

**THE EXPERIENCES OF DESIGNATED SOCIAL WORKERS WORKING WITH  
CASES OF ALLEGED CHILD SEXUAL ABUSE IN THE SOUTH AFRICAN  
CONTEXT**

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# ABSTRACT

## THE EXPERIENCES OF DESIGNATED SOCIAL WORKERS WORKING WITH CASES OF ALLEGED CHILD SEXUAL ABUSE IN THE SOUTH AFRICAN CONTEXT

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Child sexual abuse has occurred since the beginning of human history. Physical and emotional abuse as well as neglect was known to people, but child sexual abuse was hidden because of the social restriction surrounding sexual contact with children. Even though reporting is now more socially accepted, it is still difficult to determine the prevalence of child sexual abuse, because it remains under-reported. Sexual abuse of a child is highly complicated and has various effects on a child and the functioning of the child.

The goal of the research was to explore the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context. A qualitative research approach was utilised in order to obtain the information of their personal experiences as designated social workers working with cases of alleged child sexual abuse. The data was collected through semi-structured interviews, guided by an interview schedule. Snowball sampling was used to select designated social workers working at child protection organisations and the Department of Social Development in the Western Cape. Ten participants (all female) formed the sample for the study. The research is based on the person-centred theory, developed by Carl Rogers (1961) (Corey, 2013:159). This theory implies that people's experiences and perceptions will be their reality (Henderson & Thompson, 2011:191). The findings of the study suggested that the role and responsibilities of designated social workers are to do prevention work, to be the first response, to ensure that the abuse is reported, to provide support and empowerment

to the child and family concerned and also to do risk and safety assessments to assess the likelihood that the abuse occurred. Designated social workers also need to investigate the child's circumstances and establish whether the child is in need of care and protection and they must safeguard the child either through a safety plan or finding the child a suitable and safe placement. Furthermore, it was found that the fundamental skills and principles of social work support designated social workers and that the more years of experience designated social workers have, the more confident they feel when they must work with cases of alleged child sexual abuse. Additional training for designated social workers working with cases of alleged child sexual abuse is also necessary.

Designated social workers face many challenges when working with cases of alleged child sexual abuse. Designated social workers reported that working with the police can be challenging, organisations and departments often work in isolation, challenges are being faced at medical centres, child sexual abuse is a silent crime that is being hidden away, there is a lack of resources, designated social workers deal with many challenging emotional experiences, staff turnover is a reality, there are limitations in the child protection system and community and family characteristics are risk factors for child sexual abuse. Supportive factors for designated social workers when they must deal with cases of alleged child sexual abuse include good supervision, peer support, support from social auxiliary workers, organisational protocols and guidelines and the South African legislation. Designated social workers feel that they do have the ability to make a difference.

### **Key Concepts**

- Child protection
- Child sexual abuse
- Social worker

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# CHAPTER ONE

## GENERAL INTRODUCTION TO THE RESEARCH STUDY

### 1.1 INTRODUCTION

In South Africa where human rights are very prominent in discussions about what the country stands for as in the South African Constitution Act 108 of 1996 and legal framework, there are still a lot of harm and injustice happening to the children in South Africa. One of the greatest evils is abuse towards children (Richter & Dawes, 2008:79). Abuse towards children is not the only problem in South Africa. Poverty, socialised obedience, the silence of women and children, patriarchy and gender violence all contribute to conditions in which abuse can take place (Richter & Dawes, 2008:79). In these circumstances the act of abuse usually has many consequences. South Africa has very high rates of physical and sexual abuse of children (Richter & Dawes, 2008:79). Child sexual abuse effects the child physically as well as psychologically and these effects can be immediate and long-term (Pilgrim, 2017:40). South Africa has rights-based legislation to ensure that children are protected, but unfortunately it is not sufficiently upheld by service providers (Richter & Dawes, 2008:79). Child sexual abuse is complicated and sensitive, therefore a variety of specialists are needed to support and protect sexually abused children (Liebenberg, Simeon & Herbst, 2015:137).

A designated social worker receives reports of child sexual abuse and must make sure that the child is safe and that the child's well-being is not at risk (Children's Act 38 of 2005, hereafter referred to as the Children's Act). When it comes to child sexual abuse it is not just the designated social worker that is involved. There are many role-players involved when working with cases of alleged child sexual abuse. The literature review indicates that social workers experience challenges when it comes to the reporting of child sexual abuse. Therefore, the goal of this study is to explore the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context. This study forms part of a group research project to obtain comprehensive data on the phenomenon. The research was conducted within the Western Cape.

The following key concepts apply to the study:

**Social worker** – “a person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act, 1978 (Act 110 of 1978)” (Children’s Act).

**Child sexual abuse** – The Children’s Act 38 of 2005 defines child sexual abuse as:

sexual abuse in relation to a child means- a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; b) encouraging, inducing or forcing a child to be used to the sexual gratification of another person; c) using a child in or deliberately exposing a child to sexual activities or pornography; or d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

**Child protection** – Child protection services are interventions that are specifically planned to protect, fulfil and promote children’s rights; to protect children from violence, abuse, neglect and exploitation (Sibanda, 2013:4). Child protection services include execution of investigations and assessments where abuse, neglect or abandonment of children is suspected (Children’s Act).

## 1.2 LITERATURE REVIEW

Child abuse is not just common in South Africa but is globally seen as a public health crisis (Mantula & Saloojee, 2016:866). Even though the reporting of child sexual abuse is now more socially accepted, the prevalence of child sexual abuse is still difficult to determine, because it continues to be under-reported. However, reports of child sexual abuse increased, because reporting is now socially accepted (Palusci, 2011:16). Sexual abuse of a child is highly complicated and has various effects on a child and the functioning of the child (Adlem, 2017:1). This phenomenon puts huge pressure on health and social welfare systems (Mantula & Saloojee, 2016:866), and therefore it is important to investigate the challenges that designated social workers experience in their professional intervention in these cases.

### **1.2.1 Conceptualising child sexual abuse**

The Children's Act does not only define child sexual abuse as molestation or assault of a child, but also as allowing these acts to be committed against a child. Child sexual abuse has a variety of definitions. The US Centre for Disease Control and Prevention defines child sexual abuse as any attempted or completed sexual act, exploitation of a child or sexual contact with a child by a caregiver (Murray, Nguyen & Cohen, 2014:322). Another definition of sexual abuse is when a child is part of sexual activities that are not age appropriate and for which the child is not emotionally and physically prepared (Chiesa & Goldson, 2017:106). Child sexual abuse can be divided into contact and noncontact abuse. Sexual acts that the child cannot comprehend are called noncontact abuse, which includes exposure to pornography. Contact abuse can be divided into non-penetration and penetration. Non-penetration is touching, fondling or masturbation. Penetration includes penetration of the mouth, anus or vagina (Chiesa & Goldson, 2017:106). Sexual abuse is a traumatic experience and morally, emotionally and physically violates a person and also emotionally and physically deprives the victim from his/her privacy and autonomy (Van Zyl & Sinclair, 2006:5).

### **1.2.2 The prevalence of child sexual abuse**

Child sexual abuse is not limited to one context. All cultures have a history of abuse (Chiesa & Goldson, 2017:106). In a child's ecological system, there are many factors that can increase the risk of child sexual abuse (Kenny, 2018:65-66). According to Stoltenborgh, IJzendoorn, Euser and Bakermans-Kranenburg (2011:79) there is a higher prevalence of child sexual abuse among girls than boys. Gender is not the only aspect that influences prevalence; geographical origin also plays a role. Beliefs, different cultures and values might also be affecting the prevalence of child sexual abuse across different countries (Stoltenborgh et al., 2011:79).

### **1.2.3 The effects of child sexual abuse**

A child or adolescent who has been sexually abused can experience different effects of the abuse. Sexual abuse usually has a multi-faceted effect on the child and his/her

functioning (Aucamp, Steyn & van Rensburg, 2014:48). When a child has been abused it might have a negative psychological impact on the child (Lalor & McElvaney, 2010:163). Different psychological symptoms can occur over a period, because of the sexual abuse (Aucamp et al., 2014:48). The effects of child sexual abuse might include depression, low self-esteem, anger, self-destructive behaviour, anxiety and stress (Lalor & McElvaney, 2010:163).

#### **1.2.4 Mandatory reporting of child sexual abuse**

Child sexual abuse is a serious offence that needs special attention from the criminal justice system (Ali, 2017:105). In developing countries child sexual abuse is often a silent crime that is being hidden away. The only effective way to protect children against child sexual abuse is if the criminal justice system is being implemented successfully (Ali, 2017:97). In South Africa, there have been many legislative developments regarding the criminal justice system (Ali, 2017:97). Common citizens are not compelled to report suspicions of child abuse in terms of Section 110 of the Children's Amendment Act; however, the Sexual Offences Act 32 of 2007 compels all citizens to report suspicions of child sexual abuse to the police (Hendricks, 2014:551).

#### **1.2.5 The role of the designated social worker**

Firstly, the social worker needs to assess the safety of the child and determine the risks involved and then identify the services needed and protect the child (Pence & Wilson, 1992:38). According to the Abuse No More Protocol of the Western Cape Education Department (2014), the role of the social worker is to first ensure the safety of the victim, to then do an investigation and compile a report for court. The protocol also stipulates that the social worker needs to provide immediate trauma counselling (short/long term) directly or through other private organisations. The social worker's role is also to prepare the victim and his/her parents for court proceedings. Lastly, reconstruction services need to be rendered to the victim and the family (Abuse No More Protocol of the Western Cape Education Department, 2014).



