entry into adulthood, albeit prematurely and often without adequate guidance or support.

Generally, the transition into adolescence for male youth in CYCCs is shaped not only by biological changes but also by social constructs, peer influences, and environmental factors. Their accounts underline the need for care centres to provide gender-sensitive, developmentally appropriate support that acknowledges the pressures and complexities of adolescence. Structured guidance, mentorship, and open conversations about masculinity, relationships, and identity could help adolescents navigate this stage more healthily and constructively.

4.3.2 THEME 2: Male Adolescents' Experiences Living in the CYCC

This theme explores how male adolescents experience daily life in CYCCs, including their relationships, routines, and sense of independence. These experiences are shaped by interactions within the microsystem, such as connections with CYCWs and peers and influenced by broader mesosystem factors like family contact. Using the coping theory as a lens, the narratives reveal how adolescents manage institutional challenges, with some adopting constructive coping strategies while others resort to emotional withdrawal. Figure 4.3 illustrates the sub-themes and categories linked to Theme 2.

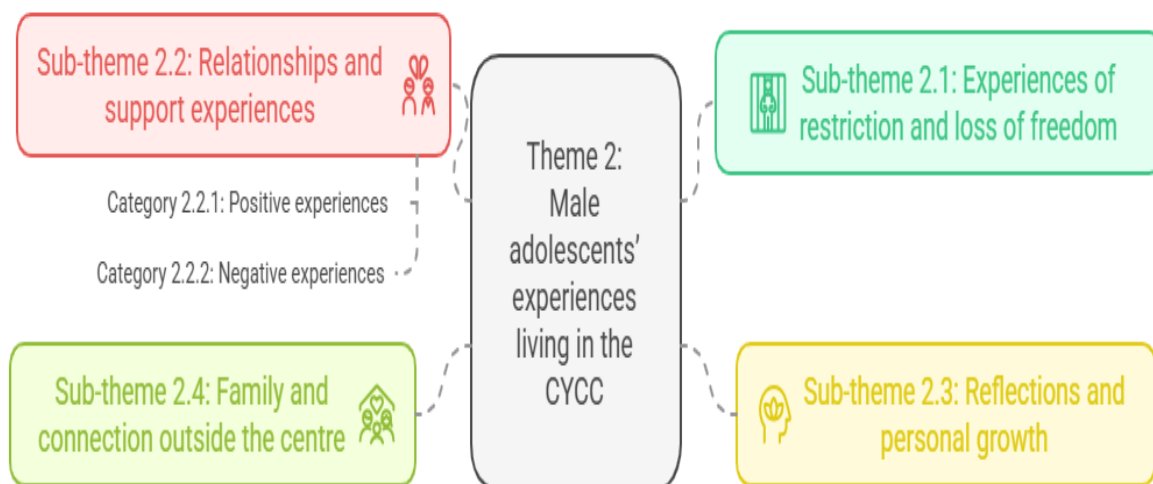


Figure 4.3 The Sub-themes and Categories linked to Theme 2

4.3.2.1 Sub-theme 2.1: Experiences of Restriction and Loss of Freedom

This sub-theme examines the impact of CYCC restrictions on adolescent perceptions of autonomy and freedom. The structured and often restrictive nature of the CYCC environment significantly affects adolescents' sense of autonomy, freedom, and personal agency. Their narratives reveal a shared sentiment of confinement, emotional frustration, and a yearning for the freedom typical of adolescence outside institutional settings.

Participant MA expressed a deep sense of futility and resignation due to prolonged confinement:

"I did not see any use in obeying the rules all the time because I was stuck in the centre for about 11 years. That is why I did not care, and the other reason I think it was because I was young." [Participant MA150–MA153].

Having grown up in the centre, MA also described a lack of positive experiences and memories:

"Eish, my experiences are not nice ones because you should remember I grew up here in the centre." [Participant MA93–A94].

These statements reflect the long-term emotional toll of institutionalisation, including feelings of stagnation, helplessness, and detachment.

Similarly, Participant MB described the monotony and social deprivation experienced in the CYCC:

"The other experience I have is that it is sometimes boring to be here, you only see the same people every day, no time to come back home late, I miss those moments of being with my friends..." [Participant MB34–MB38].

This reveals a loss of relational autonomy, with social interactions limited to a confined peer group, diminishing opportunities for new experiences and social growth. Participant MD highlighted the extreme nature of restrictions, comparing the CYCC to a carceral space:

"This place is like we are in prison, we have limited things that we do, unlike when we are home, maybe during school holidays. I just hate it here..." [Participant MD57–MD59].

He further elaborated on the extent of surveillance and the normalisation of harmful behaviours within the centre:

"What I mean is that we are restricted from doing things, people are always bullying each other, and it looks normal. After school, the taxi is at the gate waiting to fetch us, but we are not allowed..." [Participant MD64–MD69].

Research shows that excessive restriction can have profound developmental consequences. According to Shabangu, Khalo and Singh (2024), adolescents in CYCCs often report that institutional life strips them of normal teenage experiences, fostering disconnection and low morale. The lack of choice in daily activities may lead to resistance or withdrawal, affecting behaviour and emotional health. Furthermore, Nurcombe-Thorne et al. (2018:9) note that the perception of being “imprisoned” leads to resentment and a diminished sense of self. In their study, a participant described the environment as “a mini jail”, stating that “those walls are like prison walls”, underscoring the emotional burden of restricted environments. It is argued that a living environment must be open, in contrast to a closed atmosphere and repressive rules, expectations, and actions (Levrouw, Devlieghere, Vandeveldde & Roose, 2020:3).

Limited autonomy also disrupts social development. Adolescents in CYCCs may feel disconnected from broader society, particularly when institutional rules prevent them from participating in community-based or family activities. As noted by Naudé and van Damme (2024), youth in care often feel “bothered” and experience stigmatisation, which can hinder their ability to form trusting relationships. Participant accounts in this study reflect a similar tension between needing structure and desiring freedom.

The perceived loss of freedom in CYCCs undermines male adolescents’ ability to develop autonomy, identity, and healthy relationships. Their reflections point to a lived reality of confinement, monotony, and emotional detachment. While the structure of CYCCs is essential for safety and order, these findings suggest a pressing need for CYCWs to balance structure with personal agency. Promoting participatory decision-making, flexible routines and access to varied social environments could mitigate the negative psychosocial impact of restrictive care.

4.3.2.2 Sub-theme 2.2: Relationships and Support Experiences

The quality of interpersonal relationships and available support systems within CYCCs plays a vital role in shaping the lived experiences of male adolescents. This sub-theme explores both positive and negative encounters with caregivers, peers, and professionals in the centres, reflecting the dual nature of institutional life as a space of care and conflict.

Category 2.2.1: Positive Experiences

Some participants reported experiences of genuine emotional support, guidance, and care from CYCWs, social workers, and other staff members. These relationships provided not only emotional stability but also helped adolescents reframe their outlook on life.

Participant MA highlighted a shift in mindset following the reconnection with family and the positive influence of staff members:

"I felt that if my family doesn't care to look for us, then why should I live a good life. But also like I said, it was because I was young, and after finding my family,

I am now positive about life. Though it's still a long journey of adapting, I am positive." [Participant MA156–MA161].

He went on to express appreciation for his social worker and the sense of belonging fostered by the staff:

"My social worker knows how much I love her; in fact, even the workers know how much I appreciate them for being part of my life." [MA167–MA169].

These affirmations align with research by Dozier and Bernard (2017:111), who agree that sensitive, responsive parenting increases secure, organised attachments to facilitate optimal development in the life of a child.

The importance of emotional support and guidance was echoed by Participant MB:

"The other experience from staying in the centre is the love that we are given by the workers here, the workers don't shout at us like our parents do at home..." [MB30–MB33].

"I mean, since I came here, there are wrongs that I have done, but they don't beat me. The social worker or the CYCW will sit down with me and make me see where I went wrong." [MB47–MB50].

These accounts illustrate how respectful discipline and positive reinforcement help adolescents feel safe and respected, essential conditions for emotional development (Meyer, Becker & Van Dick, 2006:89).

Participant ME described a turning point in his experience when staff began encouraging him to speak out: *"They told me to report every incident in the centre and that was the day I started to live peacefully, I started opening up to the housemothers about anything..." [ME56–ME61].*

This reflects a broader literature consensus on the importance of trust-building in residential care. According to Ungar, Theron and Liebenberg (2022:157), when youth feel heard and empowered to speak up, they are more likely to engage positively with the care environment and establish stronger relational bonds.

These positive relationships are critical in counterbalancing the often-rigid institutional setting. Caregivers who are consistent, empathetic, and affirming contribute to a sense

of emotional safety, allowing adolescents to heal, grow, and form healthy attachments despite prior trauma or loss.

Category 2.2.2: Negative experiences

Despite the availability of professional support, many participants also reported significant negative experiences, particularly during their initial stages of entry into the CYCC. These included peer bullying, xenophobia, and interpersonal conflict, often exacerbated by a lack of immediate adult intervention. Moreover, it is argued that negative parenting styles negatively impact an adolescent's self-esteem (Huang, Pan & Zhang, 2024:869). The following responses are from three participants who expressed that they had negative experiences.

Participant ME shared a traumatic early experience with violence from other residents:

"When I got here, I was treated badly by other adolescents, but they have been discharged because they were old. They used to beat us, they would do things and say it's us...." [ME34–ME40].

He also spoke about the emotional toll of internalising such abuse:

"You know, when I first arrived here, I was quiet about the beatings until one day I decided that I could not take it anymore...." [ME45–ME47].

These experiences highlight the challenges of peer aggression in institutional care. Research indicates that youth in residential settings are at a heightened risk of peer-to-peer violence and victimisation, particularly when the child does not have an adult with whom they connect, understand, and show warmth and sensitivity to that child (McDermott, 2016:2).

Participant MF described xenophobic bullying, recalling how his Zimbabwean origin made him a target:

"When I started living here, it was a disaster. The children here in the centre would make fun of me because I am from Zimbabwe...I felt like the world would just swallow me because I could not take it anymore. I was always reserved and played alone because no one wanted to be associated with a Zimbabwean child." [MF27–MF39].

These accounts of social exclusion are not isolated. In their study on migrant youth in South African CYCCs, Mothapo and Makoae (2020:45) found that xenophobic stigma often leads to social isolation and emotional withdrawal, which can have long-term implications on mental health.

Further complicating the peer environment is the emergence of hierarchical dominance as expressed by Participant MA:

"And again, since all of the children find me here, I would bully them as a way of initiating them to the centre, so I would enjoy being in control and being more like their boss...." [MA107–MA115].

This admission sheds light on a common coping strategy in institutional settings, where individuals who have previously experienced victimisation may perpetuate cycles of aggression to regain control (Levine, 2005:52).

It thus seems that relationships within CYCCs can be sources of both healing and harm as CYCCs are complex relational ecosystems. While positive relationships with staff can buffer some of these negative experiences, many adolescents encounter hostility and exclusion from peers. Without proactive management of peer dynamics, some adolescents may feel unsafe or marginalised, which can hinder their overall development. These findings reinforce the need for trauma-informed practices and consistent adult engagement to promote safe, inclusive, and empowering environments for all youth in care. It can also be argued that the environment adolescents experience in CYCCs plays a significant role in their overall well-being. Furthermore, it is highlighted that residential care should improve the quality of life of children and families whose living circumstances are already troubling, and one of the significant elements in creating high-quality residential care is ensuring that the living environment and experiences of children are positive (Levrouw et al., 2020:3).

4.3.2.3 Sub-theme 2.3: Reflections and Personal Growth

This sub-theme explores how male adolescents in CYCCs reflect on their experiences and express personal development over time. Despite the challenges of institutional living, several participants shared insights into the ways they have grown emotionally, socially, and psychologically while living in the centre. Their narratives reveal

increased self-awareness, an evolving appreciation of communal living, and the development of adaptive life skills.

Participant MB described his appreciation for the sense of community:

"The experience that I have as a male adolescent being in the centre is that here we do things together..." [MB22–MB30].

Participant MC echoed this sense of inclusion, stating:

"We are treated as one family, and it does not matter from which race you come from..." [MC33–MC34].

These accounts align with the findings of Mthembu and Mtshali (2021:118), who argue that a sense of unity and collective belonging in CYCCs can help adolescents build social competence and reduce feelings of isolation. Communal routines and structured group activities can foster a sense of responsibility and encourage interpersonal learning (Roestorf & Van Breda, 2020:98).

Participant MC also spoke about how living in the CYCC shaped his understanding of shared responsibility:

"The other experience I have is that of learning to share. I am the only child of my parents, and I did not know what sharing is like until I came in here..." [MC34–MC39].

Learning to share space and resources with peers is often a significant adjustment for youth from varying backgrounds. According to Theron and Theron (2020:226), such relational lessons are essential to building resilience among South African adolescents, particularly in collective settings where negotiation and compromise become daily skills.

Another form of personal growth identified by participants was the development of emotional insight and acceptance.

"Being in the centre made me realise that a person cannot live in isolation, and people did not choose to be in the centre. I have learned to appreciate and respect life..." [MC43–MC52].

This reflective statement shows a shift in perspective, from initial resistance to deeper understanding and empathy. The ability to derive meaning from difficult life events is a recognised protective factor in youth development (Ungar, 2022:147).

Participant MA offered a particularly powerful reflection on his journey through adolescence within the centre:

"I just did not care what they did to me. I mean, I grew up in the centre, my adolescence started while I was in the centre, and adolescence is a stage that one cannot jump..." [MA129–MA142].

His narrative highlights a form of passive acceptance that may initially mask emotional distress, but also demonstrates a recognition of the developmental significance of adolescence, even within institutional confines. According to Richter, Lindahl and Malik (2017:15), adolescence is a critical period marked by identity exploration and role experimentation, and institutional care settings should be responsive to these evolving developmental needs.

Other participants described moments of rebellion and subsequent growth, suggesting a trajectory from impulsive behaviour to reflection.

"I then jumped the fence and ran away from the centre, but I did not go far because I was not familiar with this place..." [Participant ME: ME47–ME52].

Such behaviours, while often seen as problematic, can reflect attempts at reclaiming agency in restrictive environments. When met with supportive intervention rather than punishment, these actions can serve as turning points in adolescents' development (Mattingly et al., 2010:214).

Finally, Participant MD highlighted the development of trust and interdependence:

"I have a good relationship with the social workers. If I need something from home, I would ask them to make a call, and they would assist me." [MD111–MD115].

This statement reflects the value of stable, caring adult relationships in promoting self-efficacy and security as key components of healthy adolescent development (Delpont & Makhubele, 2021:7).

Therefore, while institutional care poses numerous challenges, the experiences shared by male adolescents in this study reveal that CYCCs can also be sites of significant personal growth. Through shared living, peer interactions, guidance from caregivers, and time for introspection, these young people develop resilience, relational maturity, and a growing sense of identity. Creating structured yet flexible environments that encourage reflection and personal development is essential to supporting these outcomes.

Based on these responses, it is important to highlight that a positive living environment is argued to reduce the number of separation and aggression incidents, absconding behaviour, as well as adaptation problems, which is seen from the responses by Participants MA and ME. Moreover, the relationships forged in residential care become significant in the adaptation and overall well-being of adolescents in CYCCs. The following sub-theme depicts responses from participants in relation to family and connection.

4.3.2.4 Sub-theme 2.4: Family and Connection outside the Centre

The sub-theme examines how male adolescents connect to their families and communities beyond CYCC's boundaries and the emotional and relational effects of these relationships. The link to family or community provides comfort through familiarity, but physical separation and complicated family relationships create barriers. Participants reflected on both the positive and painful aspects of maintaining or losing contact with their families while in care. These reflections reveal how crucial external bonds are for emotional well-being, identity formation, and a sense of belonging, even as these ties can also become sources of distress and instability.

Participant MD described his family relationship as stable and ongoing:

"I also have a good relationship with my family, and they sometimes come to visit me. During school holidays, I go home and come back here when schools reopen..." [MD109–MD111].

For adolescents in CYCCs, continued familial contact can significantly support emotional resilience and identity development. Potgieter and Hoosain (2018:438) states that children in CYCCs are urged to visit their families/parents during weekends

and over school holidays. Visiting home during holidays, as mentioned by the participant, offers a sense of continuity and reaffirms belonging outside the institutional environment.

In contrast, Participant ME expressed emotional pain and uncertainty tied to feelings of familial abandonment:

"I have been through a lot here; my experiences are nice and not nice. Sometimes I feel I have been abandoned here, and that makes things worse and harder for me to cope." [ME31–ME33].

Feelings of abandonment are a recurring challenge for children in care, often stemming from inconsistent or absent contact with family members. As noted by Jamieson, Sambu, and Matthews (2017:84), a lack of familial support is strongly associated with heightened emotional and behavioural vulnerabilities among children in South African institutional care. For many adolescents, these disrupted family ties can undermine their sense of self-worth and create barriers to forming trusting relationships with caregivers and peers.

Family and connection outside of the centre can be argued to be important in ensuring positive experiences for male adolescents in residential care in that families and communities were traditionally responsible for raising children; however, due to extreme pressure on these systems, children and adolescents are now placed in CYCCs (Zingwe & Lekganyane, 2025:1). Therefore, to keep in touch and address the issues that led to a child's placement in residential care, Harder, Mann-Feder, Oterholm and Refaeli (2020:12) highlights the significance of CYCCs facilitating phone conversations and visits between the adolescents and their families. Moreover, Zingwe and Lekganyane (2025:3) point out that to prevent adolescents from viewing the centre as their sole source of support, it is crucial that CYCCs help and encourage them to form strong bonds with their families and other individuals outside the centre.

This complexity emphasises the dual role that family plays in the lives of institutionalised adolescents as both a source of identity and belonging, and a potential trigger for emotional distress. Loffell and Hartnick (2020:19) highlight that maintaining even fragmented connections with families of origin can help adolescents make sense of their life narratives and navigate transitions more effectively. However, where

relationships are neglectful or harmful, these contacts may instead deepen feelings of rejection and instability.

Support from CYCC staff in mediating family relationships emerges as critical in this context. Social workers and CYCWs often act as a bridge between adolescents and their families, helping them process difficult emotions and, where appropriate, rebuild connections. When reunification is not possible or safe, establishing alternative support systems within the CYCC becomes essential for fostering emotional resilience and offering adolescents a sense of stability and belonging (Delport & Makhubele, 2021:7).

4.3.3 THEME 3: Challenges Faced by Male Adolescents Living in CYCCS

This theme examines the distinct challenges and barriers male adolescents encounter in CYCCs, which shape their daily experiences and influence their emotional well-being. These challenges stem from both the structured institutional environment and the adolescents' personal and social circumstances. From the perspective of Bronfenbrenner's ecological systems theory(1979), the difficulties adolescents face can be understood as outcomes of complex interactions across systems: at the microsystem level, strained relationships with peers and caregivers often disrupt feelings of belonging and security; at the mesosystem level, limited or fractured connections between the CYCC and family environments can exacerbate feelings of abandonment and identity confusion; and at the macrosystem level, broader cultural and societal expectations about masculinity may create additional pressures for adolescents in care.

Furthermore, the coping theory (Lazarus & Folkman, 1984) offers insight into how adolescents respond to these challenges. Some adopt problem-focused coping strategies, seeking support from caregivers or engaging in structured activities, while others rely on emotion-focused approaches such as withdrawal or aggression, which may further complicate their adjustment. Understanding these challenges through a theoretical lens highlights the importance of supportive interventions tailored to the unique needs of male adolescents in CYCCs.

Child and youth care centres are said to play an important role in reducing the risk of significant harm onto children by providing many programmes whereby there are

trained workers and adequate resources (Tanga & Agere, 2018:34). However, that is not a reality in many CYCCs in South Africa, with Malatjie and Dube (2017:111) highlighting that many CYCCs face significant challenges. This can be argued to contribute tremendously to the well-being and experiences of adolescents in care.

This theme explores the distinct challenges and barriers faced by male adolescents in CYCCs, which impact their daily experiences and mental health, and it came up when participants were asked to share some of the challenges they come across as male adolescents living within the CYCC. The structured environment, along with the social dynamics and personal situations of adolescents, creates these challenges. This theme has six sub-themes: challenges with rules and restrictions, peer pressure and social influence, friendship and social support, family relationships and loneliness, bullying and peer conflict and care worker relationships. Each sub-theme is discussed and supported with direct quotes of participant responses. The theme discussion starts with a summary of the sub-themes in Figure 4.4 below:

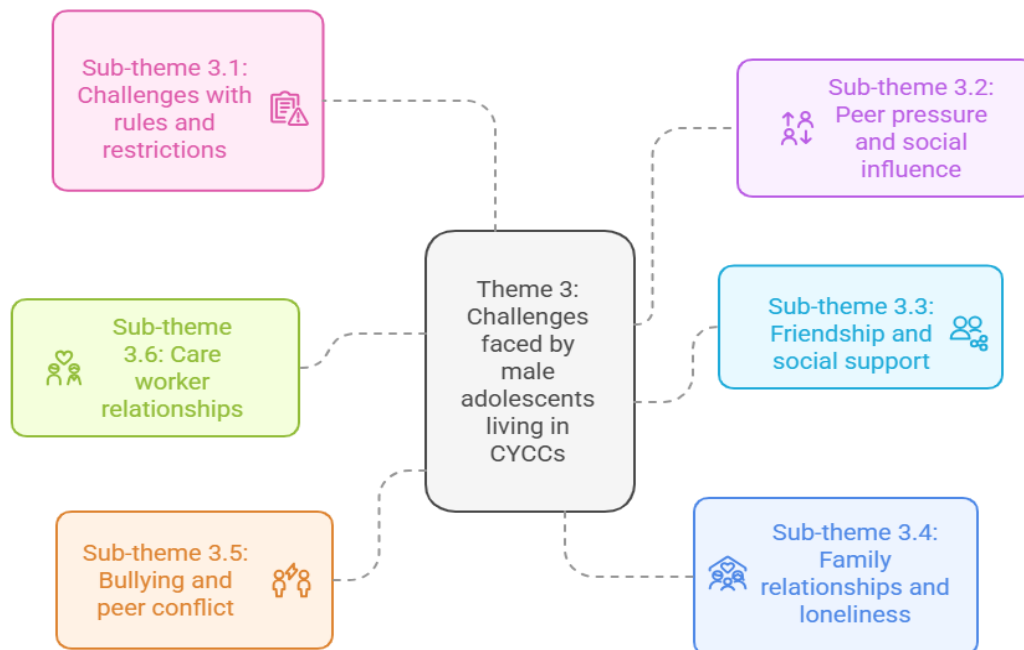


Figure 4.4 The Sub-themes linked to Theme 3

4.3.3.1 Sub-theme 3.1: Challenges with Rules and Restrictions

This sub-theme examines how strict rules and regulations imposed in CYCCs lead to frustration or resistance among adolescent participants. The strict structure that exists

prevents many adolescents from showing their true selves and growing independent. Participants voiced frustration over the inflexibility of institutional routines and the perceived loss of freedoms typically enjoyed by their peers outside of care. While some acknowledged the protective purpose of these regulations, the tension between institutional order and adolescent autonomy was a recurring source of internal conflict.

Several participants reflected on the daily constraints imposed by house rules and structured schedules. Participant MA described the disconnection he felt from his peers outside the centre:

“The challenges that I come across within the centre, I think I have already mentioned some, such as wanting to have sex and obviously that is not allowed here... I am more like caged and not fully free... I am not doing things that adolescent males my age are doing; with me, I am more restricted.” [MA176–MA186].

This quote highlights the challenge of normative adolescent development being curtailed in institutional care. Adolescents in CYCCs often struggle to engage in age-appropriate exploratory behaviours due to safety protocols and programmatic restrictions. According to Makiwane, Makoa and Mokomane (2018:62), the structured and risk-averse nature of residential care can stifle opportunities for identity experimentation, which is a crucial component of adolescent psychosocial development.

Participant MA further added:

“Ok, the challenges with house rules are that I cannot come in the centre late, it’s not allowed. There is a certain time that one should be in the centre.” [MA207–MA209].

Time restrictions, curfews, and a regimented lifestyle often stand in contrast to the perceived freedoms enjoyed by peers in the community. While these measures are designed to protect and instil discipline, they can be experienced by adolescents as punitive rather than developmental, contributing to resistance or emotional withdrawal (Loffell, 2020:15).