### **1.2.6 Challenges in dealing with alleged child sexual abuse**

In South Africa there is a high prevalence of child sexual abuse and it places a lot of pressure on already over utilised social services. According to Loffel, Allsopp, Atmore and Manson (2008:54) the social service sector does not have the ability to adequately respond to all the child sexual abuse reports. This leads to children not being sufficiently protected against abuse. The challenges in dealing with alleged child sexual abuse are high caseloads of designated social workers, a shortage of social workers, a lack of resources and system fatigue, concerns regarding the legislation and policies in South Africa, inadequately trained professionals working with child sexual abuse and compassion fatigue in social workers. To understand the context of the challenges that social workers experience and to focus on the personal world of the social workers the person-centred theory was utilised for this research study.

### **1.3 THEORETICAL FRAMEWORK**

The theoretical framework for this research study is the person-centred theory, developed by Carl Rogers (1961) (Corey, 2013:159). Originally the person-centred theory was developed for application in group and individual counselling. However, more recently it can also be applied to other fields such as organisational development, administration, leadership, education and research (Corey, 2013:161; McLeod, 2013:171). Experiencing is the central focus of the person-centred theory. Experiencing consists of internal and external experiences. This occurs through the person's continuously changing thoughts, feelings and actions (Henderson & Thompson, 2011:191; McLeod, 2013:172). Person-centred theory is embedded in a phenomenological approach to knowledge which suggests that "valid knowledge and understanding can be gained by exploring and describing the way things are experienced by people (rather than trying to construct knowledge through abstract theorizing)" (McLeod, 2013:171). Thus, a person-centred approach to information suggests an understanding that people's perceptions and experiences will be their reality (Henderson & Thompson, 2011:191).

The person-centred approach is based on 19 propositions (Grobler & Schenck, 2009:4-6), of which Proposition 1 and Proposition 2 are applicable to this research. Proposition 1 indicates that “Every individual exists in a continually changing world of experience of which he is the centre” and Proposition 2 states that “The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, reality” (Grobler & Schenck, 2009:16, 22). The person-centred approach is highlighted by these two propositions, because it emphasises the subjective world view of the person (Corey, 2016:281).

The research goal was to explore and describe the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context. The person-centred theory highlighted that the researcher should adopt an objective view by exploring a phenomenon or object of inquiry “through the eyes” of the participants in order to understand their reality without making predetermined assumptions (Henderson & Thompson, 2011:191; McCleod, 2013:171). In order to understand that a participant is “responding to the world on the basis of his or her flow of moment-by-moment experiencing”, a phenomenological view is essential (McLeod, 2013:172). The researcher kept in mind that the designated social workers’ experiences of working with cases of alleged child sexual abuse reflected their reality in practice.

#### **1.4 RATIONALE AND PROBLEM STATEMENT**

Social workers working at child protection organisations often experience challenges when they must respond to allegations of child sexual abuse, because they have very high caseloads that they must deal with (Schiller, 2017:347). The exact challenges of the designated social workers when working with alleged child sexual abuse were not known and therefore the researcher conducted the study to explore and describe the phenomenon. From the literature, the researcher could see that child sexual abuse is relevant in South Africa and internationally despite existing legislation to protect children. The researcher also noticed that social workers experience challenges when it comes to working with cases of alleged child sexual abuse. The roles of the different agencies involved are blurred and a lot of pressure is put onto the social workers in areas where there are not enough resources for

working with child sexual abuse allegations (Schiller, 2017:12). This can be seen when social workers sometimes have to deal with forensic work even though they are not properly trained (Schiller, 2017:2). The literature indicated that there is a need for effective policy implementation and new protocol (Schiller, 2017:12). Notably professionals are not always properly trained with regards to the reporting of child sexual abuse. The literature indicated that social workers working specifically with child abuse must be trained in accurate reporting procedures (Hendricks, 2014:550; 552).

The literature study indicated confusion about the reporting protocol. Professionals should be properly trained for the reporting of child sexual abuse, but the reporting protocol is not clear. The researcher identified a gap regarding the experiences of designated social workers working with cases of alleged child sexual abuse in South Africa.

For this study the following research question was formulated: What are the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context?

## **1.5 GOAL AND OBJECTIVES OF THE RESEARCH STUDY**

### **1.5.1 Goal**

The goal of the study was to explore and describe the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context.

### **1.5.2 Objectives**

The objectives formulated to achieve the goal of the study are the following:

- To conceptualise child sexual abuse as a phenomenon
- To explore and describe the extent to which their knowledge equips designated social workers to work with alleged child sexual abuse

- To explore current practices of designated social workers in their work with alleged child sexual abuse
- To explore and describe challenges experienced by designated social workers when working with alleged child sexual abuse
- To ultimately inform role players in child protection at a national forum on the findings of the study.

## **1.6 RESEARCH DESIGN AND METHODOLOGY**

A qualitative research approach was used for this study in order to obtain in-depth information from the participants based on their personal points of view (Delpont & Fouché, 2011:64). Applied research was used in order to address the situation in practice and was descriptive and exploratory in nature (Fouché & De Vos, 2011:94-95). The researcher made use of a case study research design (Neuman, 2011:177) to collect and compare data gathered through the interviews with the ten participants.

The participants for the study were selected through purposive sampling (Strydom & Delpont, 2011:392) and snowball sampling (Rubin & Babbie, 2010:147) from the population of designated social workers working with cases of alleged child sexual abuse in the Cape Town area. All ten participants were designated social workers working at child protection organisations and were culturally diverse. A pilot study was conducted with one participant who did not form part of the study.

An interview schedule guided the interview process and the data was collected through semi-structured, one-to-one interviews with the participants (Greeff, 2011:342). A thorough literature review guided the interview schedule to identify main themes surrounding the challenges that designated social workers experience when working with alleged child sexual abuse. The interviews were recorded with the permission of the participants. The researcher also took detailed notes during the interviews. The researcher then transcribed the recorded interviews and then prepared, organised and presented the data into themes and sub-themes (Schurink, Fouché & De Vos, 2011:403).

The researcher maintained an awareness of the ethical issues throughout the research process.

## **1.7 LIMITATIONS OF THE STUDY**

The following aspects can be viewed as limitations of the study:

- The sample size was small, and the research was done within the Western Cape, therefore the results cannot be generalised to the rest of South Africa.
- Participants were predominantly from two racial groups and it is therefore not known how designated social workers from other racial groups would experience working with cases of alleged child sexual abuse.
- All the participants were female and therefore it is unknown how male designated social workers would experience working with cases of alleged child sexual abuse.

## **1.8 CHAPTER OUTLINE**

### **CHAPTER 1: General introduction to the research study**

This chapter is a general introduction to the research. In this chapter the study is contextualised, the goals and objectives of the study are explained, and an overview of the research methodology is provided.

### **CHAPTER 2: Sexual abuse of children and professional intervention**

A thorough literature review is presented in chapter 2. The phenomenon of child sexual abuse is described as well as the prevalence and effects of child sexual abuse, mandatory reporting of child sexual abuse, the role of the designated social worker and the challenges in dealing with alleged child sexual abuse.

### **CHAPTER 3: Research methodology, empirical study and research findings**

The research methodology and ethical considerations are described in chapter 3 and the research findings are presented.

## **CHAPTER 4: Conclusion and recommendations**

The research report is concluded in chapter 4. The key findings, conclusions and recommendations based on the findings of the study are also captured in this chapter.

### **1.9 SUMMARY**

Chapter one is the general introduction to the research study. It explains the key concepts of the study, a short literature review is given and the theoretical framework, the person-centred theory, are explained. The rationale and problem statement, the goal and objectives, research design and methodology, limitations of the study and the chapter outline of the study are also discussed.

## **CHAPTER TWO**

### **SEXUAL ABUSE OF CHILDREN AND PROFESSIONAL INTERVENTION**

#### **2.1 INTRODUCTION**

Every child has the right to be safe, yet child sexual abuse influences the lives of many children and is a massive global phenomenon (Adlem, 2017:1). Child sexual abuse has occurred since the beginning of human history (Palusci, 2011:16). People knew about physical and emotional abuse as well as neglect, but child sexual abuse was hidden because of the social restriction surrounding sexuality and more specifically sexual contact with children (Palusci, 2011:16).

In South Africa child sexual abuse is mainly driven by elevated levels of gender-based violence and stressed by social and structural factors (Mathews, Hendricks & Abrahams, 2016:636). Social and structural factors that influence the abuse of children are a weak criminal justice system, substance abuse, dysfunctional families with poor parenting styles, poverty and patriarchy. These factors all increase children's vulnerability (Mathews et al., 2016:637).

Because of societal and familial restrictions and reluctance, reports of child sexual abuse were almost non-existent (Palusci, 2011:16). However, reports of child sexual abuse increased, because reporting is now socially accepted and continuous efforts to raise awareness of the necessity to report cases of child sexual abuse increase reporting (Palusci, 2011:16). Even though reporting is now more socially accepted, it is still difficult to determine the prevalence of child sexual abuse, because it remains under-reported (Adlem, 2017:1). Sexual abuse of a child is highly complicated and has various effects on a child and the functioning of the child (Adlem, 2017:1). This phenomenon puts huge pressure on health and social welfare systems (Mantula & Saloojee, 2016:866). For this reason, it is important to investigate the challenges that designated social workers experience in their professional intervention in these cases.