Participant MC commented on the discomfort of enforced communal living:

“The challenge that I have come across my entire life is that of sharing. I was forced to share a room with someone, and it was something that I was not used to... it is the system here in the centre, and that is how I should do things.”
[MC55–MC60].

Living in close quarters with peers, especially for adolescents used to privacy or individual space, can be a major adjustment. Residential care often necessitates sharing of resources, spaces, and routines, which may conflict with personal habits or cultural norms (Sloth-Nielsen, 2019:6). For adolescents used to autonomy at home, these shifts can create frustration and feelings of loss of control.

Participant ME echoed the challenge of rigid scheduling:

“The other challenge that I come across is the strict rules that we have to abide by here. We do things on time, like eating, going to school and coming back.”
[ME70–ME72].

Although structured routines are crucial for stability in care settings, overly rigid schedules may neglect the individuality and developmental needs of adolescents. Research by Van Breda and Dickens (2016:273) highlights the importance of balancing structure with personal agency to promote resilience in youth care contexts. It is important to highlight that many caregivers would likely agree that this phase is a challenging developmental period, as adolescents are less likely to submissively accept rules and, unlike younger children, they often actively question or even defy and test rules (Brenning, Soenens, Braet & Bosmans, 2019:2).

Some participants expressed partial acceptance of the rules, noting their intended purpose. Participant MB stated:

“Sometimes their rules are very strict, but they mean good.” **[MB66–MB68].**

This acknowledgement suggests a level of cognitive maturity and understanding of the institutional mandate, despite personal discomfort. It reflects a complex relationship between adolescents and institutional authority, one that involves both resistance and adaptation.

The experiences shared by participants illustrate the emotional and developmental tensions between institutional order and the natural drive for independence during adolescence. While rules within CYCCs serve to protect and guide, their implementation should be responsive to the evolving needs of youth. Promoting participatory rule-making, flexible boundaries and adolescent voice in care settings can mitigate these challenges and enhance a sense of agency and respect among residents.

4.3.3.2 Sub-theme 3.2: Peer pressure and Social Influence

This sub-theme explores how male adolescents experience and navigate peer pressure, both within CYCCs and in school settings. The accounts reveal how the need for acceptance, belonging, and validation among peers often clashes with institutional expectations, sometimes resulting in risky behaviour and emotional turmoil.

Several participants described engaging in undesirable behaviour to gain acceptance or to avoid isolation. Participant MA recounted the consequences of succumbing to peer influence:

"With friends in the centre, the only challenge I had was when I used to sneak out or jump the fence going to them... tomorrow I will be the only one facing the consequences here at the centre." [MA225–MA230].

These reflect the push-and-pull dynamic of peer influence and institutional regulation. While the need for peer connection is developmentally normative, CYCC rules often restrict such interactions, particularly when they involve individuals outside the centre. As Loffell (2020:13) points out, adolescents in care face a heightened vulnerability to negative peer influence when they are disconnected from stable, emotionally supportive relationships.

Participant MF reflected on the deeper emotional drivers behind his desire for peer acceptance:

"The challenge that I have as a male adolescent is the issue of being accepted... I have to make sure that I fit in and be accepted like other children." [MF42–MF49].

This highlights how a history of rejection within the care environment can fuel a strong need for social belonging in external contexts, such as school. Makoae and Van Niekerk (2018:30) assert that a sense of belonging is integral to resilience and psychosocial well-being, and that its absence often propels adolescents toward conformity under peer pressure.

Social conflict was another feature of peer interactions, though often dismissed as trivial. Participant ME remarked:

"...we just fight because someone stole someone's money or pen, it is nothing serious." [ME117–ME121].

While the participant minimises these altercations, even minor conflicts can exacerbate stress in residential settings where personal space and privacy are limited. According to Van Breda and Dickens (2016:271), frequent peer conflict in residential care is a common trigger for emotional dysregulation, particularly when youth lack adequate conflict resolution skills.

Participant MB offered a reflective perspective:

"They will get you into trouble; you know, peer pressure and wanting to belong... But I think it's a way of growing up as a male who is in his adolescent stage, we learn from our mistakes." [MB72–MB78].

This suggests that despite the challenges, peer interactions can serve as important learning experiences. Adolescents are often able to critically evaluate their behaviour in retrospect, which is indicative of developing emotional maturity.

While much of the discussion centres on negative peer pressure, positive influence was also acknowledged. Participant MF shared:

"I think it's the negative peer pressure but also the positive peer pressure I have... passing my exams is an example." [MF67–MF70].

This points to the dual nature of peer influence, which can lead to risk-taking but also motivate adolescents to excel academically or behave responsibly. Research by Dube (2020:18) supports this, indicating that peer modelling can be leveraged in CYCCs to promote pro-social behaviour and academic performance.

Lastly, Participant MF explained the emotional consequence of peer exclusion:

"They make it like they don't know me... we seek validation and also a sense of belonging." [MF52–MF59].

This statement underlines the importance of consistent peer support across environments, and the psychological distress that can result from fragmented social identities. As Bray and Dawes (2016:83) argue, social exclusion can severely hinder identity consolidation during adolescence, especially for youth in care. To back these responses, McCoy, Dimler, Samuels and Natsuaki (2019:59) note that in the developmental literature, there is a constant correlation found between risk-taking behaviours by adolescents and those of their peers. They further add that in development, peer reference groups become increasingly prominent during this phase, and many risk-taking behaviours often happen within the social and peer context (McCoy et al., 2019:59).

Therefore, peer relationships are both a source of risk and resilience for male adolescents in CYCCs. Understanding the nuanced role of peer pressure and creating environments where positive peer influence is cultivated can significantly impact the social development of youth in care.

4.3.3.3 Sub-theme 3.3: Friendship and Social Support

Findings confirmed that friendship and social support are pivotal to adolescent well-being and development. For male adolescents in CYCCs, friendships can provide emotional security, counteract the effects of trauma, and offer a sense of normalcy. However, the transient nature of CYCC environments, emotional difficulties, and social stigma often complicate the formation and maintenance of these relationships.

Participant MA revealed the instability of relationships within the centre:

"With friends in the centre, I don't really have friends here... people come and leave me here. The time you try to be friends with someone, then they go back home." [MA213–MA219].

This illustrates the disruption and emotional cost of forming attachments in an environment marked by high turnover and uncertainty. Van Breda (2018:103) identifies

this as a core challenge in CYCCs, where transient peer relationships limit the formation of deep, supportive connections. Throughout the life course, friendship is seen as an essential relationship and during adolescence, peer interaction becomes more complex and in-depth (Flynn, 2018:1). Therefore, the friendships they form in and out of the centre may be argued to positively contribute to how they perceive their stay, and this may have an impact on their overall well-being. Moreover, Rasool and Swart (2024:73) highlight that peers form sources of support or distress for adolescents in CYCCS, depending on their connection.

Despite this, other participants described more positive social dynamics. Participant MD shared:

“Inside here, my friends and I have a good relationship, though we would not get along at times, but we are good friends...” [MD93–MD96].

This suggests that even in structured environments, adolescents can form meaningful relationships that contribute to a sense of social stability. Positive peer connections are associated with greater psychological resilience in youth living in care (Theron & Theron, 2020:159).

Yet, friendships described by participants were often filled with emotional triggers and interpersonal tensions. Participant MC described how peer interactions could reopen personal wounds:

“Friends outside the centre sometimes talk behind my back and make nasty comments about their families, and that makes me think of my family, and I get sad.” [MC110–MC114].

This points to the complex interplay between external friendships and internal emotional struggles. As Bray and Brandt (2017:41) argue, adolescents in care often carry unresolved grief and loss related to family separation, which is easily triggered in social settings.

The social judgement faced by adolescents from the community further complicates social integration. Participant MC added:

“I think everyone is watching or judging my family for getting divorce... that makes me fall behind with my school work.” [MC114–MC119].

This quote indicates how stigma and family-related stressors not only undermine peer interactions but also affect academic engagement and mental health. According to the Children’s Institute (2024:83), stigma surrounding child protection and family breakdown in South Africa continues to pose a significant barrier to reintegration and psychological healing for adolescents.

Interestingly, some participants appreciated the structure and support within the centre compared to their prior home experiences. Participant ME stated:

“So here, even if there is no freedom, I am able to eat every day and go to school.” [ME90–ME93].

This highlights that while CYCCs may restrict certain freedoms, they can also provide essential stability, nourishment, and access to education. This form of structural social support is critical, particularly for youth from impoverished or neglectful backgrounds (Jamieson, 2016:79).

Overall, while friendship and social support in CYCCs are inconsistent and complex, they play a vital role in adolescent identity formation and resilience. The narratives reveal that adolescents long for connection and acceptance, but are frequently confronted with instability, loss, and stigma both within the centre and in the broader social environment. Supporting youth in cultivating stable, positive peer and adult relationships is key to enhancing psychosocial well-being in care settings.

4.3.3.4 Sub-theme 3.4: Family Relationships and Loneliness

The narratives of male adolescents indicated that family relationships or the lack thereof are central to the emotional experiences of male adolescents living in CYCCs. Disrupted family ties, infrequent visits, and minimal contact with loved ones can lead to feelings of isolation and abandonment. The emotional weight of separation from caregivers and siblings is often compounded by uncertainty about the future, leading to profound loneliness and existential questioning.

Several participants expressed a longing for familial connection despite adverse home conditions. Participant MB revealed:

“The challenge that I come across here in the centre is that of missing my friends and my family. I miss being home, even though I would get beaten at times.” [MB55–MB59].

This reflects the paradox of attachment in situations of abuse or neglect, when adolescents may still yearn for family connection despite negative experiences. According to Jamieson (2016:79), emotional attachment to caregivers persists even when those relationships are harmful, making separation psychologically complex.

One of the most emotionally intense accounts came from the same participant who described prolonged periods without visits:

“I stayed two school holidays without going home and with no visits from my family... I would literally lock myself in the room and cry.” [MB84–MB99].

Such experiences of social isolation can have long-term impacts on adolescent self-worth and emotional regulation. Van Breda (2018:108) notes that a lack of family contact in care settings is a significant predictor of emotional distress and behavioural problems among youth.

Participant MA also shared deep reflections about the absence of family support:

“With family visits, I had made peace with the fact that my only family is myself and my siblings... I would ask myself lots of questions about my family, if they are still alive.” [MA230–MA240].

This introspective statement highlights the ongoing uncertainty and identity confusion that can stem from family disconnection. Research by the Children’s Institute (2024:85) indicates that such ambiguity can impede healing and complicate the adolescent’s process of forming a coherent sense of self.

Participant MF’s experience highlights the stark reality for some youth who enter care systems without any known family support:

“My family has not visited me since I was placed here in the centre. I am here because I was found by the police on the streets.” [MF79–MF81].

This lack of familial presence reinforces feelings of abandonment and neglect, which can deepen pre-existing trauma. According to Ward, Skuse and Munro (2007:44), institutional care without adequate family integration can risk institutionalisation and

emotional numbing over time. Some argue that support from an adolescent's biological family following their removal significantly influences how well they adjust to a residential centre or any alternative placement (Rasool & Swart, 2024:73). It is highlighted that keeping contact with their families either by the arrangement of visits and telephone calls with their families is another form of support that is necessary for the adolescent's wellbeing (Harder et al., 2020:12). Supportive behaviours by the biological family might increase the possibility that an adolescent can be reunited with their family as soon as possible (Rasool & Swart, 2024:73).

Nonetheless, there were glimpses of hope in the narratives. One participant spoke of a family that hosted them during school holidays, which offered a substitute sense of belonging:

“There was a family that would take us during the holidays, and at least that would close the space of longing for a family.” [MA230–MA240].

This aligns with research showing that consistent contact with caring adults, even if not biological relatives, can mitigate the adverse effects of familial loss and strengthen resilience (Theron & Theron, 2020:155).

The narratives reveal that family disconnection is among the most painful aspects of CYCC life for male adolescents. Feelings of loneliness, sadness, and abandonment are pervasive, especially during periods like school holidays when peer departures highlight their own isolation. Strengthening family reunification services, encouraging regular visitation, and offering substitute caregiving relationships are critical to support emotional well-being and identity development in institutionalised adolescents.

4.3.3.5 Sub-theme 3.5: Bullying and Peer Conflict

Bullying and peer conflict emerged as a significant concern for male adolescents residing in CYCCs. These negative peer dynamics impact not only their emotional well-being but also their ability to feel safe and supported in what is meant to be a rehabilitative environment. Participants described incidents of being targeted, name-called, and ostracised, often without sufficient recourse to resolution or justice.

Participant MC reflected on his early experience in the centre, stating:

“I also came across some bullying adolescents when I was admitted, and it was not nice to be bullied, but now all that has stopped, and the boy who used to bully me is no longer staying in the centre.” [MC60–MC64].

This indicates that bullying tends to occur particularly during initial periods of admission, aligning with findings by Dawes and Ward (2008:61), who noted that new admissions are especially vulnerable to peer victimisation due to power dynamics in institutional care.

Participant MD described a more persistent experience:

“The challenge that I come across is that of feeling like a prisoner here and also the constant bullying that takes place.” [MD83–MD85].

Such a statement suggests an environment where autonomy is limited and psychological safety is undermined. Feeling like a “prisoner” evokes the lack of agency and the punitive atmosphere sometimes associated with highly regulated residential care settings (Barth, 2002:425).

Participant ME stated:

“The challenge that I came across was that of being bullied by other adolescents here in the centre, but all is well now.” [ME68–ME70].

While this suggests some resolution, the initial bullying experience is likely to have left psychological residue, especially if not handled through structured therapeutic interventions. The South African Human Rights Commission (SAHRC, 2017:33) emphasises that all children in care settings have the right to protection from peer abuse and should be offered channels for disclosure and redress. Mkhize, Sibiyi and Hlengwa (2022:10) highlight that a lot of behaviours that are challenging and are expressed by adolescent are usually towards their peers through bullying, and this behaviour is very common in CYCCs.

Some adolescents also experienced peer rejection in more subtle but equally harmful ways. Participant MF revealed:

“Most of the children in the centre, we don’t get along very well because they are calling me names, and I relate well with the CYCW and social workers.”
[MF76–MF79].

Name-calling and social exclusion serve to reinforce feelings of “otherness,” potentially exacerbated by cultural or linguistic differences, which are not uncommon in South African CYCCs. Research by Jamieson and Sambu (2020:41) indicates that institutional settings often reflect broader societal prejudices, including xenophobia and class-based discrimination.

Peer victimisation extends beyond the centre into the school environment, where stigma associated with residential care becomes a source of ridicule. Participant MB expressed:

“At school, the challenge I face is when the other children start teasing me because I stay in a centre. I would sometimes feel sad because I did not choose to go stay there.” **[MB106–MB109].**

This speaks to the broader issue of the stigmatisation of institutionalised youth. Stigma can result in reduced self-esteem, social withdrawal, and academic disengagement (Goffman, 1963). In the South African context, Makoae (2012:89) argues that stigmatisation of children in alternative care settings remains a barrier to reintegration and identity formation. Bullying is already known to have a negative impact on the well-being of young people, and based on the response by participant MB, it can be argued that this kind of bullying may have an even greater impact on the well-being of the adolescent. Mkhize et al. (2022:10) further argue that bullying is a reason for carers in CYCCs to pay attention to such issues and ensure that interventions aimed at responding to these issues really address and prevent them to avoid psychological and mental problems caused by bullying.

It is thus clear that bullying and peer conflict both within and outside CYCCs remain a challenge for male adolescents. While some cases were resolved over time, others had lingering emotional impacts. The findings suggest the need for stronger peer mediation programmes, anti-bullying policies within CYCCs, and broader awareness in schools to mitigate stigma. Cultivating a culture of inclusion and respect within and

beyond institutional environments is essential for adolescent development and psychosocial well-being.

4.3.3.6 Sub-theme 3.6: Care Worker Relationships

This sub-theme captures participants' evolving connections with their caregivers and social workers, highlighting a transition from initial resistance to trust and mutual respect. The importance of positive relationships with CYCWs for emotional healing and development for adolescents living in care facilities was stressed.

Participant MC reflected on his early struggles and eventual change in perspective:

"I don't have any challenges with regards to the people taking care of us (CYCW). When I was admitted, I did not get along with them because I felt like I was caged until I realised that they are not the reason I am here. I used to swear at them and do nasty things, hoping they would release me. But I later apologised for my wrongdoings and we get along just fine now, and the same goes for the social workers." [MC74–MC80]

This statement illustrates the emotional turmoil many adolescents face upon entering care, marked by misplaced anger and mistrust. However, it also points to the transformative potential of consistent and empathetic caregiving. According to Radey and Stanley (2019:1), trust-building in residential care is essential as this will enable CYCWs to meet the child welfare system's goal of the child.

Participant MD shared:

"My relationship with the care workers, I think, is also good. Sometimes, they will be mad at me for doing maybe something that they don't approve of, like not completing my school work, and that is understandable. So in general, I think we have a good relationship; they are here to take care of us, and I respect that. I also respect the fact that they want good things from us." [MD96–MD103].

This response demonstrates a healthy perception of discipline not as punitive, but as a form of care and guidance. It supports what Garfat, Freeman, Gharabaghi and Fulcher (2018:10) state that CYCW has come to be recognised as possessing specific

expertise such as authoritative caring and warmth and a unique approach in working with children, youth and families.

Participant ME also expressed gratitude for the support received:

“Let me start with the relationship I have with care workers. Like I indicated, they are the ones who helped and encouraged me to speak up against bullying; our relationship is good.” [ME79–ME82].

Here, care workers played an advocacy role, empowering the adolescent to stand up for himself. This echoes Ungar's (2022:425) emphasis on the protective role of adult allies in promoting resilience among youth in high-risk environments. In line with these insights, the Department of Social Development (2015) identifies the nurturing relationship between CYCWs and children as central to achieving developmental outcomes in CYCCs. These relationships must be consistent, supportive, and focused on the holistic needs of each adolescent.

Participants' reflections highlight how initial resistance to care workers often gives way to trust and respect through sustained relational engagement. Such relationships are essential for fostering resilience, encouraging behavioural change, and addressing underlying trauma. These findings support the importance of continuous training and emotional support for CYCWs so they can remain emotionally available and responsive to the youth in their care.

4.3.4 THEME 4: Coping Strategies Employed by Male Adolescents Living in CYCCS

This theme explores how male adolescents in CYCCs develop and apply coping mechanisms to navigate the challenges of institutional care. These strategies reflect not only their adaptability and resilience but also their efforts to create a sense of stability and belonging within a highly structured environment. Using Bronfenbrenner's ecological systems theory as a lens, adolescents' coping strategies can be seen as responses to influences within their microsystem (interactions with caregivers and peers), mesosystem (family connections or lack thereof), and macrosystem (societal expectations and cultural norms).

Coping is defined as the way a person handles a situation that appears to be stressful (Furtado, Tran, Currie & Preyde, 2016:108). The coping strategies male adolescents use demonstrate their individual personalities along with their resourcefulness in handling their surroundings. It is further highlighted that the way adolescents react to stress, including their emotional and cognitive evaluations and their coping strategies, is crucial in determining their mental health risks and resilience (Steinhoff et al., 2023:2).

In addition, the coping theory (Lazarus & Folkman, 1984) provides insight into the ways adolescents manage stress. Some rely on problem-focused coping strategies, such as seeking support from CYCWs or participating in centre activities to create a sense of normalcy. Others employ emotion-focused coping, including avoidance, withdrawal, or emotional suppression, as ways of managing the psychological impact of their circumstances. Recognising these patterns is crucial to understanding how institutionalised male adolescents sustain emotional balance and develop resilience in the face of adversity.

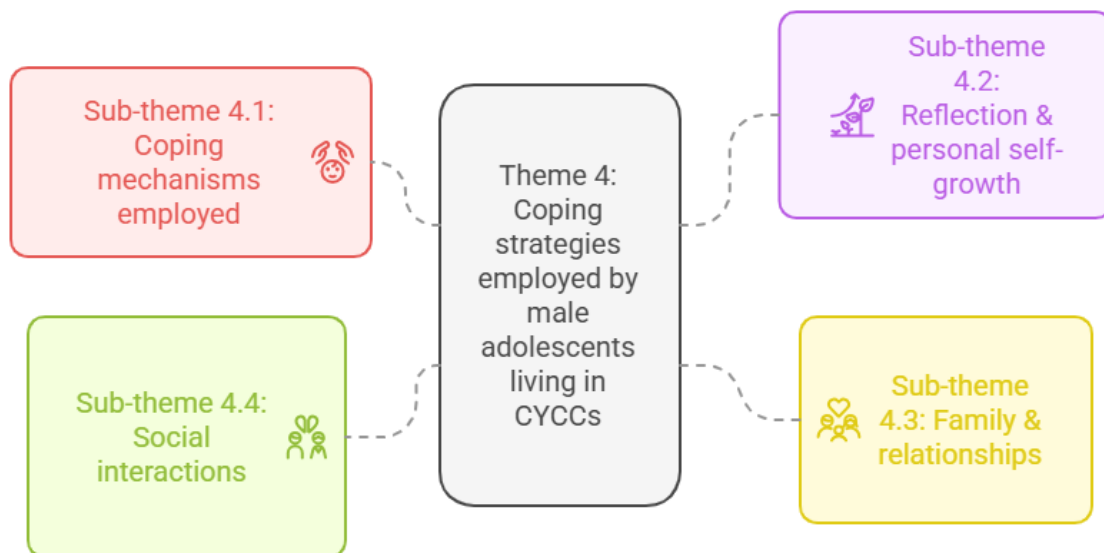


Figure 4.5 The Sub-themes linked to Theme 4

4.3.4.1 Sub-theme 4.1: Coping mechanisms employed

Adolescents living in CYCCs often face a complex mix of emotional, social, and environmental stressors. Coping mechanisms employed by these youth reflect both

resilience and vulnerability, revealing how they navigate life in alternative care settings.

Some participants articulated constructive coping strategies involving reflection, goal setting, and acceptance. For instance, Participant MA shared:

"I have made peace now with most of the things, my social worker and the workers here made me realise that every choice I make has its own consequences, and then I decided not to sneak out. I did self-introspection and realised that being in the centre is an opportunity that some children don't have. I also want to make myself proud, focus on my school work and be a better person in life one day. So that is how I cope with the challenges that I face; I have learned to accept myself and those around me." [MA246–MA256].

This statement reflects adaptive coping, including positive reappraisal and the use of social support, particularly from care workers and social workers. According to Lazarus and Folkman (1984), such coping strategies fall under problem-focused and meaning-focused coping, which are associated with better psychological outcomes.

However, not all coping strategies were positive or externally focused. Participant MB described an emotional release strategy:

"The other way I would deal with my issues is to lock myself in the room and cry until I feel better." [MB128–MB129].

This aligns with emotion-focused coping, which can provide temporary relief but may not resolve underlying issues. Crying as a release can be therapeutic (Vingerhoets, 2013), but when it is the primary mechanism, it might indicate limited coping resources or insufficient emotional support.

Participant MF shared a painful reflection on unresolved family separation:

"It is difficult not to know where my family is and if my parents are still alive or not. And I guess they are also asking themselves the same question, whether I am still alive or not. But I have faith they are still alive, and when the social worker finalises the processes of locating them, we will reunite... I guess I have to be strong because I was the one who made the decision to run away from home..." [MF116–MF125].

Here, hope and self-blame coexist as mechanisms to manage grief and ambiguity around family separation. The notion of ambiguous loss (Boss, 2007) is particularly relevant, as it captures the emotional difficulty of dealing with uncertainty about family members' whereabouts and well-being. As stated, the way in which young people react to stress, is crucial in determining their mental health risks and resilience (Steinhoff et al., 2023:2). Moreover, it is noted that when faced with negative emotions, healthy behaviours may lessen emotional reactivity and the need for unhealthy coping mechanisms, which further reduce the possibility that unhealthy coping behaviours will have unfavourable effects (Ferrer & Mendes, 2018:3).

Another participant expressed the emotional toll of social rejection:

"Coping is not easy, as you can see, I have resorted to belonging to a certain group of people because I get rejected by the people I stay with. So I just try to be strong, sometimes it is not easy because I am a human being with emotions, so I just break down and cry." [MF106–MF111].

This reveals both the social and emotional dimensions of coping, and it also shows how emotional expression functions as a final resort when social support is lacking.

These narratives highlight that adolescents in CYCCs engage in a range of coping strategies, some constructive, others emotionally charged, and some shaped by social survival. The diversity of these strategies points to the need for responsive psychosocial interventions within CYCCs that validate emotional experiences, build resilience, and foster supportive peer and adult relationships.

4.3.4.2 Sub-theme 4.2: Reflection and Personal Self-growth

This sub-theme highlights the developmental transformation and self-awareness that male adolescents undergo while living in CYCCs. Participants described a growing sense of personal responsibility, emotional regulation, and practical skill development, often attributed to counselling support and structured life skills training within the centres.

One key area of self-growth was the development of emotional self-regulation and an internal locus of control. Participant MB shared:

"In one of the sessions with the social worker, I learnt that you cannot control what people say or what they want to say, but the only thing you can control is yourself, so I have learned that skill to control myself." [MB124–MB128].

This reflects cognitive behavioural strategies taught in therapeutic environments, encouraging adolescents to shift focus from external stressors to internal self-management. Such skills are essential in promoting emotional resilience (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001).

Furthermore, Participant MC described growth through self-forgiveness and acceptance:

"Since attending the counselling sessions, the counsellor has told me not to blame myself because it is not my fault that things are happening the way that they are happening." [MC130–MC133].

This reveals the therapeutic impact of trauma-informed care and emotional validation. Adolescents in CYCCs often carry shame or blame related to their past, and reframing these narratives is critical for healing and positive identity formation (Bender, 2010). It is underscored that social workers are a crucial element of the multi-disciplinary team in CYCCs (Rasool & Swart, 2024:73). Dimba-Ndalen, Motloun and Kasiram (2022:60) add that the social workers' role in a CYCC includes offering therapeutic services for these young people in need of care and are placed in the centre. Their importance is shown by the responses from the participants above, whose behaviour and perspective improved through their sessions with their social workers. It can also be argued that social workers can be another form of stable support for these adolescents, which further positively contributes to their coping strategies in future.

Participants also reported gains in life skills and independence. Participant ME noted:

"At least now I know how to clean and cook, I am at least matured in mind, and I can also do my own laundry because they teach us here. They prepare us so when we go out, we are able to do things on our own." [ME109–ME112].

This practical learning supports the transition to adulthood and reflects the aims of child and youth care practice to equip young people with tools for self-reliance.

Developing domestic competence contributes to a sense of agency and prepares adolescents for life beyond institutional care (Ward et al., 2007).

Another vital area of growth involved healthier lifestyle choices and academic focus. Participant MC reflected:

"I try not to think too much about many things, so I don't affect my school work. I keep myself busy nowadays by focusing on my school work and reading. I used to smoke cigarettes, thinking it would help me cope, but it did not, and I decided to just quit smoking." [MC133–MC138].

This reflects a cognitive shift toward adaptive coping, including avoidance of harmful behaviours and active engagement in future-oriented tasks (Milfont et al., 2014). The decision to stop smoking also indicates increasing self-awareness and self-discipline.

Collectively, these narratives suggest that personal self-growth among male adolescents in CYCCs is facilitated by counselling, skill building, and structured daily routines. Despite the inherent challenges of institutional care, the centre provides a space where adolescents can reflect, mature, and redefine themselves in constructive ways. These reflections emphasise the importance of continuous psychosocial support and skill development in promoting resilience and personal transformation.

4.3.4.3 Sub-theme 4.3: Family and relationships

Participants' responses captured the significance of family ties and meaningful relationships in supporting adolescents' emotional well-being while in CYCCs. They highlighted the emotional complexities of familial separation alongside the gratitude they feel for ongoing family support or care provided by the CYCC system.

Participant MD expressed:

"I feel very sad, but there is nothing I can do. I am just glad there is a family that is willing to care for us in her absence." [MD144–MD145]

This statement reveals a blend of grief and gratitude, emphasising the emotional void created by a missing family figure, but also acknowledging the value of substitute care. In line with this, recent research highlights that sustained connections with either

biological or surrogate family structures significantly ease the psychological strain of separation and institutional living (Delap, 2022).

In some cases, adolescents transition from initial resentment to acceptance of social work interventions, as evidenced by Participant ME:

"I also have a good relationship with the social workers, the one working here and the one who brought me here. At first, I was angry at the social worker who brought me here because I did not want to come, but later realised they meant well by bringing me here." [ME82–ME87].

This reflects emotional growth and cognitive reframing strategies that are central to coping with institutionalisation. According to recent findings, youth who perceive child and youth care workers as benevolent are more likely to experience adaptive adjustment and form positive attachments (Mendenhall & Moone, 2023).

Participant MD also noted:

"I have a good relationship with my family. They sometimes come to visit me, and during school holidays, I go home." [MD109–MD115].

The maintenance of regular contact with family appears central to the emotional well-being of male adolescents in CYCCs. Participants who sustained family ties described a stronger sense of stability and hope for eventual reintegration, which aligns with Garrido, Gracia, and Molina's (2021) findings that family contact supports identity continuity and mitigates the psychological effects of displacement. From a Bronfenbrenner ecological perspective (1979), family contact strengthens the adolescents' mesosystem, fostering coherence between their family and institutional environments. Conversely, fractured or absent family connections contribute to feelings of abandonment and identity confusion, further complicating adjustment to institutional life.

According to the ecosystems approach, which is one of the theories framing this study, an individual exists in various contexts, which begins with their closest relationships and moves outwards to the numerous subsystems connected to their interactions with their surroundings (Phaswana & Erlank, 2023:46). Therefore, it can be argued that the relationships forged by the adolescents and other people they interact with, do not

only form as a support system, but significantly contribute in how they cope with stress and challenging experiences.

These findings also resonate with the coping theory, as adolescents who maintain family ties seem more likely to adopt adaptive coping strategies, drawing emotional strength from these connections (Lazarus & Folkman, 1984). For those without family contact, the absence of this support network often necessitates reliance on alternative systems within the CYCCs. This highlights the critical role of CYCWs and social workers in facilitating relationships that can buffer adolescents from the emotional toll of familial separation and help them construct a positive sense of self.

4.3.4.4 Sub-theme 4.4: Social Interactions

This sub-theme focuses on how male adolescents manage social stressors in and outside of the CYCC, particularly in peer interactions and community perceptions. Adolescents described both internal and external coping strategies, such as prayer, emotional suppression, and selective disengagement.

Participant ME shared a multi-layered coping strategy:

"With friends, it is not much of a problem because we can fight now, and in less than an hour we are ok. My worry is with my parents, but I just pray about the situation; that is how I cope, and I also talk about it with my social worker and care workers." [ME129–ME135].

Recent evidence supports that spiritual coping, such as prayer and therapeutic conversations with trusted adults, improves adolescents' mental health outcomes in care settings (Theron & Ungar, 2022).

Another form of coping involved psychological distancing from stigma. Participant MB stated:

"Regarding the people who are mocking me because I stay in the centre, I just choose to ignore them... so my remedy is just to turn a blind eye, though I know sometimes it is painful." [MB120–MB124].

This aligns with emotion-focused coping strategies, particularly cognitive avoidance (Zimmer-Gembeck, Skinner & Modecki, 2020). Although useful in the short term,

literature warns that sustained suppression of painful emotions can lead to longer-term psychological stress.

Finally, social adaptation was also evident in statements like that from Participant MC:

"At first, it was very difficult to make sense of things, but now I have made peace with the situation that I am in. I have made new friends at school also because the old ones are talking behind my back." [MC126–MC130].

This reflects adaptive social reconstruction, where adolescents reshape their support networks to enhance belonging and psychological safety (Kools, Stevens, & Thompson, 2021). Current studies show that peer support is a critical resilience factor, particularly for adolescents in care who face social exclusion (Kools et al., 2021).

The stories shared by male adolescents in CYCCs reveal how they grapple with social stressors while trying to preserve their sense of self in challenging environments. Their coping strategies reflect a delicate balancing act between emotional survival and the pursuit of connection. For some, like Participant ME, prayer and conversations with trusted adults became lifelines offering comfort and helping them process complex emotions. Such spiritual practices not only provided a sense of calm but also created space for hope and resilience, echoing findings that spirituality can play a vital role in supporting mental health in care settings (Theron & Ungar, 2022).

From the above responses, it can be said that acceptance seems to be one of the coping mechanisms employed by the participants. This relates to findings from a study by Zingwe and Lekganyane (2025) based in the Ekurhuleni metro municipality in Gauteng, which focused on the "availability of support systems for youth who left child and youth care centres". The study was guided by William Bridges' transition model, based on participants' responses and their acceptance of the situation. It can be inferred that they are in line with stage 3 of the model, which represents a phase where young people are able to let go of what has happened and come to terms with their present circumstances. (Zingwe & Lekganyane, 2025:4)

Others, like Participant MB, managed stigma and judgment from the outside world by emotionally stepping back, choosing to "turn a blind eye" even when the pain remained beneath the surface. This kind of psychological distancing may offer short-term relief

but can leave underlying wounds unhealed if there is no opportunity to safely express and process these feelings (Zimmer-Gembeck et al., 2020).

Yet, the accounts also revealed remarkable adaptability. Participant MC spoke of finding peace with his circumstances and building new friendships, showing how adolescents often rebuild their social circles to regain a sense of belonging and emotional safety. This ability to reshape relationships and seek supportive connections reflects an inner strength that is both powerful and fragile (Kools et al., 2021).

Together, these narratives show that coping is not just about avoiding pain; it is also about seeking meaning, connection, and moments of safety in uncertain spaces. For adolescents in CYCCs, fostering resilience requires more than rules and routines; it demands environments where they can be heard, guided, and supported in ways that honour their emotional and spiritual needs.

4.3.5 THEME 5: Support Needs of Male Adolescents Living in CYCCS

This theme highlights the multifaceted support systems required for male adolescents to thrive in CYCCs, emphasising a holistic approach to their well-being. This support needs encompass emotional care, relational guidance, educational opportunities, and community-based interventions. Together, these systems are critical for promoting the emotional, social, and psychological development of adolescents in care.

From the lens of Bronfenbrenner's ecological systems theory (1979), these support structures can be seen as layers of influence that interact to shape adolescent development. At the microsystem level, consistent caregiving relationships and peer networks provide immediate emotional and social stability. The mesosystem, the connection between care centres, schools, and families, can strengthen these supports when collaboration is strong but may create tension when systems are misaligned. At the macrosystem level, broader cultural and societal attitudes toward adolescents in care influence how communities engage with them, often determining whether they encounter stigma or acceptance.

The adolescents' coping mechanisms are also deeply intertwined with the availability and quality of support systems. According to the coping theory (Lazarus & Folkman, 1984), adolescents in CYCCs rely on both emotion-focused coping strategies, for example, seeking comfort in prayer, talking to social workers, or reframing their

challenges and problem-focused coping strategies, for example, building new friendships, focusing on academics, or disengaging from harmful peer groups. When supportive systems are present and responsive, these coping strategies are more likely to be adaptive and foster resilience. In contrast, inadequate or inconsistent support may leave adolescents vulnerable to maladaptive coping, such as emotional withdrawal or risky behaviours.

Support systems, therefore, are not only protective factors but also catalysts for growth. They help adolescents navigate the complexities of adolescence in institutional care, enabling them to manage stress, develop a sense of belonging, and build the skills needed for independent living. A holistic, ecologically informed approach that integrates emotional, relational, educational, and community dimensions is essential to meet these needs effectively. Figure 4.6 summarises the Sub-themes and categories linked to Theme 5.

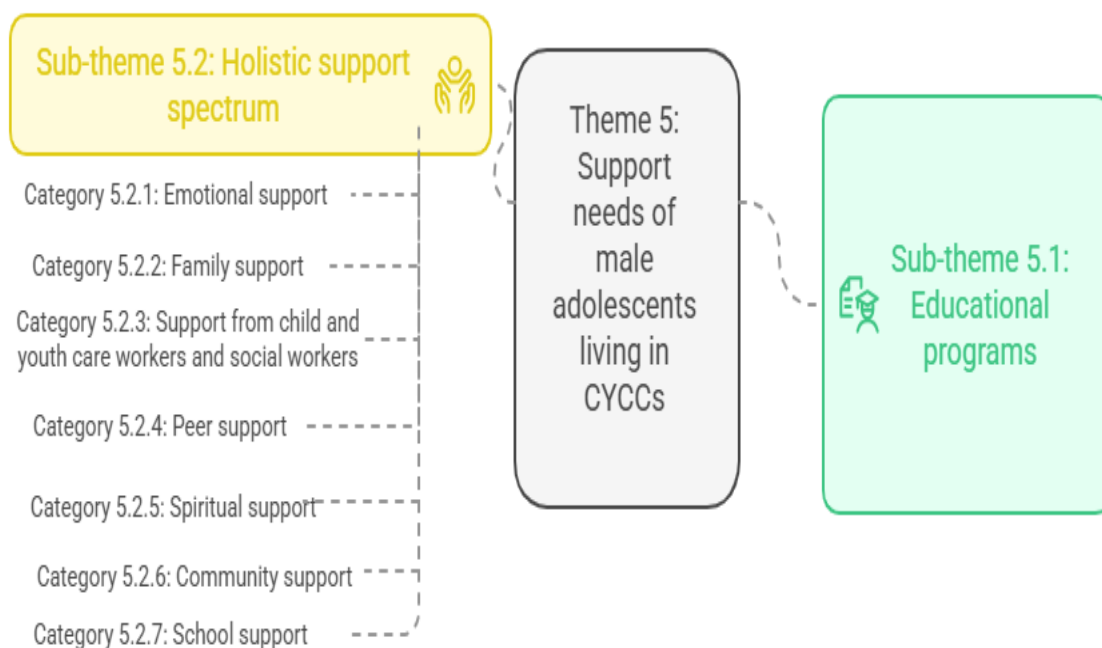


Figure 4.6 The Sub-themes and Categories linked to Theme 5

4.3.5.1 Sub-theme 5.1: Educational Programmes

This sub-theme highlights the role of structured educational initiatives within CYCCs as key instruments in empowering adolescents to overcome personal and social challenges. Participants reflected positively on the value of targeted programs that address their psychosocial development and academic growth. It is highlighted that

children and youth at risk and in need of care and protection often experience various forms of disengagement from school, and this usually results in them leaving school early (Balie & Sayed, 2020:1). Therefore, it may be argued that providing support and ensuring children remain in school is crucial, as reflected in the responses below. Participant MB emphasised the importance of anti-bullying education:

"Some of the programs that have been offered are anti-bullying education, which teaches you what to do when you are being bullied and also explains what bullying is and how to identify a bully." [MB136–MB142].

This kind of psycho-educational programming is vital for building emotional intelligence and resilience in adolescents. Anti-bullying interventions are shown to significantly reduce aggressive behaviour and improve the social climate in residential settings (Smith & Thompson, 2021).

In addition to behavioural education, life skills development was noted as equally significant. Participant MB also shared:

"The social worker would also teach me about being confident, having self-confidence, being assertive, and how to make good decisions." [MB139–MB142].

These skills are essential for adolescents who may have experienced traumatic backgrounds or disrupted attachments. Research confirms that when youth in care are taught assertiveness and decision-making, they are more likely to exhibit pro-social behaviours and maintain better mental health (Landsverk, Chamberlain & Price, 2022).

Lastly, the importance of academic continuity and aspiration was articulated in the following statement:

"The school, I think, should continue providing us with education and supporting our dreams so we can be better people one day." [MB126–MB131].

This reflects a forward-looking perspective, where education is not just seen as a right but as a path to transformation and empowerment. Studies have found that education access and academic achievement are among the strongest protective factors for

youth in residential care, with positive links to self-efficacy, reduced offending, and long-term stability (Sebba, Luke & Berridge, 2021).

Overall, the presence of structured, supportive, and skills-based educational programs within CYCCs serves as a cornerstone for fostering resilience and promoting future-oriented thinking among male adolescents.

4.3.5.2 Sub-theme 5.2: Holistic Support Spectrum

This sub-theme explores the multi-layered support systems that contribute to the well-being of male adolescents in CYCCs. Participants described receiving assistance from various stakeholders, emotional, familial, professional, spiritual, and communal, that together form a holistic support network essential for personal development and resilience.

Category 5.2.1: Family Support

Despite varied family dynamics, many participants cited family visits, calls, and emotional presence as foundational. For example, Participant MC expressed that his family was a consistent source of support:

"My family is supportive, very supportive... They come and visit me here in the centre; they call me, and I also call them when I miss them or when I am not feeling well." [MC152–MC156].

For some, specific relatives, such as grandmothers, became key figures of stability and affection. Others pointed to specific relatives as key figures of stability and affection, with Participant ME highlighting the importance of his grandmother:

"I need my family to love me, more especially my grandmother..." [ME153–ME156].

These expressions affirm research highlighting the protective role of family connections in buffering the effects of institutional living (Van Breda, 2021:89). From these responses, it can be argued that adolescents also need and appreciate the support they receive from their families. This is backed by Rasool and Swart (2024:73), who argued that it makes a great impact on the adolescents' well-being adaptation to the centre when their biological families keep contact after they have been placed in alternative care. This has also been highlighted in Theme 3: challenges faced by male

adolescents living in CYCCs, Sub-theme 3.4: family relationships and loneliness. This showed that keeping contact with biological families, either by the arrangement of visits and telephone calls, is another form of support that is necessary for the adolescent's wellbeing (Harder et al., 2020:12).

Category 5.2.2: Support from CYCW and Social Workers

The caregiving staff, especially social workers and CYCWs, were recognised for their consistent and personalised support. Participant MC appreciated the programs aimed at building resilience and education, stating:

"The social worker here in the centre is giving us support; they render programs that aim to make us resilient and educate us. They treat us like their own children." [MC147–MC151].

Another participant expressed appreciation for long-term emotional commitment:

"They should not judge us from the mistakes we make and give up on us." [MA259–MA268].

The professionalism and emotional investment of care staff significantly impact how adolescents perceive themselves and their future possibilities (Theron & Theron, 2020:60).

Category 5.2.3: Peer Support

Positive peer support was seen as essential to personal growth. Participants described peer influence as both a challenge and an asset in coping and personal growth. Participant MB stressed the importance of mutual encouragement among peers:

"We should support each other in doing good things and love one another." [MB117–MB120].

The importance of collective responsibility was also emphasised:

"We should encourage each other to focus on our school work... and love each other." [ME148–ME151].

These findings are in line with evidence showing that peer cohesion and moral support in group settings reduce feelings of isolation (Ungar, 2022).

Category 5.2.4: Spiritual Support

Faith and religious involvement were meaningful sources of hope and moral grounding for many participants. Participant MC expressed the desire for ongoing spiritual guidance:

"The type of support I think I need from our church is to keep us in their prayers, spiritual guidance also, so one doesn't go astray." [MC164–MC167].

Participant MD described how church services held within the centre provided moments of spiritual connection, though somewhat brief:

"We conduct our church services here in the centre, so it's just a pastor who comes to give us sermons and leaves." [MD169–MD174].

Spiritual practices and pastoral care contribute to emotional regulation, identity construction, and hope among institutionalised youth (Mahoney, Pargament & Tarakeshwar, 2021).

Category 5.2.5: Community Support

Community acceptance or the lack thereof was a significant concern among participants. Participant MA called for understanding rather than judgment from the community:

"From the community, they should not judge us because we are staying in the centre. Circumstances led us here..." [MA282–MA287].

Participant ME echoed this, requesting equal treatment:

"They should treat me no differently from other children who are outside the centre." [ME151–ME153].

Social stigma can worsen trauma and delay reintegration, highlighting the need for community education and inclusive attitudes (Barth, Greeson & Green, 2020).

Category 5.2.6: School Support

Teachers and schools were often described as protective and affirming. Participant MD noted the support he received from teachers who did not judge him for living in the centre:

"My teachers are very supportive and don't judge me for staying here in the centre..." [MD166–MD169].

In cases of peer mockery, educators played an active role, Participant MF recounted:

"They reprimanded them. My friends from school are also giving me support..." [MF132–MF136].

Based on the responses from this sub-theme, it can be argued that providing male adolescent with holistic support is beneficial to their well-being and how they adjust to their change of environment. Some participants mentioned the importance of support from child and youth care workers and social workers (see Category 5.2.3). This is consistent with findings by Malatjie and Dube (2017:115), whose study found that living at a CYCC was worthwhile because of the love and care they experienced from staff members. Similar to the present study, participants showed an appreciation for this support, with participant MD saying: "The support I need from CYCWs is for them to continue supporting us like they are doing now". The support expected and received by participants ranged from various aspects that can be deemed important and significant in an adolescent's life, particularly those in need of care and protection.

School engagement and teacher support are critical factors in educational success and psychosocial adjustment for youth in care (Sebba et al., 2021).

PART B: CYCC WORKERS

The following open-ended questions were posed to the CYCW who participated:

- What do you think are the typical experiences of male adolescents?
- Tell me about your experiences working with male adolescents living within the CYCC.
- What challenges do you think male adolescents living within a CYCC come across? (challenges with house rules, relationships with CYCC, social workers, friends in the centre, friends outside the centre, family visiting, going home, school, church, community).
- How do you think male adolescents in a CYCC cope with their challenges?

- What kind of support do you think male adolescents in a CYCC need from CYCW, social workers, family and friends?

Below is an infographic design incorporating the main themes, sub-themes and categories found in the study. The themes are then discussed in detail.

Five themes were identified during the analysis of data from CYCWs, as depicted by Figure 4.7.

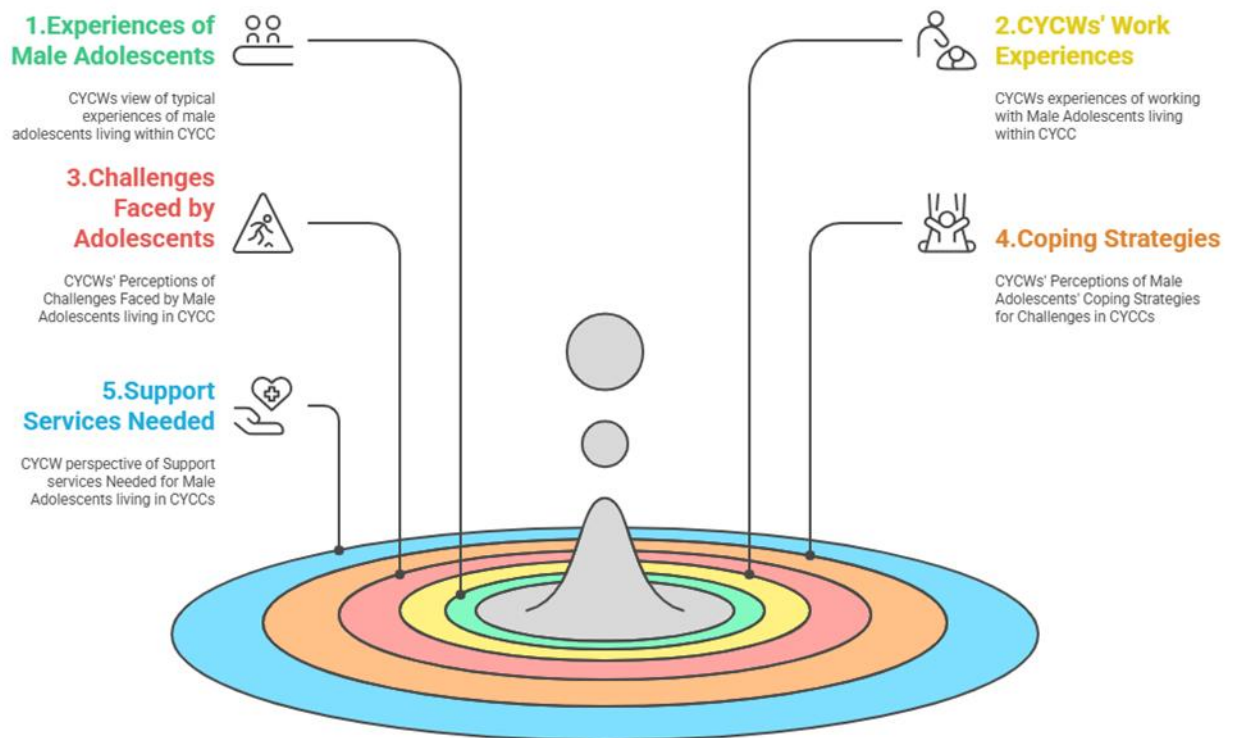


Figure 4.7 Themes identified from the Data obtained from CYCCW

Table 4.4 provides an overview of the themes, sub-themes and categories obtained from CYCCW.