## 2.2 CONCEPTUALISING CHILD SEXUAL ABUSE

Child abuse and neglect can take many different forms such as physical, emotional and sexual abuse, exploitative work and human trafficking. All these various kinds of abuse and neglect are defined in the Children's Act under children in need of care and protection (Richter & Dawes, 2008:81). A child is in need of care and protection if the child; "has been exploited or lives in circumstances that expose the child to exploitation" and "lives in or is exposed to circumstances which may seriously harm the child's physical, mental or social well-being" who "is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is." (Children's Act). These are not all the conditions for a child in need of care and protection but are the conditions that are applicable to child sexual abuse. The Children's Act does not only define child sexual abuse as assault of a child or molestation but also as allowing these acts to be committed against a child.

Child sexual abuse itself has many different definitions. The US Centre for Disease Control and Prevention defines child sexual abuse as any attempted or completed sexual act, exploitation of a child or sexual contact with a child by a caregiver (Murray et al., 2014:322). The World Health Organisation (hereafter WHO) has a very comprehensive definition for child sexual abuse. The WHO defines child sexual abuse as an act against a child that is part of a sexual activity that the child does not fully understand and cannot give informed consent to, or that breaks the laws or social restrictions of society. Child sexual abuse is displayed by an activity between a child and an adult or an older child who is in a role of responsibility and the purpose of the activity is to gratify or satisfy the needs of the adult or older person. These activities include but are not limited to unlawful sexual activity, the use of a child in prostitution and the use of children in pornographic performances (WHO, 1999:15-16).

Another definition of sexual abuse is when a child is part of sexual activities that are not age appropriate and for which the child is not emotionally and physically prepared. Sexual abuse also takes place when it involves the sexual gratification of



an adult with little regard for the child's feelings and needs. Sexual abuse can also be combined with other forms of abuse for example physical and psychological abuse (Chiesa & Goldson, 2017:106).

Child sexual abuse can be divided into contact and noncontact abuse. Noncontact abuse is when a child is being exposed to sexual acts that the child cannot comprehend. This includes exposure to pornography. Contact abuse can be divided into non-penetration and penetration. Non-penetration is touching, fondling or masturbation. Penetration involves penetration of the vagina, mouth or anus (Chiesa & Goldson, 2017:106). The US Centre for Disease Control and Prevention also specifically explains the boldface terms used in their definition of child sexual abuse. They describe sexual acts as penetration, touching intentionally with no penetration and introducing a child to sexual activity (noncontact sexual abuse) (Murray et al., 2014:322). Maltz (2002:321) defines sexual abuse as one person that is dominating and exploiting another person by means of sexual activity or suggestion. According to Ratican (1992) in Hall & Hall (2011:1-2) child sexual abuse is any sexual act (overt or covert) that occurs between an adult and a child or between a child and an older child, but where the younger child participates because of coercion or seduction. Ratican (1992) in Hall & Hall (2011:2) explains that regardless of how child sexual abuse is defined it usually has a pervasive and negative psychological effect on the victim. Sexual abuse is a traumatic event and physically, morally and emotionally violates a person. It physically and emotionally deprives the victim from his/her autonomy and privacy (Van Zyl & Sinclair, 2006:5).

The above-mentioned definitions have certain aspects that are similar and that agree with one another, but there are also other important aspects to be considered. When defining child sexual abuse there should not just be made use of legal definitions, but psycho-social definitions should also be considered. According to Aucamp, Steyn en van Rensburg (2013:131) professionals need to consider the Child Sexual Abuse Accommodation Syndrome when defining sexual abuse of children. Child Sexual Abuse Accommodation Syndrome can be divided into five categories. These five categories explain the reality of the victim. The five categories include helplessness, retraction, delayed conflicted disclosure, entrapment and accommodation and secrecy (Aucamp et al., 2013:131). The experience of the victim is also important

when redefining child sexual abuse. The experience of the victim includes traumatic sexualisation, stigmatisation, betrayal and powerlessness. These dynamics make child sexual abuse different from other childhood traumas. These traumagenic dynamics help health care professionals to understand sexual abuse more accurately (Aucamp et al., 2013:132). Aucamp et al. (2013:132) redefine child sexual abuse as follows; a child that is exposed to sexual inappropriate stimuli which can include sexual penetration, but is not limited to it, exposing a child to witness sexual acts and sexual violation. The behaviour of the act includes inequality, sexualised motive and lack of mutual consent and the behaviour links with secrecy, entrapment, eventual accommodation of the abuse and helplessness. Lastly the psycho-social definition also needs to include that even though there is an absence of trauma and symptoms of abuse it does not mean that the abuse did not occur (Aucamp et al., 2013:132-133).

According to Aucamp et al. (2013:127) the motivation of the perpetrator needs to be considered, because an action such as touching a child's genitals can be abuse, but at the same time also non-abusive. The motivation of the perpetrator is very important, because if a mother is putting ointment on her child's genitals, because of a rash, the mother is not abusing her child, but rather helping and caring for her child. The motivation of the perpetrator is a determining factor of whether an act is abusive. Social workers, psychologists and other health care professionals need to work together to prove the motive of the perpetrator. They will have to examine the broader context in which the abuse occurred and consider other explanations for the behaviour (Aucamp et al., 2013:127).

## **2.3 THE PREVALENCE OF CHILD SEXUAL ABUSE**

### **2.3.1 General aspects**

Abuse has been a part of the history of all cultures (Chiesa & Goldson, 2017:106). The environment in which child sexual abuse occurs is influenced by the child's age, developmental level and relationship with the perpetrator. Children are usually abused by a person they know and not by a stranger (Chiesa & Goldson, 2017:106; Pilgrim, 2017:41). There are many factors in a child's ecological system that can

increase the risk of child sexual abuse. Children who live with stepparents or a single parent are more at risk of sexual abuse than children who live with two married biological parents. Children who live with only one of their biological parents are ten times more at risk to be sexually abused than children who live with both their biological parents (Kenny, 2018:65-66). Children who are part of a single parent household and whose parent has a live-in partner, are twenty times more likely to be sexually abused than children who live with both their biological parents. Children whose parents are unemployed are three times more at risk of being sexually abused than children whose parents are employed. Children who are victims of other crimes or who witnessed other crimes are more likely to be sexually abused than children without such exposure. On all reported sexually abused cases, seventy percent of the victims are seventeen years or younger (Kenny, 2018:65-66).

According to Stoltenborgh et al. (2011:79) there is a higher prevalence of child sexual abuse among girls than boys. Not all children are equally at risk for child sexual abuse. Gender is not the only aspect that influences prevalence, as geographical origin also plays a role. Different cultures, beliefs and values might be affecting the prevalence of child sexual abuse across different countries (Stoltenborgh et al., 2011:79).

### **2.3.2 International prevalence**

A meta-analysis showed that the highest prevalence rates can be seen in Africa and the lowest in Europe. According to Stoltenborgh et al. (2011:89) the continent of origin has an influence on child sexual abuse prevalence. The lowest combined prevalence of child sexual abuse for boys and girls were found in Asia and may be the result of the idea that abuse is less often disclosed in a collectivist culture than in other cultures (Stoltenborgh et al., 2011:89). The highest prevalence of child sexual abuse for girls was found in countries like Australia and New Zealand, because of their culturally based willingness to talk about their sexual experiences. Countries like Australia and New Zealand are more individualistic countries and do not have a collectivist culture, like for example Asia. Myths with regards to HIV, that when sexual intercourse takes place with a virgin the person with HIV will be cured, may

make the prevalence of child sexual abuse in Sub-Saharan Africa higher (Stoltenborgh et al., 2011:89).

A study done by Lalor and McElvaney (2010:160) showed that rates of penetrative child sexual abuse are higher for girls than for boys. According to their study, rates for penetrative abuse in South Africa range from 1.6% to 3%, 0.3% in China, 0.4% in Israel and a high of 18% in Ethiopia. According to the WHO 8.6 million boys and 24 million girls under 18 years have experienced sexual abuse that involved physical contact (Lalor & McElvaney., 2010:160).

According to Ali (2017:102) child sexual abuse is a major problem in Pakistan. It is mostly rape, sodomy, molestation, abduction for sexual abuse which sometimes can lead to the murder of a child and sexual abuse without penetration that occurs in Pakistan. In Pakistan, the accused will be released within one or two years. The laws in Pakistan do not yet respond to this brutal crime as it should (Ali, 2017:102). There is no specific law that addresses child sexual abuse in Pakistan and no effective legislative developments were introduced to eliminate child sexual abuse. In Pakistan there is a need to establish a legal framework that will ensure that child sexual abuse perpetrators are held accountable for their actions (Ali, 2017:103).