Table 4.4 Overview: Themes, Sub-themes and Categories (CYCW)

Main Themes	Sub-themes	Categories
Theme 1: CYCWs' view of typical experiences of male adolescents living within CYCC	Sub-theme 1.1: Physical and emotional development	

	Sub-theme 1.2: Behavioural shifts and risky behaviours	
	Sub-theme 1.3: Influence of peer dynamics, social identity and the need for guidance and support	
Theme 2: CYCWs' experiences of working with male adolescents living within CYCC	Sub-theme 2.1: Behavioural challenges and emotional dynamics	Category 2.1.1 Positive experiences Category 2.1.2 Negative experiences -Category 2.1.3 Challenging experiences
	Sub-theme 2.2: Relationship building and engagement strategies	
	Sub-theme 2.3: Institutional and organisational responses	
	Sub-theme 2.4: Compassion and building resilience	
Theme 3: CYCWs' Perceptions of challenges faced by male adolescents living in CYCC,	Sub-theme 3.1: Struggles with organisational rules and expectations	
	Sub-theme 3.2: Limited family contact and loneliness	
	Sub-theme 3.3: Emotional and relationship challenges	
Theme 4: CYCWs' Perceptions of male adolescents' coping strategies for challenges in CYCCs	Sub-theme 4.1: Communication and emotional support	

	Sub-theme 4.2: Institutional and peer support	
	Sub-theme 4.3: Coping mechanisms.	Category 4.3.1 Positive coping mechanisms Category 4.3.2 Negative coping mechanisms
Theme 5: CYCW perspective of support services needed for male adolescents living in CYCCs	Sub-theme 5.1: Holistic and comprehensive support	
	Sub-theme 5.2: Family and community involvement	Category 5.2.1 Involvement of family and friends in support systems Category 5.2.2 Community responsibility and collaboration

The themes, sub-themes and categories related to this population group will be discussed and compared to the literature.

4.4 THEME 1: CYCWS View of Typical Experiences of Male Adolescents Living Within CYCCS

From a developmental theory standpoint, adolescence is a stage marked by identity formation, increasing autonomy, and heightened emotional reactivity (Erikson, 1968; Steinberg, 2014). However, in CYCC contexts, the typical challenges of adolescence may be compounded by trauma and instability, requiring a nuanced understanding from caregivers.

Drawing on Bronfenbrenner’s ecological systems theory (1976), these adolescents’ experiences are shaped by multiple interacting systems from immediate relationships with caregivers and peers (microsystem), to connections between home, school, and care environments (mesosystem), and broader cultural and societal influences (macrosystem). Disruptions or tensions within any of these systems can profoundly affect emotional regulation, behavioural adaptation, and overall development.

Additionally, coping theory (Lazarus & Folkman, 1984) highlights how adolescents actively manage stressors through emotion-focused and problem-focused coping strategies. In care settings, the availability and quality of support systems influence the effectiveness of these coping mechanisms, affecting resilience and adaptive growth.

By integrating these theoretical perspectives, CYCC practitioners can develop targeted interventions that not only address the biological and psychological aspects of adolescence but also the environmental and relational complexities unique to adolescents in care. This holistic approach facilitates resilience, emotional regulation, and adaptive growth in young individuals navigating complex life circumstances.

Figure 4.8 depicts the sub-themes linked to Theme 1 for the CYCWs.

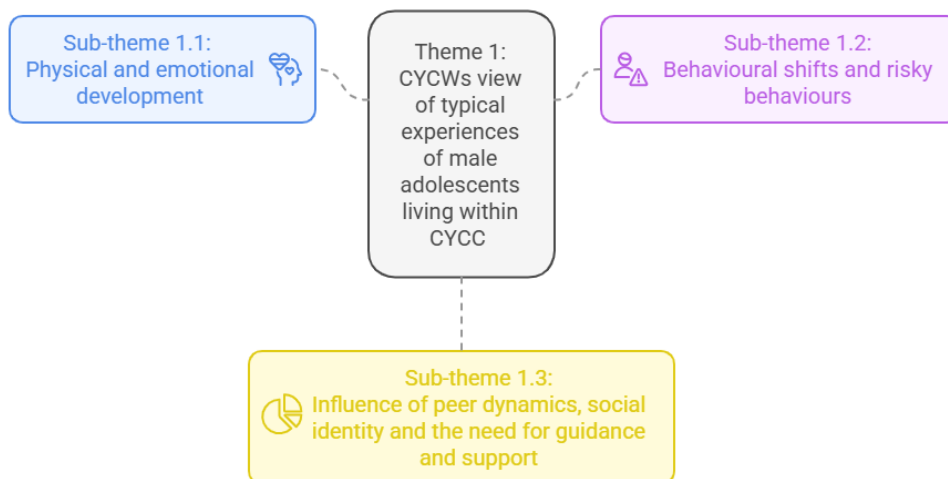


Figure 4.8 The Sub-themes and linked to Theme 1 (CYCCW)

4.4.1 Sub-theme 1.1: Physical and Emotional Development

Adolescence brings substantial physical transformations to adolescents through growth spurts, as well as the emergence of secondary sexual characteristics and hormonal changes (Sawyer et al., 2018). Physical development during adolescence induces emotional changes, which can result in identity crises and confusion. CYCWs monitor these transformations and recognise that although these changes occur universally, the distinct setting of CYCCs modifies adolescents' experiences during this stage.

CYCWs frequently noted the onset of puberty-related changes among male adolescents, such as the growth of facial and body hair, voice deepening, and the emergence of acne. These physical transformations often signalled the beginning of a new phase in the adolescents' lives, accompanied by emotional and behavioural shifts.

One worker observed:

"I think for some it's the puberty stage... they start growing a beard, some start to have changes in their voices. Their voices start to be deeper, and you find some growing pubic hair and also hair under their arms." **[Participant B30–B34].**

Another highlighted the variability in these changes:

"Well, I think that male adolescents will start to have voice changes...Some other children will start having a small beard growing..." **[Participant A38–A42].**

These observations align with existing literature, which indicates that adolescence is marked by significant physical development, including growth spurts and hormonal changes, leading to secondary sexual characteristics (Bettercare, 2024).

Beyond the physical, workers also noted emotional and behavioural changes. Some adolescents exhibited mood swings, increased irritability, and a desire for independence. One participant remarked:

"Some start having pimples, some start to misbehave, and no longer do things that they used to do." **[Participant C: C50–C52].**

These behavioural shifts are consistent with the challenges adolescents face as they navigate the transition from childhood to adulthood, often leading to conflicts with authority figures and a re-evaluation of personal identity (Scholz et al., 2024).

The need for privacy and autonomy was another recurring theme. Workers observed that adolescents began asserting boundaries, such as requesting that staff knock before entering their rooms. This behaviour reflects a natural progression towards independence and self-definition (Matthews & Hugh-Jones, 2024).

In the context of institutional care, these developmental processes can be further complicated. The structured environment, while providing safety and support, may also limit opportunities for self-exploration and autonomy. As one worker noted:

“...the only thing that can differ is that those in the centre might slightly differ from those outside because they stay in a locked place with 24-hour security. Their movement is limited.” [Participant G41–G44].

This sentiment is echoed in research highlighting the unique challenges faced by adolescents in care, including restricted autonomy and the need for systems to adapt to their developmental needs (Matthews & Hugh-Jones, 2024).

The observations of CYCWs provide valuable insights into the multifaceted nature of adolescent development within institutional settings. Recognising the interplay between physical changes, emotional growth, and the quest for identity is crucial. Supporting adolescents through this transitional phase requires a nuanced understanding of their needs, balancing structure with opportunities for autonomy and self-expression.

4.4.2 Sub-theme 2.1: Behavioural Shifts and Risky Behaviours

CYCWs observed a rise in risk-taking behaviours among male adolescents, including smoking, alcohol use, drug experimentation, and early sexual activity. These behaviours often surface as adolescents test boundaries and assert independence while also coping with emotional wounds or seeking peer acceptance.

As one participant noted:

“Some start trying new things like smoking cigarettes and marijuana; some also start to drink alcohol. Some male adolescents will start to engage in having sexual intercourse.” [Participant F59–F62].

Another worker highlighted the moral challenges and social consequences of such behaviour:

“It’s the experiencing stage of a child, and some can also get diseases such as HIV/AIDS and other sexually transmitted infections.” [Participant A50–A52].

Aggressive and defiant behaviours were also commonly reported. Adolescents were described as using intimidating body language and resisting adult authority:

“You will find them standing like they are bending and trying to speak with a deep voice, more like they’re trying to threaten you... They start to talk using hand gestures, more like pointing fingers at you.” [Participant E38–E42].

This developmental defiance is well-documented in literature as part of the adolescent identity formation process (Steinberg & Lerner, 2020). In residential care, however, such behaviours may also reflect unresolved trauma or a need for control in an otherwise regulated environment (Brown, 2020).

Two participants described clear rule-breaking in the centre:

“Some jump and run away from the centre.” [Participant F78].

“There were three teenage adolescents who were at all times trying to make my work difficult... not taking instructions and making noise until the early hours of the morning.” [Participant G: G50–53].

Such accounts reflect challenges in balancing structure with empathy in care settings. Taylor, Bradshaw and Stone. (2019:91) suggest that staff must uphold boundaries while fostering meaningful relationships that encourage cooperation and reduce oppositional behaviours.

An increase in risk-taking behaviours among male adolescents, including substance use, early sexual activity, aggression, and defiance, often serves as an expression of boundary-testing, attempts to assert independence, or coping mechanisms for emotional distress and peer acceptance. Aggression and oppositional attitudes, such as intimidating body language and rule-breaking, are common and may also indicate unresolved trauma or a need for control in a highly structured care environment. Balancing firm boundaries with empathetic relationships is essential for managing these behaviours effectively, fostering cooperation, and supporting positive adolescent development (Steinberg & Lerner, 2020; Brown, 2020; Taylor et al., 2019).

4.4.3 Sub-theme 1.3: Influence of Peer Dynamics, Social identity, and the Need for Guidance and Support

Male adolescents in residential care are highly influenced by their social environment, particularly peers, as they begin to develop a sense of identity and belonging (Dishion & Tipsord, 2011). CYCWs reported that during this phase, young people become more conscious of social groups, peer status, and external approval:

“They start classifying themselves and belonging to certain groups because they think those groups are cool.” [Participant C53–C55].

Forming peer groups was seen not only as a means of gaining social capital but also as a coping mechanism for dealing with emotional vulnerability and institutional life:

“...while others will form groups as a way of belonging.” [Participant F62–F64].

“...the peer pressure starts to kick in if they are unable to make good choices...” [Participant D39–D40].

This aligns with findings from Scholz et al. (2024:131), who argue that group affiliation in adolescence often reflects a need for recognition and identity validation, especially in environments lacking consistent adult support. The development of romantic interests, such as forming relationships with girls, was also identified by CYCWs as part of this social exploration:

“...some might start to have girlfriends and date.” [Participant D41].

Crucially, CYCWs highlighted the importance of adult guidance during this time. The absence of strong role models can result in adolescents creating distorted self-concepts or engaging in behaviours they perceive as ‘normal’ within their peer groups:

“This is a stage whereby children or male children will try to identify or create their own identities, and if left without guidance, then they are more likely to think whatever wrong they do is correct.” [Participant A60–A64].

“It is a stage whereby children need as much guidance as they can get from their parents and family structure as a whole.” [Participant A47–A49].

The importance of relational trust was also emphasised by CYCWs, who described the need to establish a non-judgemental, respectful rapport with adolescents to support open communication:

"...so I don't judge them. Once you start to chat back at them, then you will not be able to control them, so my remedy is just to play along for as long as they are not being disrespectful." [Participant E51–E54].

"... and they will not keep things from you... That is the strategy I use so they can open up to me because they regard me as their friend." [Participant E58–E62].

According to Ungar, Theron and Liebenberg (2022:27), adolescents in out-of-home care require consistent, emotionally available adults who can guide their moral and social development while respecting their growing need for autonomy. Where this is provided, young people are more likely to internalise positive social norms and build healthier identities.

4.5 THEME 2: CYCWS' Experiences of Working with Male Adolescents

Living within CYCCs

CYCWs encountered numerous challenges and opportunities when working with male adolescents in CYCCs. Their experiences provided insights into the complex emotional and behavioural patterns of these adolescents. These patterns are shaped not only by individual developmental stages but also by the broader social and institutional environments surrounding them. Drawing on Bronfenbrenner's ecological systems theory (1979), it is clear that CYCWs operate within the microsystem and mesosystem levels, directly influencing adolescents' development through daily interactions and coordination between care, school, and family systems. Applying the coping theory by Lazarus and Folkman (1984), it indicates how institutional and organisational responses, alongside compassionate caregiving, foster adaptive coping resilience in male adolescents facing adversity. Behavioural challenges often stem from underlying emotional distress and trauma; thus, engagement strategies that integrate empathy with clear boundaries are crucial. CYCWs play a vital role in creating safe, supportive environments that encourage positive identity development

and promote psychological growth, despite difficult circumstances. The sub-themes and categories linked to Theme 2 are displayed in Figure 4.9.

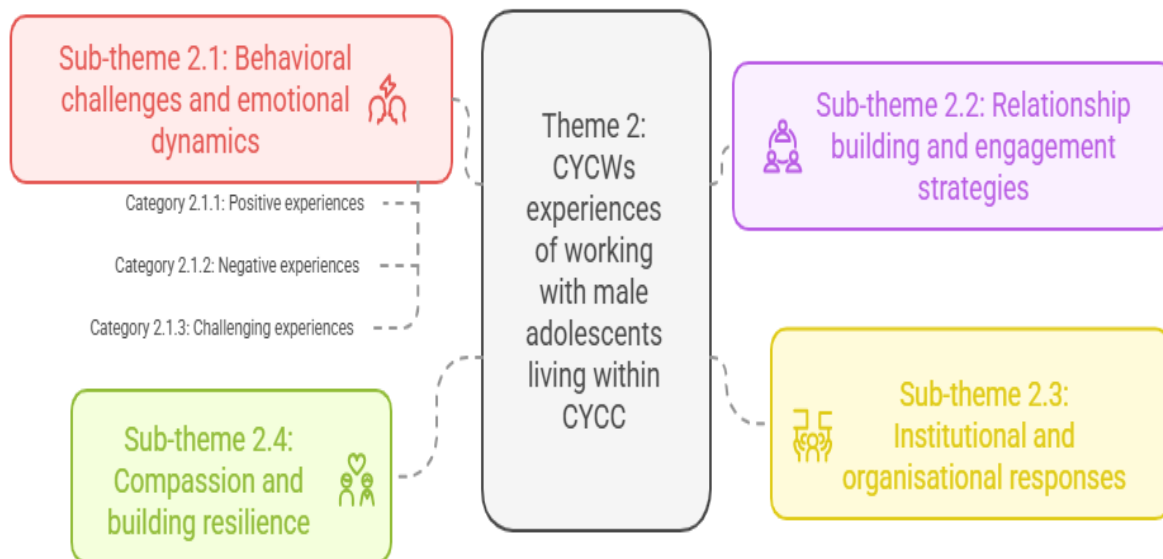


Figure 4.9 The Sub-themes and Categories and linked to Theme 2 (CYCCW)

4.5.1 Sub-theme 2.1: Behavioural Challenges and Emotional Dynamics

Adolescents in CYCCs often exhibit a spectrum of behaviours ranging from nurturing and protective to highly disruptive. (Cruz, Lichten, Berg & George, 2022). These behaviours are shaped by their developmental stage, previous traumas, peer dynamics, and the institutional environment in which they live. The accounts of CYCWs provide insight into both the rewarding and challenging aspects of working with male adolescents in care settings.

Category 2.1.1: Positive Experiences

Despite the frequent behavioural challenges, many CYCWs reported moments of connection, growth, and positive interaction with male adolescents. Some adolescents were described as emotionally expressive and capable of demonstrating empathy and responsibility:

“...I learnt that these kids have different ways of venting out... since then, I am able to deal with their emotions.” [Participant G71–G72].

Male adolescents were also observed to contribute positively to the CYCC environment:

“Some male adolescents are more helpful in ensuring that the place is clean; they help with gardening services, wash the cars and protect younger kids against those who bully them.” [Participant G60–G63].

The ability of the adolescents to show compassion and solidarity with peers was particularly moving to some CYCWs:

“I remember there was a certain group at school who used to tease one of the adolescents here in the centre, then one day our adolescents put a stop to it. They approached the group and put a stop to the bullying that had been happening to one of their own, and on that day, I noticed that they love and care for one another. Much as they like to fight here in the centre, they have the best interests of each other at heart. If our small children have school projects, then we know they are more than willing to assist them with such projects.” [Participant E72–E80].

These reflections echo what Thompson and McPherson (2022:89) describe as “pockets of resilience” in group care, where children actively form nurturing relationships and demonstrate protective behaviours despite living in high-stress environments.

Furthermore, the importance of the caregiver’s emotional disposition was consistently mentioned:

“These adolescents would, at night, when it’s time to sleep, start making noise and singing, and I would let them sing, and after a while, ask them if they are done. So from then on, they would come to me and ask why I wasn’t shouting at them, why I was calm, because they wanted me to react, and they started liking me. So that is why I am saying this job needs someone with passion. ” [Participant A78–A85].

CYCWs often rely on their emotional intelligence and patience to build trust with adolescents, a point supported by Graham and Phelan (2023:104), who argue that therapeutic relationships in youth care depend significantly on the worker’s ability to regulate their own emotions while modelling positive relational behaviour. Adolescents

in CYCCs often exhibit a wide spectrum of behaviours, ranging from nurturing and protective tendencies to highly disruptive and oppositional actions. These behavioural patterns are influenced by their developmental stage, histories of trauma, peer relationships, and the structured environment of residential care (Cruz et al., 2022). Bronfenbrenner's ecological systems theory (1979) highlights how these behaviours emerge from complex interactions between the adolescents' immediate microsystem (caregivers, peers) and broader mesosystem influences (school, family connections).

CYCWs' narratives reveal both the rewarding and challenging aspects of supporting male adolescents in care. Behavioural challenges require staff to balance clear boundaries with empathy and relational atonement. Evidence from trauma-informed care approaches emphasises that compassionate engagement rather than punitive responses helps adolescents regulate emotions and develop healthier coping mechanisms (Barth, 2002). This highlights the importance of equipping CYCWs with skills to manage complex emotional dynamics while fostering environments that promote trust, resilience, and adaptive growth.

Category 2.1.2: Negative Experiences

Negative experiences with adolescents consisted of aggressive incidents combined with rule violations and emotional instability. Such situations required CYCWs to demonstrate their capacity for endurance and resilience.

“Some adolescents would bully each other, call each other names, and others would jump the security fence and run into the location. Some male adolescents would forcefully try to talk to girls, and when they don't want to talk to them, they make nasty comments trying to hurt them.” [Participant A85–A90].

“The bad things that I experienced are the in-fighting that happens here in the centre amongst them. The coming home late of the adolescents, smoking marijuana and cigarettes, sneaking alcohol into the centre and harassing the girls are some of the bad things that I have experienced in working with male adolescents here. [Participant E81–E88].

Such behaviours align with what Green, McFadden and Doyle (2021:116) refer to as "acting out" tendencies common in institutionalised youth, often rooted in unresolved

trauma or emotional dysregulation. Other issues included defiance of rules and attempts to evade supervision:

“We would get reports of adolescents trying to force themselves into the ladies’ hostel, some bringing marijuana into the centre and knowing very well that it is not allowed. So there are lots of things that male adolescents do here in the centre, sometimes some adolescents would sneak in alcohol and cigarettes, some would jump and run away from the centre.” [Participant F72–F78].

“Some ditch the scholar transport... and come back late at the centre.” [Participant G63–G65].

These patterns suggest a need for structured yet compassionate behavioural support systems in CYCCs, balancing firm boundaries with developmental understanding (Taylor, Gavin & Watson, 2019:52).

Negative experiences reported by CYCWs involved aggressive incidents, rule violations, and emotional instability among male adolescents. CYCWs referred to challenges such as bullying, substance use, defiance, and attempts to evade supervision. From a trauma-informed care perspective, these behaviours are frequently rooted in unresolved trauma, emotional dysregulation, and the need for autonomy in a structured environment (Green et al., 2021). By balancing firm boundaries with relational atonement, CYCCs can address underlying emotional needs while promoting healthier coping and social behaviours.

Category 2.1.3: Challenging Experiences

When adolescents run away from the centre or participate in illegal activities, CYCWs require strong adaptive approaches and substantial emotional commitment.

Some CYCWs described prolonged stress and initial struggles in adapting to the demands of residential youth care:

“At first, when I started working here, it was a bit tough for me, and I was struggling to cope. I remember at some point I even thought of resigning because of the pressure that I was under. There were three teenage adolescents who were at all times trying to make my work difficult; they were

not taking instructions given and would make noise until the early hours of the morning. I explained the situation to my manager, and she told me that is how they sometimes behave, more especially when you are new, and that is when I decided I am not going to resign because of them. So another thing that I experienced working here is that most of the male adolescents are naughtier than the rest, and they always want things to be done their way.” [Participant G47–G60].

“I have three adolescents in the adolescent stage, and wow, they are a headache... sneak in with marijuana, smoke it and start doing funny things.”[Participant B45–B52].

There were also experiences involving sexual experimentation among adolescents, which CYCWs found difficult to manage and interpret:

“I once caught the two adolescents having sex... Sometimes I would find sperm in the condoms hidden under their mattress... they say they wanted to see who has more sperm than the other...” [Participant B: B52–B60].

Such incidents, while uncomfortable, reflect the complex realities of adolescent sexual development in constrained environments. As highlighted by Lefevre, Hickle and Luckock (2023:73), young people in care often explore sexuality in ways that may appear unorthodox or risky due to limited guidance and privacy. This further underlines the need for open dialogue, sex education, and professional training in handling sexual identity and development in residential settings. The above findings are also supported by the study of Rasool and Swart (2024:81), which found that the staff at the CYCC reported it to be challenging to manage the children and adolescents, and they individually bring unique experiences and challenges to the centre. In Theme 3, Part A, where the challenges of living in a CYCC were shared by the adolescent males, it was also highlighted that in the developmental literature, it has been continuously found that peer reference groups turn out to be increasingly prominent during this phase, and many risk-taking behaviours often happen within the social and peer context (McCoy et al., 2019:59). Therefore, it can be argued that these behaviours further contribute to the negative and challenging experiences of the CYCWs.

4.5.2 Sub-theme 2.2: Relationship Building and Engagement Strategies

Effective care depends on establishing relationships that are built on mutual respect and mutual understanding (Taylor, Green & Smith, 2019:64). Through open communication and shared activities, CYCWs build trust and engagement with their clients. One worker shared how seeing the youth as family contributed to rapport:

“I look at them the same way I look at my younger brother, and we relate well.”
[Participant C66–C68].

By building relationships based on familiarity and emotional closeness, CYCWs were able to create safe, communicative spaces:

“Most of the adolescent adolescents normally come to me and we just sit and talk about matters that affect us as men, so I think that is where they grew fond of me.” **[Participant C68–C71].**

These findings align with Graham and Phelan (2023:104), who emphasise that relational care fosters trust and openness, especially among adolescents who often struggle with emotional expression. Establishing such connections also allowed workers to guide adolescents on sensitive topics like sexual health:

“Sometimes these adolescents will say nasty things in front of you... I join in their conversation and hear more of what they say, and at the same time, educate them about sex and practising safe sex.” **[Participant A94–A106].**

This strategy of using casual dialogue as a gateway to education is in line with approaches suggested by Lefevre et al. (2023:85), who advocate for developmentally appropriate communication in youth work.

Furthermore, the relational strategies extended to recognising and affirming adolescents' contributions to the household:

“Our adolescents love to help us with household chores or anything that you ask them to help with.” **[Participant E70–E72].**

Based on the above responses, it can be argued that building relationships with the young people may contribute towards a positive experience for both parties. By valuing these efforts, CYCWs promote a sense of agency and belonging, which are critical for adolescent development in care settings (Taylor et al., 2019:64). An Australian study

conducted by Boerma et al. (2024) which focused on therapists' recommendations and suggestions on working with male adolescents in counselling and psychotherapy endorsed the importance of rapport building when working with this group.

This sub-theme highlights how relationship building serves as a cornerstone of effective care for male adolescents in CYCCs. Through mutual respect, open communication, and shared activities, CYCWs fostered trust and emotional safety, enabling adolescents to express themselves more openly. These relational approaches emphasise the importance of secure and consistent relationships in promoting emotional regulation and resilience. Casual, developmentally appropriate conversations allow caregivers to address sensitive topics such as sexual health, reinforcing both education and connection. Moreover, affirming adolescents' contributions to daily tasks nurtures a sense of agency and belonging, which is essential for their identity formation and psychosocial growth (Taylor et al., 2019). This relational dynamic reflects Bronfenbrenner's ecological systems theory (1979), where supportive caregiver–adolescent interactions in the microsystem can buffer against the stressors of institutional living.

4.5.3 Sub-theme 2.3: Institutional and Organisational Responses

The institutional framework serves as a crucial element in meeting the needs of the adolescents (Mhizha & Nhedzi, 2023). CYCWs provided feedback on organisational policies, which showed inconsistent results because certain rules were too permissive while others were excessively harsh.

“Well, with major incidents like this one involving sexual activities, I report to my line supervisor, and they are the ones who take the matter further.” [Participant B64–B66].

However, some CYCWs expressed concern about perceived leniency and lack of accountability:

“I sometimes feel like not much is done in terms of punishing them... Some offences I feel need police intervention.” [Participant B79–B84].

These accounts resonate with concerns raised by Green et al. (2021:119), who argue that inconsistent institutional responses can undermine behavioural interventions and

lead to repeated infractions. One participant noted the use of police involvement as a deterrent:

“With those who jump and run away, we have to report the matter immediately to the police and also notify the case managers/social workers.” [Participant F82–F86].

Security measures were often circumvented despite the physical precautions in place:

“There is not much that we can do because our security is tight... but like I said, there is no guarantee that it might not happen again.” [Participant F93–F104].

CYCWs noted that behavioural change efforts often relied on preventative and experiential methods, such as awareness campaigns:

“Part of our awareness is to take the children in the centre to Modimolle prison so they can see the kind of environment prison is.” [Participant F105–F110].

Nonetheless, systemic constraints also posed challenges, particularly when the organisational image was prioritised over transparency:

“It’s the protection of the reputation of the centre that makes some of the serious matters be swept under the carpet.” [Participant B88–B93].

This aligns with findings by Thompson and McPherson (2022:92), who note that institutional self-protection can conflict with trauma-informed accountability and transparency. These findings can be argued to relate to the ecological systems theory, particularly the macrosystem. Zhang (2018:1767) states that the macrosystem is the overarching institutional patterns of the culture or subculture, such as the political, legal, social, and economic systems, of which the concrete manifestations are the micro-, meso-, and exosystems. The participants’ reactions to challenging behaviour by male adolescents appear to be limited to institutional and organisational measures, as reflected in their responses above.

4.5.4 Sub-theme 2.4: Compassion and Building Resilience

CYCWs consistently described the need for compassion and emotional resilience when working with male adolescents. The emotional demands of the role were described as high, requiring workers to remain patient and understanding:

“...it needs someone with compassion, otherwise you will resign.” [Participant D59–D61].

“So it needs someone who will be able to accommodate them even in such instances and understand them.” [Participant D63–D64].

This sentiment is echoed by Graham and Phelan (2023:107), who stress that empathic engagement is central to sustaining care in emotionally complex environments. Despite frequent conflict, CYCWs observed a capacity for reconciliation and relational repair among the adolescents:

“But besides all the fighting and the hurting that occur amongst them, they still love one another...they try by all means to fix whatever they may fight or disagree about.” [Participant E87–E95].

From the narratives, it is clear that this ability to repair relationships is an important marker of resilience. According to Taylor et al. (2019:66), peer support and conflict resolution are essential components of emotional development in care contexts.

CYCWs also modelled resilience by sharing personal experiences with the adolescents, thereby humanising themselves and encouraging openness:

“...I am more open to them, and I am also able to share with them my experiences if they come across something in life.” [Participant C61–C71].

Such reciprocal relationships create opportunities for transformational mentoring, where youth and care workers influence one another’s growth (Lefevre et al., 2023:91). Based on these responses, it should be highlighted that these adolescents need emotional support, intellectual stimulation, as well as familiar surroundings and they need individual and sensitive attention (Rasool & Swart, 2024:75). Thus, it can be argued that having compassion towards these adolescents ensures that CYCWs contribute towards a positive experience for these adolescents, whose family histories have already made them vulnerable. In Theme 2: Male Adolescents’ Experiences living in the CYCC, Sub-theme 2.2: Relationships and Support Experiences in the first section, the adolescents highlighted how the help from CYCWs helped shape their perspective and contributed to them having a positive experience at the centre.

Therefore, it can be argued that both CYCWs and male adolescents contribute to each other's positive or negative experiences.

4.6 THEME 3: CYCWS' Perceptions of Challenges Faced by Male Adolescents Living in CYCC

From the participants' feedback, it is clear that adolescent males in CYCCs experience multiple difficulties, including resistance to organisational standards and expectations, restricted communication with family members, feelings of isolation, and emotional and interpersonal struggles. These challenges seem to disrupt developmental progress and require specific, targeted interventions.

Drawing on Bronfenbrenner's ecological systems theory (1979), these difficulties can be understood as the result of disruptions across multiple environmental systems. Limited family contact and strained peer relationships within the microsystem may weaken critical support networks, while institutional constraints within the mesosystem further restrict autonomy and emotional expression. At the same time, societal perceptions and stigma at the macrosystem level may compound feelings of exclusion and identity confusion.

In addition, the coping theory (Lazarus & Folkman, 1984) can explain how adolescents in care may resort to maladaptive coping mechanisms, such as defiance or withdrawal, in response to stressors. Understanding these behaviours as forms of coping rather than purely oppositional acts allows caregivers to design interventions that build resilience and promote healthier emotional regulation. Figure 4.10 depicts the sub-themes linked to Theme 3.

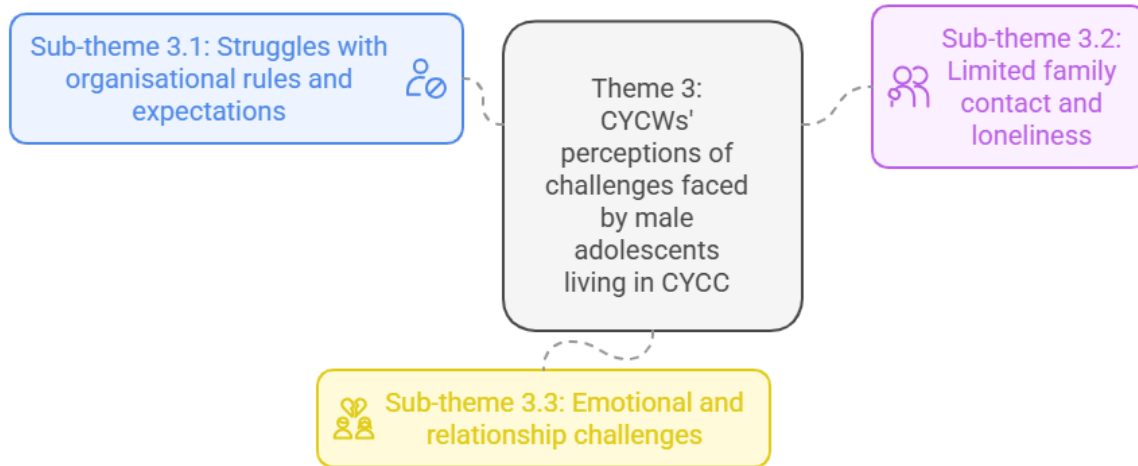


Figure 4.10 The Sub-themes linked to Theme 3 (CYCW)

4.6.1 Sub-theme 3.1: Struggles with Organisational Rules and Expectations

Adolescents who are not familiar with structured settings struggle to follow the rules of CYCCs. CYCWs need effective management skills to handle situations where adolescents demonstrate resistance and fail to follow rules, as one worker observed:

"Some of the male adolescents want to be independent, which is difficult in the centre; they are independent, however, not like someone who is outside. Here, they do things according to the rules, and when they don't, they feel the system is being harsh on them. Some adolescents would jump the fence to go into the location, some would just dodge their school transport and come back late."
[Participant A116–A123].

CYCWs frequently face challenges enforcing house rules, particularly around curfews and shared responsibilities:

"Well, with regard to house rules, I think it is common that some children are used to living without rules, so it is difficult for them to start learning to obey rules. Start learning, maybe to share, does things with time, so it becomes difficult to adjust." **[Participant B112–B116].**

Some adolescents expressed frustration over the limited freedoms in CYCCs, including restrictions on socialising outside:

"There are lots of challenges that male adolescents in the CYCC face in their lives, and an example that I can give is that some of the adolescents spoke to

me about is that of not being able to see their girlfriends." [Participant F125–F128].

Resistance often emerges in daily routines, such as cleaning and personal responsibilities. One CYCW recalled:

"In terms of the challenges that I think they may come across regarding the CYCC, one of the challenges is that they sometimes think we are hard on them when implementing the laws of the centre. I had an encounter with some adolescents the other time, whereby they were supposed to clean their rooms and brush their shoes. One of the rules in the centre is that elder children take turns in cleaning their rooms, and this is a way of teaching them household chores so that when they leave the centre, they are able to do things on their own." [Participant G88–G97].

The adolescents' frustration is also linked to restrictions on their freedom of movement and separation from their previous social environments. One worker pointed out:

"The first challenge that I think they come across is the fact that they are living in an environment that does not allow them to go out as much as they would want." [Participant C81–C84].

These narratives highlight the ongoing tension between the developmental need for autonomy in male adolescents and the structured environment of CYCCs, which is designed to maintain safety and order. The adolescents' resistance to rules often reflects a struggle to adjust to institutional life, especially for those coming from unstructured or neglectful backgrounds where boundaries were absent. From the perspective of Bronfenbrenner's ecological systems theory (1976), these challenges can be seen as disruptions in the adolescents' microsystem and mesosystem, where new rules and relationships conflict with prior patterns of behaviour and socialisation.

The adolescents' frustration over limited freedom, restricted peer relationships, and enforced routines also suggests a need for trauma-informed care approaches that balance structure with empathy. These behaviours, such as evading supervision or protesting rules, may represent coping mechanisms to regain a sense of control in an environment where independence feels constrained. Literature on institutional care notes that such defiance is common among youth adjusting to new authority figures

(Steinberg & Lerner, 2020), yet with consistent relational support, adolescents can gradually internalise healthier behavioural patterns.

For CYCWs, this highlights the importance of developing engagement strategies that uphold rules while promoting a sense of agency and belonging for the adolescents. Building trust and offering choices within boundaries may help youth feel respected and increase their willingness to participate in centre routines. Ultimately, these findings underline the delicate balance CYCWs must maintain between discipline and nurturing relationships to foster growth and resilience in male adolescents navigating care environments.

4.6.2 Sub-theme 3.2: Limited Family Contact and Loneliness

CYCWs highlighted that limited opportunities for home visits during school holidays and infrequent family engagement exacerbate these emotions. As one worker observed:

"The other challenge I think is the issue of not being able to go home all the time during school holidays and also the limited time for visitation by their friends." [Participant C84–C87].

Some CYCWs described initiatives designed to address these gaps, such as organising family day events during short school holidays to ensure children still experience some form of family interaction. One worker explained:

"It is often only a few kids who will remain in the centre, maybe during school holidays, mostly it's illegal immigrants' children who are left behind, but with the rest, they know they go home and get visitations from their families. And if it happens that they don't go home, we make sure that their families come and visit them. ...We would organise a family day event so their families come to the centre." [Participant E116–E127].

However, despite these efforts, the emotional toll remains high for those whose families are absent. As another caregiver noted:

"Some of the adolescents feel lonely because they hardly get any visitations from their families, some have challenges of being in the centre for many years, and they are uncertain about whether they will ever go home. So some of these

things are the contributing factors to their abscondments." [Participant F128–F134].

Beyond the children's struggles, CYCWs themselves reported emotional strain when supporting adolescents through these challenges. Some workers noticed that colleagues struggled to build meaningful relationships with the adolescents, often judging them based on their circumstances:

"Starting with the relationship they have with us as CYCW, most of the workers struggle to understand these children because they judge them based on the circumstances that led them to the centre, so it's a problem I have noticed, and they end up not treating them well." [Participant A131–A136].

On family visiting days, CYCWs frequently manage heightened tensions among adolescents, as one reflected:

"We sometimes also, as CYCWs have challenges with parents or families that don't visit their children, so it's not only the children who are facing such challenges, but it also affects us. If one family, for example, visits their children, then most children would request to call their families to ask when their families will visit them. So this is a problem because it makes these children feel like they are not loved." [Participant G114–G121].

As is indicated by the narratives, family absence leaves a noticeable void for male adolescents in CYCCs, extends beyond physical separation; it touches their identity, self-worth, and ability to regulate emotions. As noted by Jamieson, Sambu, and Matthews (2017:84), a lack of familial support is strongly associated with heightened emotional and behavioural vulnerabilities among children in South African institutional care. Moments like school holidays and family visit days become emotional flashpoints, with those left behind often struggling with anger, withdrawal, and feelings of rejection. According to Van Breda (2015:73), the presence of supportive family ties contributes positively to the psychological adjustment of adolescents in residential care, even when such contact is intermittent. This emotional turbulence sometimes spills over into peer conflicts and behavioural issues, placing additional strain on care staff who must manage the collective mood of the group. From a Bronfenbrenner ecological lens (1979), the weakened ties in their microsystem (family) disrupt the adolescents' ability to form secure attachments, often shifting their reliance onto peers

and caregivers in the centre. For CYCWs, this dynamic highlights both the emotional labour of their role and the urgent need for strategies that rebuild family engagement and nurture resilience in youth whose primary support systems are fractured.

4.6.3 Sub-theme 3.3: Emotional and Relationship Challenges

From the findings, it emerged that some adolescents build positive relationships, but others experience conflicts or envy, which then create additional problems in the CYCC environment. CYCWs highlighted that male adolescents in CYCCs face relational challenges shaped by family dynamics, peer influences, and the structured environment of the centre. A recurring theme is the tension adolescents experience between their desire for independence and the constraints of institutional rules. One caregiver observed how envy of peers outside often drives absconding:

"And with friends outside the centre, it is that they envy them and that is why at times they abscond from the centre, so yes, that is what I think they come across." [Participant A147–A150].

This yearning for connection and belonging is further complicated by peer dynamics within the CYCC and at school. As another worker explained:

"The challenge that I have observed from male adolescents here in the CYCC, I think, is peer pressure and sense of belonging. Some of the children here do things because their friends are doing them or are being told to do them so they can remain friends." [Participant B103–B107].

Despite strained family relationships, visits often provide moments of reconnection:

"The challenges with families are always there because they feel their families are the reasons for them to be in the centre; however, when they visit, at least they are able to have good conversations with them." [Participant B122–B126].

Even within structured environments, adolescents still seek outlets for connection:

"Ok, with friends outside the centre, there is not much that I have noticed, except the fact that our adolescents would wish to spend more time with them outside the centre, and it's not possible. So normally we would allow their

friends from school to come and visit them here in the centre during weekends."
[Participant E131–E136].

Other challenges emerged around family reintegration efforts:

"Normally, it would be because the family environment which made the child be placed in the centre has not improved, or there is no family member who wants to foster the children in case the children were removed from their biological parents." **[Participant F146–F150].**

"...this is the same as with friends in the centre and outside the centre, their relationships are up and down. Sometimes they fight here in the centre and sometimes they are on good terms, but at the end of the day, they reconcile and make peace." **[Participant F171–F175].**

The accounts shared by CYCWs reveal how male adolescents' relationships, whether with peers, caregivers, or families, are central to their experiences in CYCCs. These young people often struggle to balance their desire for autonomy with the structured nature of institutional living, leading to tensions in their interactions. Within the centre, peer relationships emerge as both protective and challenging, offering moments of solidarity yet also exposing them to conflict and peer pressure.

Caregivers' reflections underscore how adolescents' behaviours and emotional responses are shaped by the interplay between their immediate environment and broader social contexts. When adolescents feel understood and supported in their relationships with CYCWs, they are more likely to engage positively and develop healthier coping mechanisms (Allen, 2017). Conversely, limited family contact and strict institutional rules can amplify feelings of isolation and frustration, leading some to act out or withdraw.

Supporting them requires an approach that acknowledges these intersecting influences and provides opportunities for connection, autonomy, and emotional expression within safe boundaries.

4.7 THEME 4: CYCWS' Perceptions of Male Adolescents' Coping Strategies for Challenges in CYCCS

This theme explores the coping strategies developed by adolescents in CYCCs and analyses their implications through the lens of Bronfenbrenner's ecological systems theory (1979). Development is influenced by interactions within nested systems, from immediate microsystem relationships to broader institutional and societal structures. Figure 4.11 pictures the sub-themes and categories linked to Theme 4 (CYCWs).

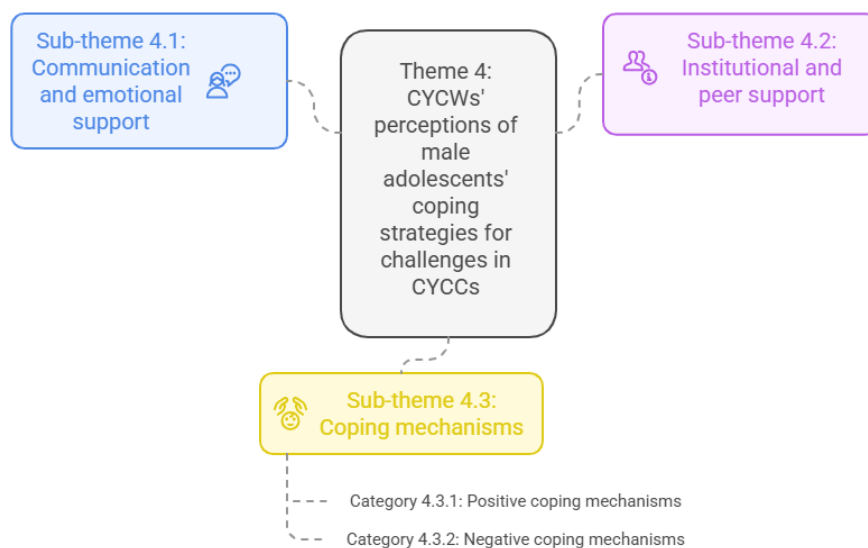


Figure 4.11 The Sub-themes and Categories linked to Theme 4 (CYCW)

4.7.1 Sub-theme 4.1: Communication and Emotional Support

CYCWs observed that male adolescents in CYCCs cope with challenges in diverse ways, often shaped by their level of trust and the support systems available to them. One worker reflected on the range of coping mechanisms, noting:

"I think some cope by talking to the people they trust, some just keep quiet and avoid being with the people. I think they cope in many different ways that seem good to them, but mostly they would also report to either the social worker or us as CYCW." [Participant 154–A158].

Building trust was highlighted as a key factor in enabling adolescents to open up:

"...what I can tell you is that some of the adolescents open up to us and that happens when they trust you." [Participant E140–E142].

This trust often extended to practical matters, as one worker shared:

"Same as when they want their friends to visit, they would let us know that they have spoken to their friends, and they give us a date that they agreed on for the visit." [Participant E144–E147].

Unmet emotional needs, especially around family contact, often surfaced in interactions with care staff:

"Children who don't get family visits would sometimes come to us and ask the reasons for not getting such visits." [Participant G186–G188].

In these moments, CYCWs recognised the importance of repairing relationships and modelling emotional openness:

"...if I have wronged them, I would go and apologise, and that makes our relationship good with them. As difficult as it may be, they deal with a lot of challenges through talking about them." [Participant G190–G193].

For many adolescents in CYCCs, coping is not a singular act but a quiet, ongoing negotiation with their environment and emotions (Dimba-Ndalen et al., 2022). These young people often reach for the closest anchors they can find, whether it is a trusted caregiver, a social worker, or even moments of solitude. The care workers' observations highlight how trust serves as a doorway to healing; only when adolescents feel genuinely seen and heard do they begin to open up. This process mirrors the intricate web of relationships described in ecological models of development, where each interaction within an adolescent's microsystem holds the potential to either strengthen or weaken their capacity to adapt.

At the same time, coping strategies like seeking conversations or withdrawing from social circles reflect a balance between problem-solving and emotional self-protection, as noted in the coping theory (Lazarus & Folkman, 1984), these small, consistent exchanges of adolescents in care, begin to cultivate a sense of agency, belonging, and emotional regulation, even amidst the constraints of institutional life.

4.7.2 Sub-theme 4.2: Institutional and Peer Support

Within CYCCs, structured programs and peer connections play a pivotal role in equipping adolescents with tools to navigate their challenges. One care worker shared:

"We have anger management sessions, sports against crime games, peer pressure talks and anti-bullying campaigns. So I think all these activities help them cope with whatever challenge they might come across because they are educational in nature." [Participant C105–C110].

These initiatives not only build emotional intelligence but also foster a sense of community and belonging among peers.] Beyond structured interventions, care workers also offer personalised support to meet the adolescents' emotional needs, as one CYCW stated:

"Sometimes, if they want to call their parents, they come tell us, and if one has airtime, we call them using our phones." [Participant E142–E144].

Church activities further contribute to this support network, offering spiritual grounding and opportunities for engagement, as one worker highlighted:

"And at church, we have not had any issues; they participate in church activities as and when needed." [Participant D94–D95].

Finally, peer and staff relationships emerge as critical sources of day-to-day support, as expressed by a CYCW:

"...others will just talk to us about how they feel and also talk to their social workers..." [Participant D100–D101].

These findings emphasise the importance of combining structured interventions with relational and spiritual support in CYCCs. The adolescents' engagement in educational and faith-based programs reflects their need for meaning-making and coping strategies, while peer and caregiver relationships align with their search for connectedness and affirmation. Drawing on ecological systems theory (Bronfenbrenner, 1979), it is evident that such support strengthens protective layers around the adolescents by addressing their emotional and social needs holistically. The coping theory (Lazarus & Folkman, 1984) also suggests that these mechanisms

provide both problem-focused and emotion-focused strategies to manage stressors, enhancing resilience in the face of institutional challenges.

4.7.2.1 Sub-theme 4.3: Coping Mechanisms

The coping strategies adolescents use determine their reactions to challenges and influence their emotional health and developmental progress. Adolescents use coping methods that can either benefit or harm their development, which reveals the importance of specialised interventions to encourage resilience and healthy behaviour adaptation.

Category 4.3.1: Positive Coping Mechanisms

Some adolescents demonstrate healthy strategies, such as communication, emotional expression, and resilience in the face of peer pressure. A simple family visit becomes a beacon of hope, as expressed by one CYCW:

"I am not sure how I can say they cope with their challenges, but for example, if they see their families visiting them, they are happy." [Participant B129–B131].

Communication, too, stands out as a powerful outlet. Adolescents frequently turn to caregivers and social workers when overwhelmed:

"...others will just talk to us about how they feel and also talk to their social workers." [Participant D100–D101].

Some adolescents demonstrate a strong internal compass when it comes to peer influence, as noted by Participant B:

"With regard to peer pressure, sometimes other males stand their ground and do not do as their friends want." [Participant B: B131–B133].

Some adolescents cope by sharing their experiences:

"...sometimes they talk to their caregivers (CYCW) and social workers..." [Participant F: F192–F193].

Moreover, care workers observe that adolescents are learning to express disappointment constructively:

"Children who don't get family visits would sometimes come to us and ask the reasons for not getting such visits. And I think they cope by talking about such issues, same with coping with challenges they get from us as CYCWs."
[Participant G186–G190].