India experiences the same problem than Pakistan and South Africa with a very high rate of child sexual abuse. In India, sexual offences against children have reached an epidemic proportion (Ali, 2017:103). The superior judiciary of India makes the real developments in the laws that relate to child sexual abuse. The Supreme Court's procedures have developed, because trials that relate to child sexual abuse are now held in camera and in-camera trials are currently mandatory in cases that relate to child sexual offences. Women judges are now also conducting the hearings of these types of cases and the courts are much more sensitive to victims to ensure that victims are not being harassed while being cross-examined. In India it also sometimes happens that parents sell their children, because of poverty. The parents then completely ignore the fact that their children are being sexually used and abused by procurers. The Protection of Children from Sexual Offences Act, 2012 was luckily brought in by the Indian legislature to protect children from these horrific crimes. This Act introduced child friendly procedures. Children's statements are now

being taken at a place of their choice by a female police officer of a high rank and not in uniform. No aggressive questions can be put to the child. India is making big improvements to their legislation with regards to child sexual abuse, but they are still lacking a National Register for Sexual Offenders and active implementation of the improved legislation (Ali, 2017:104).

The protection of children against sexual offences can only be successful if there is an active participation from state governments. A uniform approach from all government departments needs to be in place to eliminate sexual offences against children. It needs to be an integrated and coordinated approach (Ali, 2017:105).

It is difficult to determine the true prevalence of child sexual abuse, because less than one third of child sexual abuse cases are reflected in current figures, because most child sexual abuse cases are not being reported to authorities (Palusci, 2011:18). In a meta-analysis where 65 prevalence studies were done and included 22 countries, it was found that 7.9% of men and 19.7% of women were exposed to child sexual abuse before they were 18 years old. From this study it shows that child sexual abuse is a huge problem in all the societies that were part of the analysis. It furthermore became clear that most of the victims were abused by male adolescents or men (Plummer & Cossins, 2016:1). According to an Australian review, 4-8% of men have experienced penetrative sexual abuse and 11-16% has experienced non-penetrative sexual abuse during childhood. This indicates that a large amount of Australian men is living with the traumatic aftermath of child sexual abuse (Price-Robertson, 2012:130). Currently it can be seen that child sexual abuse is a global problem and that it is affecting the lives of millions of children (Stoltenborgh et al., 2011:90).

### **2.3.3 African continent**

In Swaziland a third of females have experienced sexual abuse before they were 18 years old. In Tanzania, the prevalence of child sexual abuse is also high; 13.4% males and 27.9% females before the age of 18 years are being sexually abused. Zimbabwe is ranked as one of five countries globally with the highest child sexual abuse rankings. According to the Zimbabwe Republic Police a hundred girls are

sexually abused every day (Mantula & Saloojee, 2016:867-868). According to Lalor (2008:97-98) it is only in the five years prior to 2008 that sub-Saharan African countries, except South Africa, started to address child sexual abuse in their professional literature and practice. Another factor that puts African children at risk for child sexual abuse is the fact that they must obey older people without question, because they are expected to have respect for older people.

#### **2.3.4 South Africa**

The prevalence of child sexual abuse in South Africa has been debated and explored for many years. In the South African society child sexual abuse has been referred to as an endemic and epidemic. According to local studies high rates of exploitation and child sexual abuse have been reported and it was found that contexts of dependency and trust, such as people that the child might know or families, can be high-risk conditions for child sexual abuse (Optimus study, 2016:29). According to Madu and Pletzer (2000:264) the South African male dominant society can be responsible for high child sexual abuse in South Africa; because men in South Africa feel that they have authority over children and women. In South Africa child sexual abuse is likely to be opportunistic and non-specific. Child sexual abuse usually takes place between the child and a person that is known to the child. The abuse occurs not because the child has certain features, but because of certain circumstances (Richter & Dawes, 2008:87). Children living in poorer communities are more vulnerable to child sexual abuse and power relations play a key role (Mantula & Saloojee, 2016:866).

Usually the child cannot resist the will of the adult and the adult is not too concerned about exposure, because of the obedience of the child and the intimidation of the adult towards the child (Richter & Higson-Smith, 2004:26). In South Africa rates of child abuse are among the highest in the world. The alarmingly high rates of sexual abuse and exploitation report that between 33.9% and 53% of girls and between 16.7% and 56% of boys have been sexually abused (Van Westrhenen, Fritz, Vermeer & Kleber, 2017:2). As previously mentioned, the perpetrator is usually known to the child. In South Africa the study showed that 21% of the perpetrators were strangers or recent acquaintances, 64% were teachers, relatives or boyfriends

(Lalor & McElvaney, 2010:160). It is reported that in South Africa one in six chronic child sexual abuse cases are of girls younger than 12 years old (Mantula & Saloojee, 2016:867-868). Considering the above information there are still barriers when it comes to child sexual abuse and the reporting of alleged child abuse. Even though South Africa has the necessary legislation; the lack of human resources and lack of knowledge to report child abuse make it difficult to protect children. The public and professionals need to be appropriately educated about children's rights and their obligations to report child sexual abuse. The Department of Social Development needs to make sure that the social workers who specifically work with child abuse must be trained in accurate reporting procedures (Hendricks, 2014:552).

Child abuse has severe effects on children. The following section will discuss the effects.

## **2.4 THE EFFECTS OF CHILD SEXUAL ABUSE**

A child or adolescent who has been sexually abused can experience different effects of the abuse. Sexual abuse usually has a multi-faceted effect on the child and his/her functioning (Aucamp et al., 2014:48). When a child has been abused there can be no evidence of negative psychological impact or it could have a severe impact (Lalor & McElvaney, 2010:163). A cluster of psychological symptoms can occur over a period, because of the sexual abuse (Aucamp et al., 2014:48). The effects of child sexual abuse may be anger, depression, low self-esteem, self-destructive behaviour, stress and anxiety (Lalor & McElvaney, 2010:163). When a child has been exposed to sexual abuse it is a huge risk factor for several types of mental health issues and behavioural and social outcomes, equally for adult men and women (Dube, Anda, Whitfield, Brown, Felitti, Dong & Giles, 2005:434). There is a significant amount of cases where children did not experience psychopathology after sexual abuse (Lalor & McElvaney, 2010:163).

However, there are several effects of child sexual abuse. Some of these effects will be discussed in the following section.

### **2.4.1 Psychosocial symptoms**

According to Vrolijk-Bosschaart, Brilleslijper-Kater, Widdershoven, Teeuw, Verlinden, Voskes, van Duin, Verhoeff, de Leeuw, Roskam, Benninga and Lindauer (2017:8) there are four themes of psychosocial problems, when it comes to children where there are strong suspicions that they have been sexually abused. These children usually have problems concerning their behaviour, development, toilet training and problems with regards to their emotions. Even though there were certain symptoms present with some of the children, the study found that clear symptom patterns were lacking, because some of the children that were sexually abused did not show some of these symptoms. Child sexual abuse victims are often difficult for experts to identify (Vrolijk-Bosschaart et al., 2017:8), and even more so regarding psychosocial symptoms.

There are short-term and long-term consequences of child sexual abuse in childhood and adulthood. Short-term consequences include serious post-traumatic stress symptoms, fear of re-abuse, anxiety, attachment problems, depression, aggression, withdrawn behaviour, school problems and physical health symptoms (Vrolijk-Bosschaart et al., 2017:9). Long-term consequences that come forth in adulthood are a high prevalence of psychiatric disorders and psychological symptoms. There is research that shows a link between child sexual abuse and a lifetime diagnosis of sleep, anxiety, conduct, eating and post-traumatic stress disorders as well as self-destructive behaviour, somatic syndromes, suicide attempts, depression and sexually inappropriate behaviour (Vrolijk-Bosschaart et al., 2017:9). Another effect of child sexual abuse is sexual behavioural problems. Children that have a history of child sexual abuse are more likely to engage in inappropriate or aggressive sexual behaviours. The emotional effects that are most common in sexually abused children are depression and anxiety. A child that has been sexually abused is five times more likely to be diagnosed with an anxiety disorder than the child's peers. The more severe the sexual abuse was, the more severe will the psychological and behavioural symptoms be (Goodyear-Brown, Fath & Myers, 2011:7).

Early disclosure of childhood sexual abuse is unlikely and therefore it is important for clinicians to look at other signs to diagnose child sexual abuse. Clinicians must look



at physical and behavioural symptoms. This can also be problematic seeing that physical indications of child sexual abuse are only found in 4% to 5% of cases. One third of children, after experiencing child sexual abuse are found to have sexual behaviour problems. It sometimes happens that there is no physical evidence or sexual behavioural problems after child sexual abuse and that the child is not disclosing, and then the psychosocial symptoms are the only possible indications left. Often the level of evidence of child sexual abuse is low, because of a lack of forensic evidence or the perpetrators' testimonies. For clinicians to understand child sexual abuse they need a better understanding of psychosocial symptoms and patterns in a child who are being examined for confirmed or strongly suspected child sexual abuse (Vrolijk-Bosschaart et al., 2017:9).