The coping behaviours observed among male adolescents in CYCCs reflect important steps toward emotional growth and resilience (Cherewick et al., 2024). While their strategies may seem small, such as speaking to a caregiver, choosing to be alone, or resisting peer pressure, they demonstrate the adolescents' ability to manage stress in healthy ways.

These narratives show that, despite the challenges of living in institutional care, many of the adolescents are developing emotional awareness and learning to express themselves constructively (Mesman, Vreeker & Hillegers, 2021). By opening up to trusted adults or choosing to reflect quietly, they are building strong foundations for personal development and social adjustment. This highlights the importance of consistent emotional support and trusting relationships within the CYCC environment.

Category 4.3.2: Negative Coping Mechanisms

Other adolescents struggle with maladaptive behaviours, such as isolation, aggression, and emotional withdrawal. Some adolescents in the CYCCs cope with emotional stress through maladaptive behaviours, often withdrawing or acting out when faced with distressing situations. For instance, one participant noted that:

"That is solely an individual choice, but they cope differently; some will be moody and not talk to anyone for maybe two days if they are angry. So that is how I think they cope with the challenges that they come across." **[Participant B133–B137].**

Similarly, others resort to physical aggression, fighting with peers in the centre as an outlet for their frustration:

"...some deal with their challenges by fighting other children in the centre."
[Participant F183–F184].

This pattern of negative coping extends further, with some adolescents isolating themselves after receiving upsetting news, such as being denied home visits:

*"...some would isolate themselves if they are told they will not be going home."
[Participant F194–F195].*

In more severe reactions, there have been incidents where children attempted to jump the boundary wall or refused to eat following such disappointments:

"Some would attempt to or jump the boundary wall, so they respond to their challenges in different ways. I remember one time this boy was told he would not be going home for the school holidays, and he refused to eat because of that at supper." [Participant F: F195–F199].

Emotional disconnection is also visible in daily interactions, where some adolescents avoid social engagement entirely, showing little interest in peer relationships when they are overwhelmed, as stated:

*"...with others having moods, so they will just not engage with other children."
[Participant D: D98–D99].*

In other cases, unresolved anger is externalised through physical violence, as some adolescents resort to beating others as a way to release emotional tension, highlighting the challenges they face in managing their emotions constructively:

*"Others beat children as a way of taking out their anger, and that is not good."
[Participant D101–D103].*

Negative coping behaviours, like isolation, aggression, and emotional shutdown, revealed that not all male adolescents in care have the tools to deal with stress in a healthy way. These reactions show a need for stronger emotional support systems and early intervention in helping these adolescents express their feelings in better ways. Institutions need to understand these signs as calls for help, not just bad behaviour. It is noted that children and adolescents become upset by their unequal life likelihoods and access to resources and opportunities (Moodley, 2020:25). Moodley (2020:25) further argues that the use of aggression and violence, as well as how they choose to solve problems, is often behaviour that is learnt.

4.7.3 THEME 5: CYCW Perspective of Support Services Needed for Male Adolescents Living in CYCCS

From this research, it was evident that male adolescents in CYCCs need holistic support addressing their emotional, social, educational, and psychological needs. CYCWs stressed that many male adolescents face complex challenges from trauma and family disruption, requiring comprehensive care beyond basic supervision. This aligns with the ecological view (Bronfenbrenner, 1979) that adolescent well-being depends on interactions across multiple systems, namely family, peers, institution, and community. When family support is limited, care centres must fill the gap, which can strain resources (Marks, Lam & McHale, 2009).

CYCWs highlighted the importance of access to counselling, educational programs, vocational training, and spiritual guidance to help adolescents process trauma and build future skills. Maintaining family connections or alternative mentorship also supports emotional stability and identity development. Moreover, institutional care should provide a safe, supportive environment where CYCWs are equipped with training and resources to manage challenges effectively. Overall, male adolescents need layered, consistent support to grow into resilient, well-adjusted adults. Figure 4.12 highlights the sub-themes and categories linked to Theme 5.

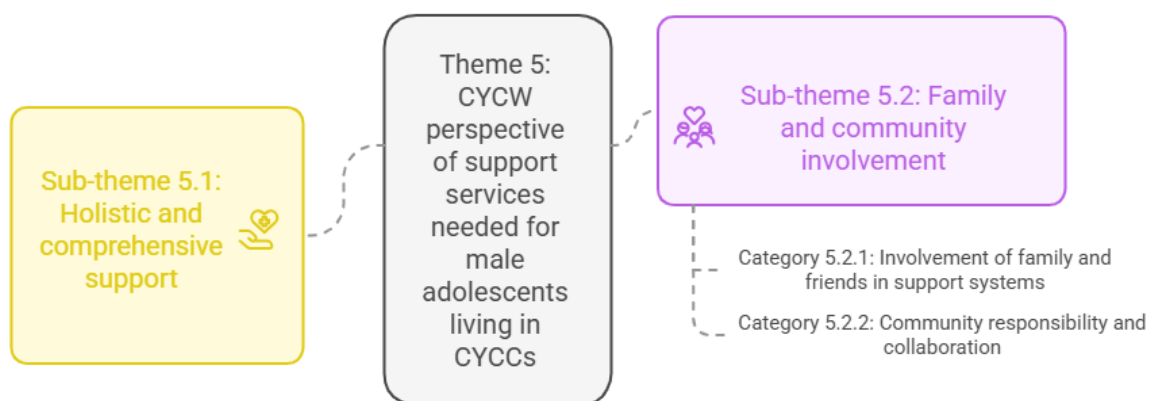


Figure 4.12 The Sub-themes and Categories linked to Theme 5 (CYCW)

4.7.3.1 Sub-theme 5.1: Holistic and Comprehensive Support

CYCWs emphasised that male adolescents in CYCCs require broad, personalised support addressing their emotional, psychological, and social needs to aid recovery

and growth. One participant highlighted the importance of treating these adolescents without judgment, acknowledging their need for strength and encouragement:

“I think they need every support they can get in order to keep going and be strong. We need to stop judging these children; we need to treat them normally like any other children.” [Participant A161–A164].

This recognition of trauma led to a call to protect adolescents from further harm:

“...we have a big role to play in terms of supporting these male adolescents and also the children as a whole living in the centres. I am going to talk in general in terms of the support that I think these male adolescents need, like we need to protect them against any form of abuse that they might come across.” [Participant C115–C121].

Reflecting the heavy challenges faced, another CYCW shared a deep commitment to providing emotional and psychological support:

“Our adolescents are going through the most, and we must try to help them by any means possible... As CYCW, it is our responsibility to ensure that we provide emotional and psychological support...” [Participant F204–F212].

Acknowledging the difficulty of working with these adolescents, the need for understanding their unique backgrounds was emphasised:

“I honestly think the adolescents need as much support as they can get from everyone because what I have noticed is that it is not easy living within the CYCC.” [Participant E: E152–E154].

This compassionate approach underpins the unmatched daily care provided, which includes meeting basic needs and fostering well-being:

“As CYCWs and social workers, we are providing unmatched support to our male adolescents... we make sure each day that they go to school clean, cook for them...” [Participant E161–E167].

Finally, the importance of genuine commitment was noted in preventing further harm and promoting healing:

"Sometimes it's hard for us to deal with and work with them, but we have to understand the different types of situations that they come from..." [Participant E172–E176].

The perspectives of CYCWs emphasise the necessity of providing male adolescents in residential centres with comprehensive support addressing their emotional, psychological, and social needs. Many of these adolescents come from backgrounds marked by trauma and instability, highlighting the importance of creating nurturing environments that facilitate healing and resilience. Care workers recognise that supporting these adolescents extends beyond daily supervision to include efforts to strengthen family relationships and foster community involvement, which are crucial for successful reintegration.

The commitment of care workers to offer consistent emotional and practical support, such as ensuring basic needs are met and providing individualised attention, reflects a deep understanding of the unique challenges faced by these adolescents (Aryuwat et al., 2024). Ultimately, the collaborative efforts of caregivers, social workers, families, and the broader community are essential in enabling male adolescents to thrive within and beyond the residential care context.

4.7.3.2 Sub-theme 5.2: Family and Community Involvement

This sub-theme focuses on the role of external systems (family, friends, and broader society) in reinforcing the care and development of male adolescents.

Category 5.2.1: Involvement of Family and Friends in Support Systems

CYCWs stressed the importance of family visitation, reunification efforts, and friendships within and beyond the centre to foster emotional well-being.

"...family should make sure they come and visit the children and take them during school holidays so they don't feel like orphans when actually their parents are alive." [Participant D117–D120].

"...the same goes to the social workers; I think it is their responsibility to ensure that the well-being of our adolescents is taken care of..." [Participant F213–F218].

“Their families should support them through visitations, by also ensuring that they fix themselves or their home conditions.” [Participant G212–G214].

“I will now start with the support they can get from friends, and it’s what I think they are already getting... when their friends come to visit on weekends, at least it makes them feel they are not out of touch with the outside world.” [Participant E154–E161].

“We need all the support we can get from all the people who are willing to support us and the children in the centre.” [Participant F204–F206].

These perspectives reinforce existing research, showing that consistent family involvement and peer support act as protective factors against social isolation and enhance resilience among adolescents in residential care (Kools et al., 2021).

Category 5.2.2: Community Responsibility and Collaboration

Participants advocated for societal solidarity, where various community institutions, such as churches, schools, and local organisations, share in the care of adolescents in CYCCs. The importance of family and friends in supporting male adolescents within residential centres was strongly emphasised by CYCWs. One participant highlighted the critical role of family visitation in maintaining a sense of belonging and reducing feelings of abandonment:

“All different sectors of society should join hands in trying to give them support... we soldier on because we are here because of them.” [Participant B144–B150].

This view was complemented by another participant who highlighted the responsibility of social workers to safeguard the well-being of these children,

“There is a saying that says a child is not only raised by their parents but a community at large... we all need to play a part...” [Participant A168–A173].

“Same thing should be expected from us as CYCWs, school, and church.” [Participant D116–D117].

One participant explicitly pointed to the church and school as key community institutions that must actively support these young people by providing spiritual guidance, preventing bullying, and ensuring their overall protection and care:

"The church should support these children by offering prayer services... The school should also ensure that they are not bullied... In fact, all the stakeholders should ensure that these kids are protected, loved and cared for." [Participant G217–G224].

The findings highlight the centrality of societal solidarity in promoting the well-being of adolescents in CYCCs. CYCWs strongly emphasised that care cannot be the responsibility of one institution alone, but rather must be shared across families, peers, schools, churches, social workers, and the broader community. This resonates with Bronfenbrenner's ecological systems theory, which situates child development within interconnected systems where the microsystem (family, peers, CYCWs) and mesosystem (linkages with schools, churches, and local organisations) jointly shape resilience and psychological outcomes (Bronfenbrenner, 1979).

The emphasis on family visitation and reunification reflects the literature, showing that sustained familial contact enhances belonging and reduces feelings of abandonment among children in residential care (Phaswana & Erlank, 2023). Comparably, the importance attached to schools and churches as protective environments aligns with existing research that identifies these institutions as buffers against social exclusion, bullying, and spiritual or moral disconnection (Zingwe & Lekganyane, 2025). When these systems collaborate, they provide adolescents with multi-layered sources of support, which foster emotional stability and encourage adaptive coping strategies.

4.8 Chapter Summary

This chapter presented a detailed analysis of the experiences of male adolescents living in CYCCs in Waterberg District of Limpopo Province. Through interviews with both the adolescent residents and their care workers, the study explored four key aspects: their daily experiences in care, the challenges they face, their coping mechanisms, and the support systems they require. The findings provide valuable insights into the realities of institutional care for male adolescents.

The study revealed that normal adolescent development presents unique challenges in care settings. The adolescents reported struggling with typical teenage changes in their bodies and emotions, difficulties that were compounded by their institutional circumstances. Many found it particularly hard to adjust to shared living spaces and

rigid rules after coming from backgrounds where they had enjoyed more independence. The absence of stable family relationships worsened these challenges, leaving them without crucial parental guidance during this transitional life stage. For some adolescents from minority cultural backgrounds, additional identity struggles emerged as they felt disconnected from their home languages and traditions.

Several significant challenges were identified through the research. The restrictive nature of care environments often prevented normal teenage experiences and personal growth. Many adolescents found it difficult to establish trusting relationships with caregivers, while infrequent family visits led to feelings of loneliness and abandonment. Social dynamics within the centres sometimes resulted in bullying and conflicts between residents. The adolescents also faced stigma from peers outside the centre who viewed them differently because of their care status. Perhaps most crucially, many lived with uncertainty about their futures, not knowing if or when they might reunite with their families.

The research documented various coping strategies employed by the adolescents. Positive approaches included focusing on academic work, participating in sports and arts activities, forming supportive friendships with other residents, and building relationships with understanding care workers. Some found comfort in religious faith or benefited from counselling sessions. However, less healthy coping mechanisms were also evident, including physical altercations with peers, rule-breaking behaviour, social withdrawal, and, in some cases, experimentation with alcohol or drugs.

The CYCWs provided equally valuable perspectives on supporting these adolescents. They described the professional challenge of balancing necessary discipline with genuine compassion, particularly when working with adolescents who had experienced trauma. Many workers recognised that behavioural issues often stemmed from emotional distress rather than deliberate misconduct. While some caregivers had developed effective strategies for building trust, others reported struggling with limited resources, heavy workloads, and insufficient training in adolescent development and trauma-informed care practices.

Both the adolescents and care workers identified several crucial support needs. These included more frequent and meaningful family contact, better training for care workers in adolescent development, improved access to counselling and mental health

services, enhanced educational support and career guidance, practical life skills training to prepare for independent living, community programmes to reduce stigma, and more opportunities for recreational and creative expression. There was also strong agreement about the need for clearer pathways for family reunification when circumstances allowed.

The next chapter summarises the research process, and findings and concludes with recommendations.

Chapter Five

Summary, Conclusions and Recommendations

5.1 Introduction

The final chapter brings together the comprehensive findings from a study focused on the lives of male adolescents living in CYCCs in South Africa's Waterberg District. By engaging in detailed, qualitative conversations with both the adolescents and their caregivers, this research offered a window into the complex realities of life in residential care.

Using semi-structured interviews, the study created a space for participants to share their stories and viewpoints in their own words. These rich dialogues with male adolescents and care workers revealed important insights into the everyday challenges, personal struggles, and moments of resilience experienced within these settings. The resulting narratives and professional accounts formed a deeply human perspective on care dynamics, moving beyond statistics to capture lived experience (Taylor et al., 2017).

When analysed alongside current academic literature, these stories highlighted recurring themes that deepened our understanding of residential care for adolescents in a South African context. The findings not only reinforced existing knowledge but also introduced new understandings of the extensive pressures and potential supports available within these environments (Strydom et al., 2020).

This chapter concludes by translating these key insights into practical, actionable steps. It presents reasoned conclusions and strategic recommendations aimed at three essential areas: improving daily practices within the centres, informing adjustments to child protection policy, and identifying valuable directions for future research.

Ultimately, this study contributes meaningful, evidence-based knowledge that helps shape more responsive and effective practices in CYCC. It emphasises the critical need to recognise and meet the specific needs of male adolescents in residential care, working towards environments that truly nurture their development and well-being.

5.2 Summary of and Conclusions on the Previous Chapters

This research sought to understand the lived realities of male adolescents in CYCCs across South Africa's Waterberg District. **Chapter 1** established the study's foundation by presenting its core objectives and theoretical frameworks. Drawing on Bronfenbrenner's ecological systems theory and Lazarus and Folkman's coping theory, the chapter outlined how environmental factors and individual coping strategies shaped these young people's experiences. It further addressed the ethical considerations that were essential when working with vulnerable populations.

The purpose of this study was to develop an in-depth understanding of the challenges and coping strategies of male adolescents within the CYCC context in Waterberg District, Limpopo Province. In line with this purpose, the research was guided by two central questions:

- What challenges do adolescent males encounter within CYCC environments in Waterberg District, Limpopo Province?
- How do these adolescents employ coping strategies to navigate challenges within the same institutional context?

These questions ensured that the inquiry remained focused on the everyday realities and coping strategies of the participants.

To achieve this purpose, three objectives were pursued.

- To identify and describe challenges experienced by adolescent males residing in CYCCs within Waterberg District, Limpopo Province.
- To analyse the coping strategies employed by adolescent males in response to the challenges within the same institutional context.
- To synthesise findings and propose evidence-based recommendations for enhancing support systems for male adolescents in CYCCs.

Chapter 1 not only introduced the study's purpose, research questions, and objectives but also demarcated the research topic and the process that was followed. This chapter thus laid the conceptual and methodological groundwork for the study, ensuring coherence between the research aim, the guiding questions, and the outcomes that the investigation sought to achieve.

Building on this foundation, **Chapter 2** fulfilled the purpose of critically reviewing existing scholarship to contextualise the study. The literature review explored the developmental needs of male adolescents, the role and structure of CYCCs, and the challenges faced by young men in care across psychological, social, educational, behavioural, and environmental dimensions. It also examined their coping strategies and the role of caregivers and social workers in supporting them. This review established the gap that the study sought to address, showing that while much was known about children in care, the specific experiences of male adolescents in South African CYCCs remained underexplored. In this way, Chapter 2 directly supported the study's aim by situating the research problem in existing knowledge and demonstrating why further investigation was necessary.

Chapter 3 then outlined the methodology designed to answer the research questions. A qualitative approach, supported by the exploratory and phenomenological designs, was adopted to capture the depth and complexity of participants' lived realities. Semi-structured interviews with nine adolescents and seven CYCWs provided rich data, with sampling and data saturation ensuring academic rigour. Ethical principles, such as informed consent, confidentiality, and voluntary participation, were strictly upheld, reinforcing the integrity of the study. Through a seven-step thematic analysis, the chapter provided a systematic approach to identifying patterns that aligned with the study's objectives. In doing so, it translated the abstract purpose of the study into a concrete, credible research process capable of producing meaningful findings.

Chapter 4 presented the findings generated from this methodological framework. The narratives of adolescents revealed challenges surrounding identity, family separation, emotional well-being, institutional life, and support systems. These insights were complemented by the professional perspectives of care workers, which highlighted the complexities of adolescent behaviour and underscored the importance of supportive, trauma-informed approaches. Together, these findings fulfilled the central purpose of the study by answering the research questions: they documented the challenges male adolescents face in CYCCs and analysed the coping strategies they employ. The chapter also linked these findings back to the theoretical frameworks, showing how environmental contexts and personal coping processes intersect in shaping adolescent experiences.

Taken together, the chapters collectively advanced the study from conceptual framing, through methodological execution, to empirical discovery and practical application. Each chapter, therefore, played a distinct role in fulfilling the overarching purpose of the research: to explore the challenges and coping strategies of male adolescents in CYCCs and to propose ways of strengthening the systems that support them.

5.3 Summary and Conclusions of Findings

This research study explored the challenges and coping strategies of male adolescents living in CYCCs in South Africa's Waterberg District, while also examining how CYCW support these adolescents. The investigation involved detailed conversations with male adolescents aged 12–18 and their care workers, capturing multiple perspectives on life in residential care.

The findings, presented in Chapter 4, showed that a range of personal, relational, and systemic factors shaped the experiences of male adolescents in CYCCs. Thematic analysis revealed five themes from the adolescents' narratives and six from the care workers' perspectives. These included issues of identity formation, family separation, emotional well-being, institutional life, coping strategies, and support needs. The findings confirmed patterns observed in previous South African studies (Taylor et al., 2017), but also provided fresh, context-specific insights into Waterberg District. Importantly, the study demonstrated the central role of care workers in supporting adolescent resilience, showing how individual strengths, relationships, and systemic influences interact in shaping outcomes. The next sections provide an overview of the themes identified from data obtained from male adolescents and those from CYCWs.

5.3.1 Themes Identified from Data Obtained from Male Adolescents

To address the study's central aim of understanding the lived realities of male adolescents in CYCCs, the collected data were analysed thematically. The analysis revealed several recurring patterns that reflect the challenges, coping strategies, and developmental needs of these male adolescents. The following themes highlighted their personal accounts and provided insight into how they experience life in residential care.

5.3.1.1 Theme 1: Male Adolescents' View of Identity and Personal Development in CYCCs

The journey of identity formation for male adolescents growing up in CYCC is both complex and deeply personal. These adolescents navigate questions of self-discovery within a structured care environment, often without the traditional family support that many take for granted. Their sense of self is shaped not only by their cultural background and peer relationships but also by the very nature of institutional living (Smith et al., 2021).

Cultural identity plays a significant role in how these young people understand themselves (Smith et al., 2021). Even when separated from their biological families, many draw strength from cultural traditions, community values, and inherited beliefs. The development of a stable identity relies on a sense of continuity and belonging, something that care environments can either foster or hinder (Mathebula, 2021:18).

The adolescent years bring considerable physical, emotional, and social change. For male adolescents in care, peer groups often take on heightened importance, serving as a substitute family. These relationships can provide real support but also create pressure to conform, seek acceptance, or test boundaries (Defoe, Rap & Romer, 2022). In settings where personal choice is limited, some adolescents turn to risk-taking behaviours such as substance use or early sexual activity as ways to cope with stress or assert independence (Mampane, 2020).

Puberty introduces another layer of challenge. Male adolescents grapple with natural uncertainties about their changing bodies, emotional fluctuations, and emerging sexuality, often in environments that lack privacy or personalised support (Pfeifer & Allen, 2021). How care centres respond to the male adolescents, whether with empathy, guidance, and open dialogue, can profoundly influence whether this period becomes one of growth or increased vulnerability.

Ultimately, the identity development of adolescents in care is deeply influenced by the quality of relationships and support available to them. Consistent, gender-sensitive and culturally attuned mentorship, as well as positive role-modelling, can significantly strengthen their self-esteem and sense of agency (Van Breda, 2018). By creating environments that foster belonging, self-expression, and resilience, caregivers can

help these young men approach adulthood with greater confidence and a stronger sense of self.

5.3.1.2 Theme 2: Male Adolescents' Experiences Living In The CYCC

Life for adolescents in CYCCs presents a complex blend of structured routine and emotional challenges. Their daily experiences reveal a constant negotiation between the constraints of institutional living and their natural developmental need for independence and self-expression.

Many adolescents find the highly regulated environment particularly difficult, as the necessary focus on safety and routine often leaves little room for personal choice. This limited autonomy can lead to feelings of powerlessness and emotional disconnection from their surroundings. Research shows that when young people feel their agency is constantly restricted, they may develop negative self-perceptions and resistance toward authority figures (Malatjie & Dube, 2017). While structure provides important boundaries, it must be balanced with opportunities for independent decision-making, which is crucial during adolescence.

The quality of relationships within the care environment significantly shapes these male adolescents' experiences. Supportive connections with both caregivers and peers can create essential emotional stability and foster a genuine sense of belonging (William & Carter, 2022). Many describe these positive relationships as vital anchors in their lives (Van Breda, 2021). Conversely, when relationships are marked by conflict or emotional distance, the psychological impact can be substantial, potentially leading to withdrawal and reduced coping ability (Van Breda, 2021). The capacity to form trusting bonds remains fundamental to healthy development in care settings.

Despite these challenges, many adolescents recognise meaningful personal growth during their time in care. The consistency and predictability of the environment can provide a foundation for developing self-discipline and emotional regulation (Green, Smith & Taylor, 2023). When coupled with appropriate support, difficult experiences can sometimes serve as catalysts for developing maturity and self-awareness (Patton, 2015).

Family connections continue to play a central role in their emotional lives. For most adolescents, family ties, however complicated, remain crucial to their sense of identity

and well-being (Whittaker et al., 2016). Maintaining contact, even if occasional, provides important continuity, though complex family dynamics can also provoke confusion and emotional conflict (Adams & Marshall, 1996). Navigating these relationships requires sensitive support from caregivers.

Thus, life in a care centre involves both difficulty and development. With consistent emotional support, respectful boundaries, and genuine relationships, male adolescents can develop resilience and self-understanding (Huebner, Mancini & Bowen, 2021). These environments, while challenging, can potentially nurture personal growth and preparation for adulthood when they acknowledge individual needs and listen to young people's perspectives (Green et al., 2023).