#### **2.4.1.1 Posttraumatic stress disorder**

Certain symptoms are more concerning when it comes to child sexual abuse; one of these symptoms is posttraumatic stress disorder. Children might get nightmares or have toilet-related problems. Children with posttraumatic stress might get panic attacks or have fears with regards to certain activities or places (Vrolijk-Bosschaart et al., 2017:17). When there is suspicion that a child's posttraumatic stress is triggered by perpetrator exposure, the child should always be monitored and assessed further. It is difficult to diagnose a child with sexual abuse and therefore it is strongly advised to make use of multidisciplinary assessments (Vrolijk-Bosschaart et al., 2017:21). Studies have also proven that traumatic memories are more disorganised and fragmented than non-traumatic memories. People who are traumatised will tell more fragmented narratives about their traumatic experience. Traumatized individuals might have fragmented narratives, because of dissociation. Dissociation is a defensive response to intense trauma (Miragoli, Camisasca & Blasio, 2017:106). Children with dissociation have less confidence in their memory (Miragoli et al., 2017:107). The age of the child plays a key role in the organisation of the traumatic event (Miragoli et al., 2017:111). Children and adolescents that were already in school were more competent in organising the traumatic event than preschool age children. Children with posttraumatic stress disorder symptoms were less able to provide narratives that were complex and consistent compared to children without posttraumatic stress disorder symptoms (Miragoli et al., 2017:112).

Posttraumatic stress disorder as symptom of child sexual abuse should be considered.

#### **2.4.1.2 Sexual re-victimisation**

When children go through sexual abuse it can result in both long-term and short-term harm (Pilgrim, 2017:40). According to Lalor and McElvaney (2010:162) and Pilgrim (2017:44) there is a link between child sexual abuse and later sexual re-victimisation. Children who have been victims of child sexual abuse are vulnerable for sexual re-victimisation. There are studies that suggest that child sexual abuse doubled the risk of re-victimisation. Russel (1986) cited in Lalor and McElvaney (2010:163) conducted a study that showed that 63% of a sample of women, who was sexually abused before the age of 14, was raped or almost raped after the age of 14. A study by Classen et al. (2005) cited in Lalor and McElvaney (2010:163) found that sexually abused children were more prone to abuse in their adolescent years, and then also more likely to be sexually re-victimised as adults. Victims of child sexual abuse are between two and eleven times more likely to be assaulted as an adult than non-victims. When an adolescent is sexually re-victimised, it increases the risk for him/her to be sexually assaulted in adulthood. Adolescents who experienced attempted rape or rape are 13.7 times more at risk to experience attempted rape or rape during their first year of college. When a child has been severely sexually abused and there was a coexistence of physical abuse, it increases the risk of later re-victimisation (Lalor & McElvaney, 2010:163). It was also found that there is a difference in risk rates between men and women. Women are between 11% and 12% more likely to experience contact non-penetrative sexual violence and penetrative violence than men (Lalor & McElvaney, 2010:164). Sexual re-victimisation is thus a reality for many victims.

#### **2.4.1.3 High-risk sexual behaviour**

If a child or teenager were forced to have sex, they are twice as likely to have multiple partners as an adult. Adults who have been abused during childhood change their partners more frequently and often engage in sex with people they hardly know (Lalor & McElvaney, 2010:164). Young women who were sexually

abused during childhood are more likely to have unprotected sexual intercourse. Children or adolescents that experienced penetrative abuse are also more likely to become involved in prostitution when they are grown women and men (Lalor & McElvaney, 2010:165). Teenagers who experienced sexual abuse are five to seven times more likely to be involved in high-risk sexual behaviours than others who have not. Young people who were sexually abused are at risk for unwanted pregnancies and sexually transmitted infections, because of their risky behaviour. Going through the experience of being sexually abused can lead to heightened sexual risk behaviours (Optimus Study, 2016:65).

#### **2.4.1.4 Inability to adjust in a sexual relationship**

As previously mentioned, the perpetrator is usually someone the child loves and trusts. This then leads to the child thinking that people they love will hurt them (Hall & Hall, 2011:3). According to Maltz (2002:323) there are ten sexual symptoms that are usually a result of sexual abuse. People who experienced child sexual abuse might avoid, fear or show a lack of interest in sex or see sex as an obligation. They may experience feelings of anger, disgust or guilt while being touched and may find it difficult to be aroused or to feel sensation. They may also feel emotionally distant during sex, have disturbing sexual thoughts, engage in compulsive sexual behaviour or find it hard to maintain an intimate relationship. Women might experience vaginal pain or find it difficult to orgasm and men might experience erectile or ejaculatory difficulties. Even though some victims might experience these symptoms it is important to remember that each victim's response will be different (Hall & Hall, 2011:4).

#### **2.4.1.5 Mood and personality disorders**

There is a definite link between child sexual abuse and adult psychopathology. Sexual abuse can cause a low self-esteem, self-hatred, a sense of helplessness and troublesome interpersonal relationships in adulthood. Sexual abuse can also be linked to chronic depression and anxiety, suicidal tendencies, eating disorders, running away from home, substance abuse and alcoholism. Studies have found that between 60% and 80% of dissociative identity disorder patients have been

previously sexually abused. There is also a link between sexual abuse and borderline personality disorder, somatisation disorder, chronic pelvic pain and adult sexual dysfunction (Nurcombe, 2000:86). Victims of child sexual abuse, 52% of them, later in life experience problems with mental health or fatal self-harm (Papalia, Luebbers, Ogloff, Cutajar & Mullen, 2017:609). In this study, females fared more poorly than males with regards to all types of adverse experiences. When it came to fatal self-harm no gender differences were observed (Papalia et al., 2017:610).

In survivors of child sexual abuse, depression has been found to be the most common long-term symptom. It sometimes happens that survivors of child sexual abuse think negatively about themselves. After long-term negative self-thoughts, the survivors might feel worthless and avoid other people, because they feel like they have nothing to offer to others (Hall & Hall, 2011:2). These survivors frequently experience self-blame, guilt and shame. It is known that survivors frequently take personal responsibility for the sexual abuse. Sexual abuse is often done by a trusted person and this makes it hard for the child to see the abuser in a negative light. The child is then incapable of feeling like the abuse is not his/her fault (Hall & Hall, 2011:2). Child sexual abuse includes a wide range of psychological issues, including depression, anxiety and a low self-esteem (Lalor & McElvaney, 2010:159).

Child sexual abuse survivors every so often feel dirty or ugly and are dissatisfied with their body or their appearance, which may lead to eating disorders or obesity. Distress caused by the sexual abuse may also lead to somatic concerns. Woman survivors are found to have more medical concerns than people who have not experienced child sexual abuse (Hall & Hall, 2011:3). The most common somatization symptoms are gastrointestinal problems, difficulty swallowing, pelvic pain and headaches. Stress and anxiety can also be long-term effects of child sexual abuse. Often tension, chronic anxiety, anxiety attacks and phobias occur in survivors. Survivors of child sexual abuse might also use dissociation as a coping mechanism when they feel unsafe or threatened (Hall & Hall, 2011:3). Child sexual abuse is a complicated matter and has many-sided effects on children's overall functioning (Adlem, 2017:1).

Teenagers who have experienced child sexual abuse are more than twice as likely to develop mental health symptoms as other teenagers in South Africa. Sexual abuse is not the only cause of mood and personality disorders; however, it does increase the odds of mental health problems (Optimus Study, 2016:64).

#### **2.4.1.6 Victims can become offenders**

Many perpetrators of child sexual abuse have a history of being sexually abused themselves when they were children (Chiesa & Goldson, 2017:106). There are certain psychological theories that believe that if a male child was exposed to sexual abuse, that child may transition from victim to offender. These theories however struggle to explain the reality of why most victims of child sexual abuse are female, but most perpetrators are male. An explanation for this may be that the experience of child sexual abuse and the psychosocial effects are different for boys compared to girls (Plummer & Cossins, 2016:1). There is research that supports the fact that there is a link between being a victim of child sexual abuse and later in life sexually abusing other children. A study was done with 750 males between the ages of 18-27 years and found that emotional abuse and child sexual abuse was the strongest predictors for male victims to abuse children and showing a sexual interest in them (Plummer & Cossins, 2016:2). Male child sexual abuse victims are more at risk to become child sex offenders if they are abused when they are 12 years or older, are exposed to regular sexual abuse, are victims of serious sexual abuse or have been abused by a person like a father figure on who the child is dependent (Plummer & Cossins, 2016:14).

Exposing a child to sexual abuse leads to the child experiencing a great deal of powerlessness. Because of this powerlessness the child will seek out sexual experiences with less powerful subjects such as other children. When a boy is sexually abused at the age of 12 years or older, he is more vulnerable, because adolescence is the time when the child's sexual identity is being formed and when a child experiments with his or her sexuality (Plummer & Cossins, 2016:15). When a boy experiences sexual abuse it might be his first sexual encounter and therefore, he might learn that sexuality is based on power and powerlessness. Boys being victims of child sexual abuse violates an important masculine norm. The child is forced to

show submission and weakness at a time in the child's development when he is supposed to be showing strength and dominance (Plummer & Cossins, 2016:15).

#### **2.4.1.7 Child sexual abuse and fatherhood**

Men with a history of child sexual abuse can find it difficult when they become fathers later in life and may experience challenges when it comes to paternal responsibilities (Price-Robertson, 2012:131). These men might fear that they will become abusers of their own children, they might experience problems with physical contact with their children, they might be overprotective of their children and fatherhood might also trigger their trauma from their own childhood (Price-Robertson, 2012:134-136). From these findings it can be deduced that males who have experienced child sexual abuse deal with many difficulties surrounding fatherhood (Price-Robertson, 2012:138). It might also be that it is not only men with a history of child sexual abuse that experience these difficulties during fatherhood, therefore further research will have to be done to clarify which of these themes are common to all men and which are unique to male victims (Price-Robertson, 2012:137).

### **2.5 MANDATORY REPORTING OF CHILD SEXUAL ABUSE**

In almost all societies child sexual abuse is a severe problem. Ali (2017:105) reiterates that in different countries and in diverse cultures the definition of violence against children has different meanings. In only a few countries all violence against children are punishable by law. Child sexual abuse is an inexcusable offence and it needs special attention from the criminal justice system (Ali, 2017:105). In almost all developing countries child sexual abuse is a silent crime that is being hidden away. The only effective way to protect children against child sexual abuse is if the criminal justice system is being implemented successfully. In South Africa, there have been many legislative developments regarding the criminal justice system (Ali, 2017:97). These legislative developments will receive attention in following discussions.

### **2.5.1 National and international legislation to protect children**

There are international and national legislation for the protection of children. The United Nations Convention on the Rights of the Child 1989 is a formal agreement between states that protects the rights of children (Ali, 2017:99). It was signed by South Africa on the 29<sup>th</sup> of January 1993 and finalised on the 16<sup>th</sup> of June 1995 (Schiller, 2017:349). It specifically focuses on children's civil, cultural, economic, health, social and human rights. This Convention has four fundamental principles to ensure that children's rights are protected; right to life, best interest of the child, non-discrimination and the views of the child (Ali, 2017, 99). The basis of the Convention is that every child has equal rights and that no child is being discriminated against. Article 34 of the Convention articulates that states are responsible to keep children safe from any sexual abuse and they need to ensure that they eradicate the evil (Ali, 2017:98). Section 19 of the Convention on the Rights of the Child 1989, including South Africa, motivates to "take all appropriate social and educational measures to protect a child from all forms of physical or mental violence, injury, neglect or negligent treatment, maltreatment or exploitation including sexual abuse" (Hendricks, 2014:551).

The African Charter on the Welfare and Rights of the Child is also a crucial step to protect children. Article 4 of this charter specifically focuses on the best interest of the child and Article 16 states that all children need to be protected against child abuse and torture. Article 16 mentions that it expects of states to take social, educational, administrative and legislative measures to protect children from all forms of inhuman treatment, neglect, abuse, torture or maltreatment including sexual abuse. Article 27 of the charter ensures that all the signatory states undertake to protect children from all forms of sexual abuse and sexual exploitation and that they will also take the necessary measures to prevent it (Ali, 2017:98-99).

In South Africa, the Constitution of the Republic of South Africa 1996 specifically addresses the rights of children. Section 28 (1) (d) states that "every child has the right to be protected from maltreatment, neglect, abuse and degradation" (Hendricks, 2014:551). The Constitution is specifically dedicated to providing children with more rights and protection. Section 28 in the Constitution resembles a mini charter of

children rights. It highlights the principle that the best interest of the child is always the most important aspect in every matter concerning a child (Ali, 2017:99).

The Children's Act No. 35 of 2005 focuses on children's rights. Section 110 specifically covers the protection of children and is in line with the UN Convention (Hendricks, 2014:551). Section 110 requires certain professionals to report any form of child abuse, neglect or maltreatment to a designated child protection organisation, the Department of Social Development or to any police station. The Act explains that the above-mentioned departments or organisations must further investigate the matter and act in the best interest of the child (Hendricks, 2014:551). Section 9 of the Children's Act focuses specifically on the best interest of the child standard and allocate guidelines to the officials of state. These guidelines are specifically there to consider the factors when a decision needs to be made with regards to a child. The Children's Act, Section 6(1), also gives guidelines on the implementation of all the legislation applicable to children, and clarifies the actions and decisions made by any structure of the state with regards to a child or children in general. The Children's Act laid down principles of care and protection and a National Child Protection Register was also created (Ali, 2017:99). This was a significant development.

Section 110 of the Children's Amendment Act compels (Hendricks, 2014:551):

Any correctional official, dentist, homeopath, immigration official, labour inspector, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, social service professional, social worker, speech therapist, teacher, traditional health practitioner, traditional leader or member of staff or volunteer worker at a partial care facility, drop-in centre or child and youth care centre to report when they suspect that a child has been abused

Common citizens are not compelled to report suspicions of child abuse in terms of Section 110 of the Children's Amendment Act; however, the Sexual Offences Act, 32 of 2007 compels all citizens to report suspicions of child sexual abuse to the police (Hendricks, 2014:551).

The main objective of the Criminal Law (Sexual Offences and Related Matters) Amendment Act's, 32 of 2007 (hereafter the Sexual Offences Act), is to create a



legal environment where victims of sexual abuse and other sexual offences can be treated with dignity and care. This Act created effective legal provisions for the management, reporting, investigation and prosecution of sexual offences. In this Act, Chapter 3 Section 15 to 22 deals specifically with sexual offences against children. A child is seen as a person under the age of 18 with regards to all the sections in the Act except for sections 15 and 16. In sections 15 and 16 the legal age for consent is at the age of 16. Section 15 specifically refers to statutory rape. That is when intercourse takes place with a child under the age of 16, even with the child's consent. Section 18 of the Act covers grooming. Grooming is seen as a new crime in South Africa (Ali, 2017:100) and Section 18 specifically aims to provide more protection to children who are unprotected to the risk of a person known to them. The failure to report sexual offences against children is dealt with in Section 21 of the Act. Section 22 of the Act focuses on the displaying, exposing or causing of exposure or the display of anus, genital organs or female breasts to a child (Ali, 2017:100).

In the Sexual Offences Act, Section 54 requires any person who has a reasonable belief or who knows of any forms of child sexual abuse to report it to any police official. According to section 54 (1) (a) of the Sexual Offences Act, reporting of a sexual offence towards a child needs to take place immediately when the reporter becomes aware of the sexual abuse. When a citizen reports a case, it must be done in 'good faith'. This term is an international recognised common-law duty to act honestly and publicly, without any spiteful intent. The primary goal of the reporting must be to act in the best interest of the child (Hendricks, 2014:551). When a child discloses to a person about the sexual abuse the Sexual Offences Act also urges that it should be reported. Any professional and especially health care practitioners can be held accountable for not reporting the abuse of children under the above described conditions. The Sexual Offences Act explains that the failure to report sexual abuse of children or mentally handicapped people is an offence and is punishable. The professional can be punished with a fine or imprisonment or both if found guilty (Hendricks, 2014:552). Sexual offences against children were previously dealt with by the common law, until the recent commencement of the (Sexual Offences Act. The Sexual Offences Act defines sexual offences against children in much broader and clearer terms than what the common law did. The underlying

dynamics of sexual abuse, for example the grooming of a child, is addressed by legislation for the first time (Ali, 2017:99).

### **2.5.2 Abuse No More Protocol**

The Western Cape Education Department replaced the Abuse No More Protocol 2001 with the Amended Abuse No More Protocol 2014. In the Children's Act and in the Sexual Offences Act it clearly states that educators must report deliberate neglect, abuse and other sexual offences against children. If educators do not report these acts then it is seen as a criminal offence. The purpose of this protocol is to help learners who are victims or perpetrators of abuse, sexual offences or deliberate neglect. It also assists educators to identify, intervene, report and provide support to children who are victims of sexual offences, abuse or deliberate neglect. This is a very comprehensive document that takes the educator step by step through all the procedures, responsibilities of the role-players and the reporting of the abuse. It explains the responsibility of the South African Police Service, medical services, the Department of Justice and Constitutional Development, Social Workers of the Department of Social Development and Designated Child Protection Organisations, National Prosecuting Authority, Directorate: Employee Relations of the Western Cape Education Department and the School Governing Body. This protocol includes a form 22A. Educators and all other professionals who have a duty to report according to Section 110 (1) of the Children's Act, need to make use of this form to report the abuse or deliberate neglect of a child.

There is also a broad risk assessment framework included in the protocol to guide the educator's decision making when it comes to identifying a child who is abused or deliberately neglected. A Form 29 is also included in the protocol so that the Department of Education can inquire whether a person's name appears in Part B of the National Child Protection Register. This protocol helps institutions, learners and employees of the Western Cape Education Department to deal with child abuse, deliberate neglect and other sexual offences against children in an efficient and effective way (Abuse No More Protocol of the Western Cape Education Department, 2014).

## **2.6 THE ROLE OF THE DESIGNATED SOCIAL WORKER**

When alleged child sexual abuse is reported to social services the first step for the social worker is to assess the likelihood that the abuse occurred. The child protection services determine whether to substantiate the cases (Wiley, 2009:272). The social worker's main priority is to assess the safety of the child and to determine risks involved and then identify the services needed and protect the child (Pence & Wilson, 1992:38). In the Abuse No More Protocol of the Western Cape Education Department (2014) the role of the social worker is clearly stipulated. According to this protocol the role of the social worker is to first ensure the safety of the victim, then the social worker needs to do an investigation and compile a report for court. The protocol also stipulates that the social worker needs to provide immediate trauma counselling (short/long term) directly or through other private organisations. It is also the role of the social worker to prepare the victim and his/her parents for court proceedings. Lastly the social worker needs to render reconstruction services to the victim and the family (Abuse No More Protocol of the Western Cape Education Department, 2014).