5.3.1.3 Theme 3: Challenges faced by Male Adolescents living in CYCCs

These male adolescents navigate a complex landscape of emotional, social and developmental challenges that deeply influence their daily experiences. While these centres are designed to provide safety and stability through structured routines, many young residents find the environment excessively restrictive, which can sometimes come at the expense of their personal growth and psychological wellbeing (Huang, Pan & Zhang, 2024:869).

A recurring difficulty expressed by adolescents is the highly regulated nature of institutional life. Strict rules and limited opportunities for independent decision-making often leave them feeling frustrated and disempowered (Nurcombe-Thorne et al., 2018:9). Many report struggling to express their individuality or make meaningful choices, which can lead to emotional distress and sometimes oppositional behaviour (Levrouw et al, 2020:3). While necessary structure exists for protection, overly rigid control can inadvertently hinder the development of independence and self-confidence that is crucial during adolescence (Nurcombe-Thorne et al., 2018:9).

Peer relationships introduce another layer of complexity to their experiences. The natural adolescent need for acceptance and belonging can sometimes manifest through risky behaviours or challenges to authority as young people seek social validation among their peers (McCoy et al., 2019:59). Navigating these relationships within the care setting requires careful balance, as group dynamics can both support and undermine healthy development.

The friendships formed within these centres often provide crucial emotional support, particularly when familial ties are weak or absent (Rasool & Swart, 2024:73). However, these relationships are frequently tested by competition, changing group alliances and interpersonal conflicts. While positive peer connections can significantly enhance resilience, negative interactions may deepen feelings of isolation and insecurity.

The emotional impact of family separation remains one of the most profound challenges these male adolescents face. Many experience ongoing longing for meaningful connection with their families, yet face physical distance, irregular contact or complicated family histories that make these relationships emotionally challenging. These disrupted attachments can significantly affect their sense of identity and emotional security (Van Breda, 2018:108).

Instances of bullying and peer conflict within the centres further compromise emotional stability. Those who experience victimisation or exclusion often report increased vulnerability, diminished self-esteem and difficulty trusting others. Without proper intervention, these negative experiences can have lasting psychological effects (Mkhize et al., 2022:10).

Equally important are the relationships between adolescents and care workers. Consistent, supportive adult figures can provide essential structure, affirmation and emotional grounding. However, strained or unpredictable relationships with staff can damage trust, making it harder for young people to engage openly or form healthy attachments (Ungar, 2019:425).

Despite these challenges, CCYCs can become environments that foster personal growth when appropriate support systems are established. A balanced approach that maintains necessary structure while promoting emotional support, appropriate autonomy, and trusting relationships can empower male adolescents to develop resilience and prepare effectively for life beyond the care environment.

5.3.1.4 Theme 4: Coping Strategies Employed by Male Adolescents Living in CYCCs

Male adolescents living in CYCCs develop diverse coping strategies to navigate the emotional, social and psychological challenges of their environment. These

approaches demonstrate their resilience and adaptability even when facing significant difficulties.

Self-reflection serves as another important coping mechanism. Many adolescents use quiet time, counselling sessions or conversations with trusted adults to process their experiences and recognise their strengths (Zimmer-Gembeck et al., 2020). This reflective practice helps foster emotional maturity and contributes to developing a stronger, more coherent sense of self (Zimmer-Gembeck et al., 2020). Through this process, they gradually move from merely enduring their circumstances to actively shaping their personal growth.

Family connections continue to provide crucial emotional support, however complicated these relationships might be. Maintaining contact with siblings, parents or extended family through letters, phone calls, or cherished memories helps sustain a sense of continuity and belonging (Harder et al., 2020:12). These ties often serve as a stabilising force during particularly challenging periods (Adams & Marshall, 1996).

Relationships with peers within the care setting also offer essential support. Adolescents frequently form strong bonds with others who share similar experiences, creating networks of mutual understanding and emotional companionship (Flynn, 2018:1). While these friendships may sometimes face challenges, they significantly reduce feelings of isolation and help young people feel more understood (Brown, Williams & Carter, 2020).

In the face of significant adversity, these adolescents demonstrate remarkable resilience through the coping strategies they develop. With proper guidance and support, these approaches can form the foundation for long-term emotional strength and independence. Caregivers and professionals play a vital role in this process by encouraging healthy outlets, nurturing reflective practices and supporting the development of strong, meaningful relationships.

5.3.1.5 Theme 5: Support Needs of Male Adolescents living in CYCCs

Living in CYCCs requires comprehensive and responsive support systems to nurture the emotional, social, and academic development of male adolescents. Meeting these diverse needs through a holistic and person-centred approach is essential for promoting well-being, resilience, and long-term growth (Strydom et al., 2020).

Educational support forms a fundamental pillar of this system. Tailored learning programmes that accommodate developmental levels and learning styles not only improve academic outcomes but also help adolescents develop self-efficacy and future orientation. When education is responsive to individual needs, young people are more likely to engage meaningfully and gain confidence in their abilities, positioning education as a powerful tool for empowerment (Taylor et al., 2017).

Emotional support is equally crucial, as many adolescents in CYCCs carry the weight of trauma, loss, or instability. Consistent counselling, therapeutic interventions, and mentoring help restore self-worth and encourage healthy emotional regulation. This is most effective when delivered through trusting, stable relationships with care workers and other adults (Theron & Theron, 2020:60).

Family connections remain an important source of identity and stability, even where family dynamics are complex. Ongoing contact offers adolescents a sense of continuity and belonging, while structured support enables them to navigate these relationships constructively and safely (Rasool & Swart, 2024:73).

Care workers and professionals play a critical role in guiding adolescent development. Their ability to provide consistency, advocacy, and positive role-modelling directly influences whether adolescents feel supported and valued in their growth (Schwartz et al., 2022).

Peer support within CYCCs also contributes significantly to well-being. Friendships and social networks foster resilience and social competence by providing emotional relief and shared understanding. However, peer relations require careful facilitation to mitigate risks such as bullying or exclusion (Ungar, 2022).

Spiritual support through faith-based activities or personal belief systems can offer adolescents meaning, hope, and coping mechanisms during uncertainty or transition. In CYCCs, spirituality often becomes a stabilising influence that strengthens resilience and identity formation (Strydom et al., 2020).

Community engagement extends the support network beyond the centre itself. Partnerships with schools, local organisations, and community leaders provide access to additional resources, promote inclusion, and build bridges to independent adulthood. Schools, in particular, are well placed to integrate psychosocial and

educational interventions that address the needs of adolescents in care (Barth et al., 2020).

When these diverse support systems, such as education, emotional guidance, family engagement, professional care, peer relationships, spirituality, and community connections, are integrated, male adolescents in CYCCs are better positioned to grow into confident, capable, and resilient young adults (Taylor et al., 2017).

5.3.2 Themes Based on Data Collected from CYCWs

While the themes that emerged from CYCWs share some similarities with those reported by male adolescents, they reflect a different perspective that enriches the overall analysis. This overlap strengthens the study through triangulation of views, offering a more balanced and credible understanding of residential care (Lincoln & Guba, 1985; Creswell & Poth, 2018). For instance, adolescents highlighted challenges with rules and restrictions (Chapter 4, Theme 3.1), while CYCWs reported parallel struggles under organisational rules and expectations (Theme 3.1, CYCW section). Similarly, the young participants described the importance of peer relationships and social support (Theme 2.3 and Theme 4), whereas CYCWs emphasised the role of relationship-building and engagement strategies (Theme 2.2, CYCW section). Both groups also emphasised the significance of emotional and family support systems: adolescents spoke of family connection and emotional guidance (Theme 2.4; Theme 5.2.1), while CYCWs highlighted limited family contact and the need for holistic support (Theme 3.2; Theme 5.1, CYCW section).

Despite these areas of convergence, CYCWs additionally provided insights into institutional dynamics, professional responsibilities, and strategies for resilience building, which were less prominent in adolescents' accounts (Schwartz et al., 2022). Together, these overlapping and distinctive viewpoints present a multi-layered picture of life in CYCCs, capturing both the lived realities of the adolescents and the professional perspectives of their caregivers (Taylor et al., 2020; Strydom et al., 2020).

5.3.2.1 Theme 1: CYCWs' View of Typical Experiences of Male Adolescents living within CYCC

Adolescence represents a crucial developmental stage for young males living in CYCCs, characterised by significant physical, emotional and social transformation.

Care workers, who engage with these young people daily, provide essential insights into their experiences and developmental requirements.

Physically, male adolescents experience rapid bodily changes during puberty, often accompanied by emotional fluctuations and identity exploration. While these developments are typical during adolescence, the structured environment of care centres can both support and limit how these changes are experienced (Bettercare, 2024). Care workers observe that rules and routines designed to provide stability may sometimes restrict opportunities for genuine self-expression. These professionals play a crucial role in offering reassurance, emotional support and safe spaces for exploration and discussion.

Behaviourally, this period is marked by increasing attempts to establish independence and experiment with new experiences (Steinberg & Lerner, 2020). Care workers frequently observe male adolescents testing boundaries, with peer influence sometimes leading to risky behaviours such as substance use or early sexual activity. These actions are often understood as attempts to assert autonomy or manage underlying emotional difficulties. Care workers emphasise the importance of consistent guidance, open communication and clear boundaries to help adolescents direct their energy toward positive outlets.

Socially, peer relationships become central to identity formation during adolescence. Within care settings, peer groups often function as substitute families, offering belonging and emotional security. However, these social networks can also encourage negative behaviours without proper guidance (Dishion & Tipsord, 2011). Care workers note both the beneficial and challenging aspects of these relationships, observing that while strong friendships can build confidence and resilience, group pressure and social conflicts can sometimes establish harmful patterns. Supportive adult intervention, therefore, becomes essential in helping young people develop healthy relationship skills.

In conclusion, care workers stress the value of a balanced and responsive approach that combines emotional support, clear boundaries and encouragement of positive peer influences. Through this comprehensive approach, care professionals can significantly contribute to helping male adolescents in care settings navigate adolescence with strengthened identity, purpose and resilience.

5.3.2.2 Theme 2: CYCWs' Experiences of working with Male Adolescents living within CYCCs

The CYCWs supporting male adolescents in residential care describe their work as both challenging and deeply meaningful. Their daily experiences involve managing complex behaviours, building trusting relationships, working within institutional frameworks, and nurturing resilience in young people.

Working with adolescent males frequently involves addressing difficult behaviours, including aggression, substance use, verbal confrontations and occasional absconding. Many care workers understand these behaviours as attempts to test boundaries or express underlying emotional distress (Green et al., 2021:116). For instance, a young person consistently breaking curfew might be expressing anxiety about separation or frustration with limited autonomy. In these situations, workers draw on patience, emotional stability and adaptive management techniques, often using de-escalation strategies such as calm communication, reflective listening or providing space for emotional regulation. Despite the intensity of these moments, many workers find profound satisfaction in supporting young men to regain composure and engage more positively.

The foundation of effective care lies in forming genuine, respectful relationships. Care workers emphasise that building trust with adolescent males requires consistency, authentic engagement and willingness to connect on their terms (Taylor et al., 2019:64). Beyond formal supervision, successful workers create informal opportunities for connection, joining sports activities, sharing meals or showing interest in a young person's hobbies. These everyday interactions demonstrate reliability and genuine care. Over time, such relationship building can lead to significant behavioural changes: previously withdrawn adolescents may begin participating in groups, accepting guidance or even supporting peers. However, workers also note that trust can be fragile, requiring ongoing patience and repair efforts when misunderstandings occur.

While centre policies aim to provide structure and safety, care workers often navigate tensions between institutional requirements and individual adolescent needs. Some centres maintain rigid rules regarding visits, searches or routines that staff find difficult to reconcile with developmental needs for autonomy (Thompson & McPherson,

2022:92). In practice, workers report that inconsistent rule application, where some staff are more flexible than others, can create confusion and resentment among young people. Additionally, workers sometimes face limitations when trying to tailor interventions, encountering budgetary or administrative constraints when organising educational trips or extracurricular activities. Consequently, many advocate for policy reviews and greater frontline input in decision-making, believing a more balanced approach better supports both safety and personal growth.

Despite these challenges, care workers consistently find deep reward in witnessing male adolescents' growth and transformation. Empathy and compassion form the core of this work. Through demonstrating genuine concern and offering non-judgemental support, workers model healthy coping strategies (Rasool & Swart, 2024:75). They also prioritise resilience building through life skills workshops, mentoring partnerships and goal-setting activities that help adolescents recognise strengths and envision futures beyond care. When young people show increased confidence through improved school engagement, positive peer relationships or reduced behavioural incidents, workers experience significant professional satisfaction knowing they contributed to these positive changes.

5.3.2.3 Theme 3: CYCWs' Perceptions of Challenges faced by Male Adolescents living in CYCC

The CYCWs supporting male adolescents in residential care settings witness first-hand the complex challenges these young people face. These difficulties often stem from disrupted attachments, difficulties with behavioural adjustment and struggles with emotional regulation, all of which can significantly impact their well-being and development. Care workers play a crucial role in recognising and responding to these challenges with both empathy and strategic support.

A common concern raised by care workers is adolescents' resistance to organisational rules and structured routines. Many young people entering care come from backgrounds where boundaries were inconsistently applied or entirely absent. Consequently, the regulated nature of residential life, with set mealtimes, curfews, and communal living, can feel restrictive and provoke defiant responses (Steinberg & Lerner, 2020). For these adolescents, rule breaking often represents not mere rebellion but rather an attempt to assert autonomy or cope with feelings of

powerlessness. Care workers must therefore maintain a delicate balance between enforcing necessary boundaries and nurturing a sense of personal agency. Through consistent, fair discipline and reflective conversations, they aim to help young men develop internalised responsibility and respect for others.

Another significant challenge identified by care workers is the emotional impact of limited family contact. Separation from primary caregivers, siblings and familiar environments often leaves adolescents feeling isolated and abandoned. Kunamugire and Mbao (2021:90) indicate that a child has the right to maintain personal relationships and regular contact with their significant others. According to Downes, Lakhani, Maujean, Macfarlane and Kendall (2016:241-248), parent-child interaction and visits are important, as they support relationships between parents and children who have been removed from the parents' care. Care workers observe that many young men interpret these absences as personal rejection, which may manifest as withdrawn behaviour, aggression or emotional outbursts. Where possible, maintaining or re-establishing family connections through supervised visits, phone calls or therapeutic mediation is encouraged, as these relationships can provide vital sources of identity, continuity and emotional grounding.

Peer relationships within care settings can serve as both support systems and sources of difficulty. While some adolescents form close friendships that foster mutual encouragement, others experience jealousy, bullying or exclusion (Taylor et al., 2019:66). Care workers report that social tensions often emerge from competition for attention, perceived favouritism or unresolved trauma that affects relational trust. Male adolescents may use bravado or dominant behaviour to mask emotional vulnerability, leading to conflict and retaliation cycles. These relational patterns can hinder emotional development without constructive intervention. The CYCWs play an essential role in mediating disputes, modelling respectful communication and facilitating group activities that promote cooperation and empathy.

Many male adolescents in care demonstrate emotional dysregulation, frequently linked to previous experiences of neglect, abuse or loss. Care workers regularly encounter young people struggling with mood swings, impulsivity or deep-seated anger. Without appropriate outlets or therapeutic support, these emotions may manifest as risk-taking behaviour, social withdrawal or harm to self or others. Care

workers emphasise the importance of structured emotional support through individual counselling, informal check-ins or trauma-informed approaches to help young men develop healthier coping mechanisms and greater emotional awareness (Green et al., 2021).

These insights from care workers highlight the multifaceted challenges male adolescents face in residential care, from adapting to structure and managing fractured relationships to navigating complex peer dynamics and emotional struggles. By providing consistent care, emotional guidance and relational support, care workers serve as stabilising figures who help these young men build resilience and move toward positive developmental pathways.

5.3.2.4 Theme 4: CYCWs' Perceptions of Male Adolescents' Coping Strategies for Challenges in CYCCs

Child and Youth Care Workers observe that male adolescents in residential care develop diverse coping strategies to navigate the emotional and social challenges of their environment. These approaches range from healthy adaptations to less constructive mechanisms, shaped by institutional structures, peer influences and the quality of support available to them.

Care workers consistently emphasise the importance of open communication and emotional expression as fundamental to effective coping. Young people frequently turn to trusted adults, whether care workers, mentors or peers, for guidance and emotional support. Establishing supportive, non-judgmental relationships enables adolescents to articulate their struggles, thereby promoting emotional regulation and psychological safety (Theron & Theron, 2020). For many, having consistent, empathetic adults in their lives provides the first opportunity to develop trust and healthier emotional expression patterns.

Structured support programmes within care settings play a significant role in shaping how adolescents respond to challenges (Taylor et al., 2020). Care workers note that initiatives such as life skills workshops, anger management groups and therapeutic sessions provide essential coping tools. These interventions offer not only immediate emotional relief but also foster long-term resilience and emotional literacy. Additionally,

engagement in routine activities like sports, music and art serves as a constructive outlet for stress and contributes to overall emotional stability.

Peer relationships form a crucial aspect of adolescents' coping processes. Care workers observe that male adolescents often turn to one another for mutual support, sharing experiences and forming bonds based on common challenges. Positive peer connections promote a sense of belonging and reduce the emotional burden of institutional life (Ungar, 2022). However, care workers also note that peer influence can sometimes reinforce unhelpful behaviours, such as aggression or emotional withdrawal, particularly without consistent adult guidance.

Care workers recognise a clear distinction between adaptive and maladaptive coping strategies. Positive approaches include participation in structured activities, seeking emotional support and practising self-reflection. These behaviours are associated with increased self-awareness, improved emotional regulation and a greater sense of control. In contrast, less constructive mechanisms such as avoidance, social isolation, substance use or aggressive outbursts often stem from unresolved trauma or unmet emotional needs (Moodley, 2020:25). Without appropriate intervention, these patterns can hinder developmental progress and compound existing difficulties.

These observations reveal that male adolescents in care draw on various coping strategies to navigate complex emotional and social challenges. While many develop adaptive approaches, the persistence of maladaptive behaviours highlights the need for ongoing emotional support, structured interventions and relational care. Given their daily engagement with adolescents, care workers are uniquely positioned to identify emerging behavioural patterns and intervene early. They actively support the development of healthier coping strategies through role-modelling, counselling and reflective dialogue. By creating safe spaces for emotional expression and offering consistent mentorship, care workers help young people replace harmful habits with constructive coping methods.

5.3.2.5 Theme 5: CYCWs' Perspective on Support Services needed for Male Adolescents living in CYCCs

The CYCWs emphasise the crucial importance of comprehensive support systems that address the emotional, psychological and social development of male adolescents

in residential care (Brown, Williams & Carter, 2020). Their experience shows that effective support must extend beyond the care centre itself, involving sustained family engagement, community collaboration and individually tailored interventions.

Care workers advocate for an approach that recognises and responds to the complex needs of adolescent males, many of whom have experienced trauma, neglect or instability. They highlight that emotional and psychological support forms the foundation of effective care, requiring consistent therapeutic input, trauma-informed practices and emotionally sensitive relationships with caregivers (Rasool & Swart, 2024). It is essential to address not only behavioural issues but also the underlying emotional causes, thereby supporting long-term healing and resilience.

Strengthening family connections is identified as a cornerstone of effective support (Schwartz et al., 2022). Care workers observe that adolescents who maintain consistent, supportive contact with family members, whether biological or chosen, show greater emotional security and social adjustment. Encouraging regular, meaningful engagement between young people and their families helps foster a sense of identity, belonging and emotional continuity. Where biological families are unavailable or unable to participate, care workers recommend exploring extended kinship networks or community-based mentoring programmes as alternative sources of support.

A recurring theme in care workers' observations is the value of integrated community involvement. Partnerships with schools, faith organisations, mental health services and youth development programmes are seen as essential in providing comprehensive care. Educational support particularly plays a dual role, enhancing both academic achievement and self-confidence (Ungar, 2022). Spiritual support can also offer adolescents a sense of purpose, structure and hope during difficult times.

Furthermore, community engagement promotes social inclusion and helps prepare young people for reintegration into wider society. Collaborative care planning that involves families, community members, educators and care workers ensures a continuity of support that extends beyond the residential setting (Theron & Theron, 2020).

Care workers also emphasise the need for structured transitional support to prepare adolescents for independent living. This includes life skills training, vocational

guidance and mentorship to support their journey into adulthood (Barth et al., 2020). Without such interventions, many young people struggle to adapt to life beyond institutional care. Providing them with practical and emotional tools significantly improves their chances of long-term success and social integration.

From the perspective of care workers, delivering comprehensive, interconnected support services is vital for fostering resilience and positive development among male adolescents in residential care. By combining strong family ties, community involvement and structured psychosocial support, care systems can empower male adolescents to overcome adversity and thrive as they transition into adulthood.

5.4 Limitations of the study

While this study offers meaningful insights, it is important to acknowledge its limitations. The research focused on a relatively small number of participants within Waterberg District, which means the findings may not fully represent the experiences of adolescents in other regions or different care settings. Being situated in one geographical area, the study's conclusions might not account for the varied social, cultural, and economic factors that influence residential care in other parts of South Africa or beyond.

Additionally, the use of self-reported data from both adolescents and care workers may have introduced some bias, as participants might have shared responses they perceived as socially acceptable rather than entirely reflecting their true experiences or feelings. Despite these limitations, the study provides a meaningful contribution to our understanding of the challenges faced by male adolescents in care and the essential support offered by care workers. It highlights the need for further research involving larger and more diverse samples to deepen and broaden these important conversations.

The genuine and detailed accounts shared by participants offer a solid foundation for developing more responsive and context-aware support strategies within child and youth care centres.

5.5 Recommendations

Based on the findings and conclusions of the study, the following recommendations are proposed to address the challenges faced by male adolescents in CYCCs and to enhance the support provided by CYCWs. These recommendations are categorised into three areas: practice, policy, and future research. Each recommendation is supported by relevant literature and aligns with the study's objectives and findings.

5.5.1 Recommendations for Practice

5.5.1.1 Implement Trauma-Informed Care Practices

The study revealed that many male adolescents in CYCCs have experienced trauma, which contributes to emotional distress and maladaptive coping strategies. Trauma-informed care should be integrated into CYCCs to address the psychological and emotional needs of adolescents. This includes providing access to counselling services, therapeutic interventions, and safe spaces where adolescents can process their experiences. Training CYCWs in trauma-informed care techniques will enable them to better understand and respond to the needs of traumatised adolescents.

5.5.1.2 Promote Cultural Sensitivity and Identity Development

The findings highlighted the challenges male adolescents face in navigating their cultural identity, particularly when language barriers and social isolation prevent them from feeling a sense of belonging. CYCCs should develop programmes that celebrate cultural diversity and promote inclusivity. This could include cultural awareness workshops, language classes, and activities that encourage adolescents to connect with their heritage. Research by Smith et al. (2021) underscores the importance of cultural identity in adolescent development and the positive impact of culturally sensitive interventions on emotional well-being.

5.5.1.3 Strengthen Family Connections and Reunification Efforts

Family separation emerged as a significant challenge for male adolescents, with many expressing feelings of abandonment and longing for familial connections. CYCCs should prioritise family reunification where possible and provide support to families to facilitate this process. Regular family visits, counselling sessions, and family therapy can help strengthen these connections. Research by Whittaker et al. (2016) highlights

the importance of family involvement in promoting emotional stability and positive outcomes for youth in care. Where reunification is not possible, CYCCs should provide alternative forms of emotional support, such as peer support programs and mentorship initiatives, to help adolescents cope with the loss of family connections.

5.5.1.4 Enhance Peer Support Programmes

Peer relationships play a crucial role in the emotional well-being of male adolescents in CYCCs. However, conflicts and bullying can create a hostile environment. CYCCs should establish peer support programmes that encourage positive social interactions and reduce feelings of isolation. These programmes could include group activities, conflict resolution workshops, and mentorship initiatives. Research by Huebner et al. (2021) found that positive peer relationships are a key predictor of emotional well-being and behavioural outcomes in residential care settings.

5.5.1.5 Provide Educational Support and Skill Development

Many male adolescents in CYCCs face educational barriers, such as disrupted schooling and learning difficulties. CYCCs should collaborate with schools to provide academic support, including tutoring, access to educational resources, and vocational training. Structured educational programmes can help adolescents build a foundation for their future and improve their self-esteem. Research by Dray et al. (2019) highlights the positive impact of educational support on the long-term outcomes of youth in care.