### **2.6.1 Forensic social work**

Child sexual abuse has many dynamics and therefore specialists are needed to support and protect sexually abused children (Liebenberg et al., 2015:137). Forensic social work is a specialised field and postgraduate training is needed to become a forensic social worker. The reality in South Africa is that sexual crimes against children are very high and sometimes designated social workers are the only resources in the community and, designated social workers are required to deal with these allegations (Schiller, 2017:348). In countries like the United Kingdom, Canada and the United States of America, forensic social work is a well-established speciality, but in South Africa it was only recently declared a field of speciality. Meaningful use of this speciality has so far been jeopardised by role conflict and role confusion, which lead to poor service delivery to children. The ideal situation would be that when suspected child sexual abuse is reported, the case should immediately be referred to a forensic social worker who has expert knowledge on the subject and who would be able to act as an expert witness in court (Liebenberg et al., 2015:137).

It happens quite often that child sexual abuse cases are not referred to a forensic social worker by a designated child protection organisation. Social workers working at designated child protection organisations face certain obstacles that make it difficult for them to refer these cases. These obstacles are limited resources, lack of training, high caseloads, ignorance, limited manpower, excessive costs involved, failure to follow correct guidelines and processes and unprofessional investigations (Liebenberg et al., 2015:144).

As mentioned above, designated social workers should refer cases of child sexual abuse to forensic social workers who are experts in this specific field, but unfortunately forensic social workers are not always available. According to Wiley (2009:275) designated social workers should then at least be trained to do forensic interviewing, because interviewing the child victim is a crucial part of the investigation. Victims of child sexual abuse find it very difficult and sometimes embarrassing to talk about their abuse. Many victims never disclose their abuse or only talk about their abuse when they are adults. Therefore, when designated social workers make use of forensic interviewing, they need to maximise the information gathered from one interview (Wiley, 2009:275-276).

There are basic principles that guide a forensic interview. The designated social worker should make use of open-ended questions as often as possible and if needed more specific questions can follow. Specific questions and close-ended questions can be used with smaller children to receive more interview content. The interviewer should avoid suggesting undisclosed information to the child. The child should be given the opportunity to generate as much as possible information on his/her own. The designated social worker should avoid grammatically complex and leading questions as well as intimidating techniques while interviewing the child (Wiley, 2009:276). While interviewing the child his/her individual differences should be considered. The interviewer needs to get the child to disclose enough information about the abuse to enhance a successful investigation and to protect the child. It is also important that the interviewer can distinguish between when a child was truly abused and when a child is making false accusations. The best forensic interviews are done by well-trained professionals. It often happens that professionals conducting interviews with a child that has been sexually abused does not have

training in forensic interviewing. It is also very difficult to train professionals to adhere to an open-ended interview format (Wiley, 2009:277-278).

### **2.6.2 Reporting procedure and investigation**

According to Liebenberg et al. (2015:145) the correct procedures to follow when cases are referred from a designated child protection organisation to a forensic social worker is to start with the intake process. The intake process is handled by an intake social worker. During interviews with clients the intake social worker might suspect possible abuse (emotional, physical or sexual) or the child might have disclosed to the social worker. The social worker then needs to react to the first allegation by planning for further service delivery. It is important for the social worker to consider the experience of the child, the child's current circumstances and the safety of the child when planning service delivery. The social worker needs to ensure that the child goes for a medical examination within 72 hours from when the abuse was reported. The designated social worker then needs to decide on the removal of the child from the child's home. The designated social worker needs to determine the type of abuse that occurred and take into consideration the alleged offender. The alleged offender might be a close family member living in the same house as the child or it might be an outsider. If the offender is an outsider and the parents can protect the child, removal of the child might not be necessary. After the decision has been made on whether the child should be removed or not, then the investigation will start. The designated social worker will have to determine the nature of the investigation and make sure to follow protocol. The social worker will also have to ensure that confidentiality is upheld always. The designated social worker should not maintain his/her own assessment. The case should be referred to a forensic social worker to ensure that the correct procedures are followed without contaminating the information. Collateral information also needs to be gathered for the assessment (Liebenberg et al., 2015:145).

Nemajilili (2016:17) did a study on the current social work procedures with children who are victims of sexual abuse in Limpopo and conducted interviews with twenty-three social workers who are registered at the South African Council for Social Services Professions. These participants are designated social workers with

experience in working with cases of child sexual abuse (Nemajilili, 2016:17). The participants in the study explained that they make use of an intake form when the abuse is reported to them and then immediately refer the child for a medical assessment. They also further explained that a case is opened at the South African Police Services and that a comprehensive assessment is done. The case is then reported in the child protection register, a court report is compiled and lastly reunification and family reconstruction are considered (Nemajilili, 2016:20). The overall processes that are followed by most of the social workers are the same, but the processes also differ from social worker to social worker.

In the above-mentioned study, social workers indicated that they may do the initial screening with an intake form and consider it as a comprehensive assessment; some also use process notes as part of their assessment. Legal intervention is also part of the processes when it comes to child sexual abuse. It was indicated that they report the case to the police station even though they know that it is the responsibility of the family. Some stated that a J88 form needs to be completed by a medical practitioner and be handed to the police (Nemajilili, 2016:20).

The participants explained that an investigation includes a home visit, interviews with the child's family and other people close to the child and a school visit. It was indicated that they have regular sessions with family members and other relatives to gain more information and to find a solution to the problem (Nemajilili, 2016:21). A child will be immediately removed from home, if the child is in danger; all of the participants agreed on this. The participants stated that they had cases of child sexual abuse where they removed children to temporary safe care. They explained that they had cases where it was not necessary to remove the children from their households as there was no immediate danger in those households. A report needs to be submitted to children's court within twenty-four hours after the child has been removed (Nemajilili, 2016:21). Counselling is usually offered to the child as well as family members affected. The investigation part of the process is emphasised, but some completely left out the part of the process on how to help the child heal. All the participants mentioned that in some severe cases they will refer the child to a psychologist or a play therapist. Some of the participants explained that they offer

therapeutic counselling to the victim if the victim is still in reach and not placed in temporary safe care (Nemajilili, 2016:21).

From the above-mentioned research, a similar procedure is followed when it comes to a victim of child sexual abuse, but the process is not systematic. It seems like the processes are followed by example of supervisors or senior social workers. It furthermore appears that procedures are being followed by most social workers, but that the problems come in after the child has been placed in temporary safe care. Social workers sometimes do the further investigation of the sexual abuse cases as well as support the child and family with counselling. At this point roles are conflicting with each other (Nemajilili, 2016:27).

### **2.6.3 Designated social workers working at child and family organisations**

Designated social workers working at child and family organisations are trained to do generic social work. When child sexual abuse cases land on their tables they are expected to do forensic assessments which they are not trained to do (Schiller, 2017:348). The designated social workers are supposed to refer these cases to the Family Violence, Child Protection and Sexual Offences Unit (from here on referred to as FCS), but the problem seems to occur when these cases are referred. Not every police station is equipped with a unit that specialises in child abuse leaving the FCS responsible for servicing a very large area. A lack of investigators that must travel very long distances to attend to victims of child sexual abuse leads to a negative effect on their responsiveness to cases (Van Zyl & Sinclair, 2006:6).

Different role players are involved, and they have different goals and criteria with regards to whether the abuse took place, therefore the decisions made by the role players are not always consistent. The main priority for the law enforcement is to find the perpetrator and ensure that the perpetrator is punished (Pence & Wilson, 1992:9-10). Social services and law enforcement conduct their own independent investigations and then challenges, and conflicts arise. The main goal of investigations done by social services' is to ensure the safety of the child and not to punish perpetrators of abuse (Wiley, 2009:280). Social workers are influenced by many factors when they make decisions about child sexual abuse cases. Social

workers make use of assessments on how the child describes the sexual abuse, they use information about the context in which the abuse occurred, and they use evaluations that look at the appropriateness of the child's emotional reactions. The family context in which the abuse occurred also plays an important part in the social worker's investigation. The social worker considers the attitude of the non-offending caregiver, whether there are other problems in the home (e.g. domestic violence) and whether there are other children in the home. The social worker then needs to decide on whether the offender should be removed from the home or the child. As previously mentioned, the social worker needs to determine what services are needed in the family and ensure that a plan is in place to provide those services to the family. It often happens that the families do not receive the services that they need, because resources in the social service system are limited (Wiley, 2009:281).

The simplest of child sexual abuse cases can require many professionals and it can become complex. Usually there will be a designated social worker, law enforcement investigators, prosecutors, a forensic social worker, medical professionals and defence attorney involved. Rarely is it found that a child welfare professional has a good understanding of the whole system, therefore it is understandable that families and children sometimes find the investigation process difficult, confusing, overwhelming and sometimes as traumatising as the abuse itself. The system can be improved through more thorough training, added resources and optimising the utilization of relevant research (Wiley, 2009:282). When alleged child sexual abuse investigations are done in a multidisciplinary team and it is well coordinated child sexual abuse cases' results are improved (Wiley, 2009:273).

The discussion above emphasises the need for effective policy implementation. Ongoing policy making, policy review and planning is needed for all the role-players involved with alleged child sexual abuse. The boundaries between the role-players should be clearly defined (Schiller, 2017:358) in view of the seriousness of child sexual abuse cases.