5.5.1.6 Foster Positive Relationships Between CYCWs and Adolescents

The study found that positive relationships with CYCWs are essential for fostering a sense of safety and belonging among adolescents. CYCWs should receive training in relationship-building techniques, such as active listening, empathy, and trust building. Consistent and compassionate care can help adolescents feel valued and supported, which is particularly important for those who have experienced trauma or instability. Research by Williams and Carter (2022) emphasises the importance of meaningful connections between caregivers and adolescents in promoting emotional well-being.

5.5.2 Recommendations for Policy

5.5.2.1 Develop Policies for Holistic Care in CYCCs

Policies should be developed to ensure that CYCCs provide holistic care that addresses the emotional, social, and educational needs of adolescents. These policies should emphasise the importance of trauma-informed care, cultural sensitivity, and family involvement. The Children's Act 38 of 2005 (as amended) (South Africa 2006) provides a framework for child protection services, but additional guidelines are needed to ensure that CYCCs meet the unique needs of male adolescents. Policies should also mandate regular training for CYCWs to enhance their skills and knowledge.

5.5.2.2 Increase Funding and Resources for CYCCs

Many CYCCs face challenges due to limited funding and resources, which hinder their ability to provide adequate support to adolescents. Policymakers should allocate more funding to CYCCs to improve infrastructure, hire qualified staff, and provide essential services such as counselling and educational support. Research by Malatjie and Dube (2017) highlights the impact of resource constraints on the quality of care provided in CYCCs and the need for increased investment in child welfare services.

5.5.2.3 Promote Collaboration Between CYCCs and Community Organisations

Policies should encourage collaboration between CYCCs and community organisations, such as schools, churches, and non-governmental organisations (NGOs). These partnerships can provide additional resources and support for adolescents, including mentorship programmes, recreational activities, and access to community services. Research by Mkhize, Ndlovu and Zulu (2023) emphasises the positive impact of community engagement on the long-term outcomes of youth in care.

5.5.2.4 Ensure Protection from Abuse and Exploitation

Policies should prioritise the protection of adolescents in CYCCs from abuse, exploitation, and neglect. This includes implementing strict safeguarding measures, conducting regular inspections of CYCCs, and providing training for staff on child protection protocols. Research by Green et al. (2023) highlights the importance of creating safe environments where adolescents feel valued and protected.

5.5.3 Recommendations for Future Research

5.5.3.1 Conduct Longitudinal Studies

Future research should conduct longitudinal studies to explore the long-term outcomes of adolescents in CYCCs and the effectiveness of interventions. These studies could track the progress of adolescents over time, examining factors such as emotional well-being, educational attainment, and social integration. Longitudinal research can provide valuable insights into the lasting impact of CYCCs on adolescents' lives.

5.5.3.2 Explore Gender-Specific Challenges and Coping Strategies

Comparative studies could be conducted to examine the experiences of male and female adolescents in CYCCs, identifying gender-specific challenges and coping strategies. This research could inform the development of gender-sensitive interventions that address the unique needs of male and female adolescents.

5.5.3.3 Use Mixed-Methods Approaches

Future research should consider using mixed-methods approaches to provide a more comprehensive understanding of the challenges and coping strategies in CYCCs. Combining qualitative insights with quantitative data can offer a more nuanced perspective on the experiences of adolescents and CYCWs.

5.5.3.4 Investigate the Role of Technology in Supporting Adolescents

With the increasing use of technology, future research could explore the role of digital tools in supporting adolescents in CYCCs. This could include online counselling services, educational platforms, and virtual support groups. Research in this area could identify innovative ways to enhance the support provided to adolescents in care.

The recommendations aimed to guide practice, policy, and future research, ultimately contributing to the well-being and success of male adolescents in CYCCs. By addressing the challenges identified in this study and implementing the proposed recommendations, CYCCs can create nurturing environments that promote resilience, emotional well-being, and holistic development. Collaborative efforts involving CYCCs, families, schools, and communities are essential for creating inclusive and supportive environments that empower male adolescents to navigate their challenges

and achieve personal growth. Through continued efforts and collaboration, CYCCs can play a pivotal role in shaping the futures of the young individuals they serve.

5.6 Conclusion

The study successfully achieved its objectives by exploring the challenges and coping strategies of male adolescents residing in CYCCs in Waterberg District, Limpopo, South Africa, while also examining the roles of CYCWs in supporting these adolescents. The research questions guiding the study were addressed through a qualitative approach as well as the exploratory and phenomenological designs, which allowed for an in-depth understanding of the lived experiences of both male adolescents and the perspectives of CYCWs.

The research questions were answered by meeting the three research objectives. The first objective was to investigate and document the challenges experienced by adolescent males residing in CYCCs within Waterberg District, Limpopo Province. This was accomplished through the identification of key themes, including identity and belonging, family and relationships, emotional and psychological well-being, institutional experiences, and support systems. Adolescents reported difficulties navigating cultural identity, particularly when language barriers and social isolation impeded their sense of belonging. Family separation was a significant concern, with many expressing feelings of abandonment and longing for familial connections. Emotional and psychological challenges, including anxiety, depression, and low self-esteem, were prevalent, often stemming from unresolved trauma and the absence of supportive relationships. Institutional experiences were mixed: some adolescents appreciated the structure and support provided by CYCCs, while others felt restricted by rules and limited freedom. Support systems, both internal and external, were identified as essential for helping adolescents cope with these challenges and achieve personal growth.

The second objective focused on analysing and outlining the coping strategies employed by adolescent males navigating these challenges within the same institutional context. Both adaptive and maladaptive mechanisms were observed. Adaptive strategies, such as self-reflection, behavioural adjustment, and seeking support from peers and caregivers, enabled adolescents to manage their emotions and navigate challenges effectively. Conversely, maladaptive strategies, such as

substance abuse and withdrawal, were more common among adolescents lacking strong support systems. These findings underscore the importance of trauma-informed care, access to counselling, and structured interventions to promote healthier coping strategies.

The third objective involved synthesising findings and proposing evidence-based recommendations for enhancing support systems for male adolescents in CYCCs. The study highlighted that male adolescents in CYCCs face multifaceted challenges requiring a holistic and collaborative approach. CYCWs play a pivotal role in supporting these adolescents, but they need appropriate training and resources to meet their clients' complex needs effectively. Furthermore, coordinated efforts involving CYCCs, families, schools, and communities are critical for creating inclusive environments that foster resilience, emotional well-being, and personal development.

In summary, the study provides valuable insights into the experiences of male adolescents in residential care and the essential role of CYCWs in supporting their growth. It highlights the need for trauma-informed, culturally sensitive, and collaborative approaches that integrate emotional, social, and educational support. The recommendations derived from the findings aim to guide practice, inform policy, and direct future research, ultimately contributing to improved outcomes for adolescents in care and strengthening the capacity of CYCCs to nurture their development.

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Appendices

Appendix 1 Application Letter to Conduct Research

Research title: Challenges and coping strategies of male adolescents in Waterberg District child and youth care centres

Researcher: Lebo Ignitius Maela

(46895671)

Request for permission to conduct research at Abraham Kriel Child and Youth Care Centre.

(The same letter will be sent to other CYCCs)

To: The Manager

12 De Beer Street

Modimolle

0510

Social Work Services

Contact: 082 410 2635

Email: Merve-hoof@akknvl.co.za

Dear Ms Van der Merwe

I, **Lebo Ignitius Maela**, am doing research with **Prof P. Botha**, in the Department of **Social Work**, towards a **Master's Degree** at the University of South Africa. We do not have any funding; the researcher is paying for his studies. We are inviting you to participate in a study entitled; Male Adolescents in a CYCC Context: Challenges and Coping Strategies.

The aim of the study is to explore the challenges and coping strategies of male adolescents residing in CYCCs within Waterberg District Municipality.

The intention of the researcher is to gather information from adolescent males between the ages of 12-18 years, who resided in the CYCC for two years or more and also CYCWs who worked at the CYCC for at least two years or more. The choice behind the selection is based on challenges faced by the adolescent males in CYCCs, which the researcher is witnessing on a daily basis at the CYCC where he is working and also the research gap identified.

The study will entail face-to-face individual interviews with participants at the agreed venue and time, and will be for less than 1 hour 30 minutes.

The study will not involve any financial benefit for participation, and as a result, there will be no financial compensation or incentives for participating in the study. The researcher will also not expect any financial compensation for conducting the study, since the purpose is to help the CYCCs in knowing how to deal with adolescent males. There are no anticipated potential levels of inconvenience/discomfort when doing the assessment. However, should they arise, the researcher will make available the services of a professional social worker for debriefing sessions of participants and will also notify the management of the centre of such incidents.

The final research findings and feedback of the study will be made available in the form of a dissertation copy to the centre.

Yours sincerely



Lebo Ignitius Maela

Principal Researcher

Appendix 2 Application Letter to Conduct Research

Research title: Challenges and coping strategies of male adolescents in Waterberg District child and youth care centres

Researcher: Lebo Ignitius Maela

(46895671)

Request for permission to conduct research at Abraham Kriel Child and Youth Care Centre.

(The same letter will be sent to other CYCCs)

To: The Manager

Thabang Child and Youth Care Centre

Thabazimbi

0380

Social Work Services

Contact: 014 004 0334

Email: grobler.linda@gmail.com

Dear Ms Van der Merwe

I, **Lebo Ignitius Maela**, am doing research with **Prof P. Botha**, in the Department of **Social Work**, towards a **Master's Degree** at the University of South Africa. We do not have any funding; the researcher is paying for his studies. We are inviting you to participate in a study entitled; Male Adolescents in a CYCC Context: Challenges and Coping Strategies.

The aim of the study is to explore the challenges and coping strategies of male adolescents residing in CYCCs within Waterberg District Municipality.

The intention of the researcher is to gather information from adolescent males between the ages of 12-18 years, who resided in the CYCC for two years or more and

also CYCWs who worked at the CYCC for at least two years or more. The choice behind the selection is based on challenges faced by the adolescent males in CYCCs, which the researcher is witnessing on a daily basis at the CYCC where he is working and also the research gap identified.

The study will entail face-to-face individual interviews with participants at the agreed venue and time, and will be for less than 1 hour 30 minutes.

The study will not involve any financial benefit for participation, and as a result, there will be no financial compensation or incentives for participating in the study. The researcher will also not expect any financial compensation for conducting the study, since the purpose is to help the CYCCs in knowing how to deal with adolescent males. There are no anticipated potential levels of inconvenience/discomfort when doing the assessment. However, should they arise, the researcher will make available the services of a professional social worker for debriefing sessions of participants and will also notify the management of the centre of such incidents.

The final research findings and feedback of the study will be made available in the form of a dissertation copy to the centre.

Yours sincerely



Lebo Ignitius Maela

Principal Researcher

Appendix 3 Research Acknowledgement Form

RESEARCHER ACKNOWLEDGEMENT

Research title: Challenges and coping strategies of male adolescents in Waterberg District child and youth care centres

Researcher: Lebo Ignitius Maela

(46895671)

Hereby, I **Lebo Ignitius Maela**, ID number **8609125434084**, in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements.

Signature:



Date: 11 November 2023

Appendix 4 Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Research title: **Challenges and coping strategies of male adolescents in Waterberg District child and youth care centres**

Researcher: Lebo Ignitius Maela

(46895671)

Ethics clearance reference number:

Date

Dear Prospective Participant

My name is **Lebo Ignitius Maela**, and I am doing research with **Prof P Botha**, in the Department of **Social Work**, towards a **Master's Degree** at the University of South Africa. We don't have any funding. We are inviting you to participate in a study entitled **Challenges and coping strategies of male adolescents in Waterberg District child and youth care centres**

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research study to find out about the challenges and coping strategies adolescent males in CYCCs come across within the boundaries of Waterberg district municipality in Limpopo province.

WHY AM I BEING INVITED TO PARTICIPATE?

You were chosen to be part of the study because you are well-informed and knowledgeable about the topic under investigation. The researcher wants to understand the different challenges that you encounter in the CYCC where you stay, and also, we want to know how you overcome these challenges. Your details were obtained from the manager of the CYCC, where you currently reside. The researcher

envisages to interview about 15 participants individually. The study will entail face-to-face interviews with male adolescents residing at CYCWs.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

Participation in the study is voluntary, and there will not be any financial or other benefits to the participants from the researcher. The study will entail semi-structured interviews with open-ended questions. The interview is estimated to last approximately one hour for each participant.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary, and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The potential benefit of the study is that people become aware of the challenges and coping strategies of male adolescents within CYCCs. This will help in enabling those working at CYCCs to know how to treat male adolescents, and also become aware of their needs and to provide. The study is expected to collect and analyse data on the challenges and coping strategies of male adolescents in CYCCs and also assist in managing them.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The researcher embarked on a thorough assessment of potential risks of harm or side effects, inconveniences, or discomfort that the study may cause to participants. There is, however, no anticipated serious risk or harm which might arise from participating in the study. It should also be noted that some questions and discussions may revoke old negative experiences of the participants. Should the latter be the case, the researcher will have a professional social worker on standby to offer debriefing services to the affected parties.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

The researcher promises to keep the information conveyed during the study strictly confidential. Only the researcher, supervisor and research ethics committee will have access to the information that you will provide. However, the information will be kept in the researcher's laptop, which has a password, and your identity will be protected by giving you a code number or pseudonym so that no one can connect you to the answers given. The transcripts without identifying information will be made available to my supervisor, Prof P Botha and an independent coder with the sole purpose of assisting and guiding me with this research undertaking. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings. The audiotapes and the transcripts of the interview will be destroyed upon the completion of the study.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

In order to ensure the protection of data, the researcher will store all hard copies of your answers for a minimum period of five years in a locked cupboard/filing cabinet in the office, for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to a further research ethics review and approval if applicable. After five years, all hard copies containing data will be shredded, and any electronic copies will be permanently deleted from the hard drive of the computer using a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

In adhering to the principle of fairness and justice, the researcher will ensure that there are no costs incurred by the participants. Therefore, taking part in the study will not yield any financial benefit, compensation, or incentives for the participants or the researcher. The main aim of the researcher is to solely contribute to the well-being of the male adolescents in CYCCs as well as to the body of knowledge with the research, which will subsequently improve the well-being of male adolescents in CYCC.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

The researcher will apply for an ethics approval certificate from the Scientific Review Committee of the Department of Social Work and the Unisa College of Human Sciences Research Ethics Committee, also known as CREC. A copy of the approval letter will be provided to the participants during the recruitment and prior to the interviews.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Mr. Lebo Ignitius Maela at 079 188 9569/069 415 3858 or email Lebogangkgantshe@gmail.com. The findings are accessible for 5 years.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact **079 188 9569/069 415 3858** or email Lebogangkgantshe@gmail.com.

Should you have concerns about the way in which the research has been conducted, you may contact **082 554 7761/012 429 6274**, email: Bothap@unisa.ac.za.

Contact the research ethics chairperson of the CREC, Professor K.B Khan, on khan@unisa.ac.za if you have any ethical concerns.

Thank you for taking the time to read this information sheet and for participating in this study.

Thank you.



Lebo Ignitius Maela

Appendix 5 Consent to participate in the study

Consent to participate in this study

Research title: Challenges and coping strategies of male adolescents in Waterberg District child and youth care centres

Researcher: Lebo Ignitius Maela (46895671)

I,(participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname **Lebo Ignitius Maela**

Researcher's signature  :.Date.....

Appendix 6 Assent form

A letter requesting assent from adolescent males in child and youth care centres to participate in a research project

Title of your research: Challenges and coping strategies of male adolescents in Waterberg District child and youth care centres

Dear _____

Date _____

I am doing a study on the challenges and coping strategies of male adolescents within CYCCs as part of my studies at the University of South Africa. Your principal/manager has given me permission to do this study in your CYCC. I would like to invite you to be a very special part of my study. I am doing this study so that I can find ways that your child and youth care workers, social workers and people in general can use to understand you better. This may help you and many other males of your age in different CYCCs.


This letter is to explain to you what I would like you to do. There may be some words you do not know in this letter. You may ask me or any other adult to explain any of these words that you do not know or understand. You may take a copy of this letter home to think about my invitation and talk to your house parents or another staff member about this before you decide if you want to be in this study.

I would like to ask you interview questions individually, and answering the interview questions will not take longer than one hour and 30 minutes. I will write a report on the study, but I will not use your name in the report or say anything that will let other people know who you are. Participation is voluntary, and you do not have to be part of this study if you don't want to take part. If you choose to be in the study, you may stop taking part at any time without penalty. You may tell me if you do not wish to answer any of my questions. No one will blame or criticise you. When I am finished with my study, I shall return to your CYCC to give a short talk about some of the helpful and

interesting things I found out in my study. I shall invite you to come and listen to my talk.

The benefits of this study are to create awareness about the challenges that male adolescents go through in CYCCs and also how those challenges can be resolved. There are no potential risks envisaged; however, should there be, a debriefer will be on standby to assist. You will not be reimbursed or receive any incentives for your participation in the research.

If you decide to be part of my study, you will be asked to sign the form on the next page. If you have any other questions about this study, you can talk to me, or you can have your parent or another adult call me at 079 188 9569. Do not sign the form until you have all your questions answered and understand what I would like you to do.

Researcher: 

Phone number: 079 188 9569

Do not sign the written assent form if you have any questions. Ask your questions first and ensure that someone answers those questions.

WRITTEN ASSENT

I have read this letter, which asks me to be part of a study at my CYYC. I have understood the information about the study, and I know what I will be asked to do. I am willing to be in the study.

Participant's name (print):

Participant's signature:

Date:

Witness's name (print)

Witness' signature

Date:

(The witness is over 18 years old and present when signed.)

Parent/guardian's name (print) Parent/guardian's signature: Date:

Lebo Ignitius Maela



Researcher's name (print) Researcher's signature: Date:

Appendix 7 Ethical Clearance Letter



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

31 January 2024

Dear Mr Lebo Ignitius Maela

NHREC Registration # :
Rec-240816-052
CREC Reference # :
46895671_CREC_CHS_2024

Decision:
Ethics Approval from 31 January
2024 to 31 January 2025

Researcher(s) Name: Mr. L. I. Maela
Contact details: 46895671@mylife.unisa.ac.za
Supervisor(s) Name: Prof. P. Botha
Contact details: bothap@unisa.ac.za

**Title: MALE ADOLESCENTS WITHIN A CHILD AND YOUTH CARE CENTRE
CONTEXT: CHALLENGES AND COPING STRATEGIES**

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The *high-risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



University of South Africa
Pretoria, South Africa
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 25 3111 Faxline: +27 12 25 3150
www.unisa.ac.za

Appendix 8 Data collection tool(s) as per methodology/ design (including questionnaire/ interview guide/checklist)

Semi-structured interview schedule: Male adolescents

Biographical questions of male adolescents

- How old are you?
- What is your home language?
- What is your gender?
- How long have you been residing in the centre?

Questions related to the study

- Explain your understanding of the word adolescent.
- What challenges do you experience as male adolescents within the CYCC (school, friends, church, family, social worker, CYCW, court, other)?
- How do you cope with these challenges?
- What type of support do you need to deal with your challenges (social workers, CYCW, friends, school, family, church, court, other)?

Semi-structured interview schedule: CYCW

Biographical questions related to CYCW

- How old are you?
- What is your gender?
- What is your home language?
- What is your highest level of education?
- How long have you been working as a CYCW?

Questions related to the study

- What do you understand by the word adolescent?
- What challenges do male adolescents experience within the CYCC (friends, family, social workers, CYCW, other employees within the CYCC, church, other)?

- How do male adolescent cope with their challenges?
- What kind of support does the CYCW think male adolescents need (social workers, CYCW, friends, school, family, church, court, other)?

Appendix 9 Confirmation Letter of Debriefer

Khomotso Richard Mogotlane
Tel no: 071 489 9847
Email: khomorichard@gmail.com

To: Lebo Ignitius Maela
Master of Social Work Student

RE: Acceptance for debriefing services

This letter serves to inform you that I will avail myself with regards to the debriefing services that you requested from myself. I further want to assure you that I am delighted to be part of your journey in your studies and willing to offer my services to your participants should a need arise. You are further assured that my services will be rendered at no cost.

I am a qualified social worker registered with the South African Council for Social Service Professions (SACSSP), my registration number is: 10-32099. I have 10 years' experience practicing as a social worker at Department of Social Development.

Kindly remind me at least one week before so I can prepare myself.

Wishing you all the best of luck with your studies.

Regards



Mogotlane K.R

Appendix 10 Permission to Conduct Research



PO Box 971
Thabazimbi
0350
Limpopo Province

Tel. 014 004 0334
Cellphone +27 73 467 2185
E-mail admin@thabang.org
Website www.thabang.org

Date: 23 April 2024

Ref: Research

To whom it may concern

This serves as confirmation that the request from Lebo Ignitius Maela to do research at our centre, was approved.

Regards



L. M. Grobler
General Manager
Thabang Child and Youth Care Centre
014 0040 334

NPO Registration No. 177 275 NPO
Board of Directors for NPC: Mrs Y Mathee (Chairperson), Mr O Saliata, Mrs T White, Ms A Siinga,
Mrs I Lesejana, Mr MD Poggenpoel, Mrs E Olivier, Ms L M Grobler
PBO Ref No. 930054982

Appendix 11 Permission to Conduct Research

De Beerstraat 12
Private Bag X1033
Modimolle 0510
Tel: 014 717 5254/5 X 149
Sel: 072 725 3863
E-post: forensic@aknyl.co.za
Web: aknyl.co.za



ABRAHAM KRIEL
Kinderhuis / Children's Home Nylstroom
NPO 188-680

12 De Beer Street
Private Bag X1033
Modimolle 0510
Tel: 014 717 5254/5 X 149
Cell: 072 725 3863
E mail: forensic@aknyl.co.za
Web: aknyl.co.za

Your reference 46895671

Mr L. I. Maela

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT ABRAHAM KRIEL CHILDREN'S HOME NYLSTROOM

Title of study: MALE ADOLESCENTS WITHIN A CHILD AND YOUTH CARE CENTRE CONTEXT: CHALLENGES AND COPING STRATEGIES.

With referral to your request; Management of Abraham Kriel Children's Home are please to inform you that the application was granted on 29 February 2024.

All the relevant documents were received and management are satisfied that the research proposal was reviewed by the College of Human Science Research Ethic Committee in compliance with Unisa Policy on Research Ethics and Standard Operating Procedure on Research Ethics Risk Assessment.

Logistics and appointments should be communicated with the Nina Marais or Tswantsho Matsahabi as discussed during our meeting held on 6 March 2024.

We wish you all the best for the proposed studies.

MRS G VAN DER MERWE

CHIEF EXECUTIVE OFFICER

Bestuursraad / Management Board: Me GBJ van der Merwe (Uitvoerende Hoof), Dr Botha van Aardt, Me. RP Maela, Mnr F van Jaarsveld, Ds D van Rensburg, Mnr RS van Rooyen, Ds WMS Wulfsberg (Voorsitter)

Bestuurslede / Patrons: Anton Wiid, Ricky Faber, Wynand Claasens, Garies Botha, Elzabeth van der Merwe, Dr Riekie Smit.

Appendix 12 Turnitin Results

Similarity Report

● 22% Overall Similarity

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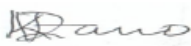
- 14% Internet database
- 18% Publications database
- Crossref database
- Crossref Posted Content database
- 16% Submitted Works database

TOP SOURCES

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

1	uir.unisa.ac.za Internet	2%
2	hdl.handle.net Internet	<1%
3	Marais, Nicolaas Jacobus. "The Experiences and Challenges of School..." Publications	<1%

Appendix 13 Language editing certificate

<i>Independent Editor</i>	kufazano@gmail.com +27631434276
 SATI SOUTH AFRICAN TRANSLATORS' INSTITUTE	
CERTIFICATE OF EDITING	
<p>This confirms that I edited substantively the document below, including a Reference list. The document was returned to the author with various tracked changes to correct errors and clarify meaning.</p>	
<p>TITLE: Male adolescents within a child and youth care centre context: Challenges and coping strategies</p>	
<p>AUTHOR : Lebo Ignitius Maela</p>	
<p>STUDENT NUMBER : 46895671</p>	
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