#### **2.6.4 Supportive factors in social work**

Both social workers and managers recognised the importance of supervision. Supervision is the key to getting support and having the opportunity to reflect on the cases and the complexity thereof. Supervision helps social workers to manage cases of child sexual abuse and is also an opportunity for developing their knowledge and skills (Martin, Brady, Kwhali, Brown, Crowe & Matouskova, 2014:23). Even though supervision is a great support, social workers especially value peer support. Sometimes it is easier for social workers to express themselves to another member of the team than a supervisor. The social workers have a close bond with one another, because of their close working nature. Peer support is not only there for guidance and advice, but also for talking through the emotional impact of working with child sexual abuse cases on the self. Family members and people outside of social workers' organisation do not always understand what they are experiencing. Social workers therefore form strong bonds amongst their colleagues and use each other as sounding boards (Martin et al., 2014:24).

Another supportive factor for social workers is social auxiliary workers. In the early 1970's there was already a need identified for social auxiliary work in South Africa. The ever-increasing demand for social services from communities, families, groups and individuals could not be met by the social workers. Supportive staff members were needed. Social auxiliary work as a supportive service to social workers was then established (Goliath, 2018:17).

### **2.7 CHALLENGES IN DEALING WITH ALLEGED CHILD SEXUAL ABUSE**

In South Africa there is a high prevalence of child sexual abuse and it places strain on already over utilised social services. According to Loffel et al. (2008:54) the social service sector does not have the ability to adequately respond to all the child sexual abuse reports. This leads to children not being sufficiently protected against abuse.

#### **2.7.1 High caseloads and shortage of social workers**

Social workers have the responsibility to implement the Children's Act as a reality for

families and especially children. Even though social work is regarded as a scarce skill in South Africa many social workers are leaving their profession or they are leaving the country to go and work abroad, because of their high work load, poor working conditions and low salaries (Sibanda, 2013:27). Social workers working at Child Protection Organisations often experience challenges when they must respond to allegations of child sexual abuse, because they have very high caseloads that they must deal with (Schiller, 2017:347). In March 2012 there were 16740 social workers registered with the SACSSP. Only 40% of these social workers are employed by government and 16% by NGO's and 45% of these registered social workers are either not practicing social work or are employed in the private sector. There are between 16 000 and 66 000 social workers needed to provide direct social services in the country. In South Africa 63% of designated social workers have more than 60 cases and 36% have more than 100 cases. Some social workers even have more than 300 cases. When caseloads are this high, negligence of cases are unavoidable. In the UK social workers have a maximum of 12 cases per social worker, but in South Africa generally 120 cases are allocated per social worker. Social workers experience very high levels of frustration and stress, because of the high caseloads (Sibanda, 2013:27).

In 2012, the Minister of Social Development indicated that 66 329 social workers are needed to fulfil the need that aroused when the Children's Act was implemented. At the end of 2012 there were only 16 164 social workers registered with the South African Council for Social Service Professions, which gave a social worker to population ratio of 1 to 3 187. When considering this specific ratio, it can be calculated that the child abuse problem and lack of resources to protect children, will lead to inadequate assistance for children that are being abused (Hendricks, 2014:550). Professionals working with child sexual abuse have an important responsibility to fulfil.

According to the statistics of the South African Police Service there were 18,524 child rape cases reported in 2013/2014. This is a decrease compared to the 20,702 reported child rape cases in 2012/2013 (Wilkinson, 2014). This does not mean that sexual violence is decreasing. Sexual abuse is notoriously underreported (Wilkinson, 2014). This then means that according to the statistics there were 51 rape cases

reported per day in 2013/2014. This high prevalence of child sexual abuse places a lot of strain on already overburdened child protection services (Schiller, 2017:348). According to the social workers in Schiller's (2017:356) study most of them have extremely high caseloads. These social workers feel that they do not have the time to do child sexual abuse investigations and assessments. Children are then not assisted by social workers, because they are referred to specialists. Mostly it is lay counsellors that assist the children and take their statements as social workers feel that they are not trained to assist the children in this regard (Schiller, 2017:356). Social workers can also not spend the same amount of time on each case that is referred to them, because of struggles to process weighty caseloads. This then may lead to social workers having exhausting feelings of guilt. Social workers try to render services to existing clients and to give them social support, but it is very difficult as new cases flood in (Capri, Kruger & Tomlinson, 2013:8). According to the Optimus Study (2016:62), social workers often feel that they cannot offer their young clients comprehensive services, because of their high caseloads. It is reported that cases of abuse rarely receive the time and attention needed to complete an investigation and intervention.

### **2.7.2 Lack of resources and system fatigue**

When working for social services it can be very challenging and demanding. The nature of the work is emotional, the cases are severe and complex, and it demands high levels of organisational skills (Salloum, Kondrat, Johnco & Olson, 2015:54). In South Africa there are several policies like the Children's Act that protects children against abuse, but unfortunately resources are inadequate and therefore failure is inevitable, and policies may not be implemented. The lack of resources forces social workers to primarily do crisis intervention and then they do not have a lot of time and energy to recognise the voice of the child (Sibanda, 2013:29-30). Social workers' caseloads are also extremely high because of a lack of human resources (Schiller, 2017:356).

According to social workers in a study done by Capri et al. (2013:8), working with child sexual abuse in an unaccommodating system aggravates their already challenging work. The social workers explained that the system does not understand

the urgency with which child sexual abuse cases need to be accelerated. The police, social services, courts, schools, parents and criminal justice systems do not have any insight on how to deal with child sexual abuse cases, resulting in a frustrating system. Children's trauma is also enhanced by delayed and distressing court procedures. System fatigue can be described as having to work in and at the same time combat the system every day. Social workers feel guilty about the quality of services that are being rendered, but they have no time to deal with these feelings (Capri et al., 2013:8). Social workers' physical work environment is not always very supportive. There are not always enough offices for social workers, there are usually a shortage of staff, a shortage of vehicles and inadequate office equipment (Alpaslan & Schenck, 2012:374-375).

According to the Optimus Study (2016:62), access to vehicles is a problem for the staff of the Department of Social Development. The use of a vehicle is essential when following up and investigating cases, but it was reported by some of the participants that they only had access to a car one day a month. It was also reported that social workers have limited access to essential resources like phones and computers as well as basics like stationary, internet and petrol (Optimus Study, 2016:62). Another resource constraint is places of safety. It was reported that there is a lack of places of safety for victims of child abuse and that more places should be made available to these children, whether it is places of safety or foster care (Optimus Study, 2016:62).

### **2.7.3 Concerns regarding the legislation and policies in South Africa**

South Africa does have a legislative, constitutional and civic environment to safeguard children's rights, but even though these legislations exist many South African children are still being wronged (Richter & Dawes, 2008:81). According to the Optimus Study (2016:60) many challenges are faced with the justice system. It is indicated that the justice system is working against the goals of child protection. It was reported that cases can take a long time to be resolved. This can then lead to the victim not clearly remembering the details of the incident. Courts often grant bail to the perpetrator even though the person is a danger to the community and the child victim. According to the Optimus Study (2016:60) justice is rarely served, because it

is very difficult to get a conviction.

In South Africa professions are mandated to report suspicions of alleged child abuse to child protection authorities, but the problem is that the Child Protection Registers are not functional in many areas of South Africa (Richter & Dawes, 2008:87). The data of the Child Protection Register should be captured at the local level. The data then needs to go through to the district, provincial and national level so that information about the cases is well circulated. The data obtained will then also determine patterns and trends of child abuse and support planning and budgetary processes (Richter & Dawes, 2008:88). When legislation mandates reporting and using registers, it gives the sense that something is being done about abuse in South Africa (Richter & Dawes, 2008:89), but the responsibility of the maintenance, links to services, quality control and financing of these registers are unclear (Richter & Dawes, 2008:87).

In South Africa effective implementation of child and family-friendly laws, services and policies are needed. Communities also need to be supported in their attempts to promote the well-being and safety of children (Richter & Dawes, 2008:89-90). According to Richter and Dawes (2008:89-90) prevention must be policy makers' priority in South Africa. Evidence-based policy and solutions to the child abuse pandemic needs to be embraced. If this approach is followed it will increase South Africa's ability to prevent abuse and improve services for the children affected. South Africa needs to understand the factors that are associated with abuse. According to Richter and Dawes (2008:89-90) an ecological approach is needed to understand the interaction at the individual, family, community and societal levels. Richter and Dawes (2008:89-90) found that this approach will point out the risk factors that must be monitored and will also determine whether programmes are appropriately targeted. The scale of the problem will also then be determined as well as where the problem occurs. The factors that are responsible for the problem's occurrence are important. According to Richter and Dawes (2008:89-90) the interventions that are currently in place needs to be determined and their effectiveness in preventing, neglect, abuse and sexual exploitation needs to be monitored. It is clear from Richter and Dawes (2008:89-90) study that South Africa needs to work towards improved collaboration between different sectors that provide rehabilitative, preventative and

legal services. This is already anticipated in the South African law and child protection strategies and just needs to be implemented effectively (Richter & Dawes, 2008:89-90).

Certain South African acts and policies contradict each other. The Sexual Offences Act requires doctors to report cases of consensual sexual penetration if the children are younger than 16 years and there is a more than two-year age difference between the children. This is unconstitutional, because it violates the constitutional best interests of the child principle. It limits the child's constitutional right to bodily and psychological privacy and integrity. It also undermines the Choice on Termination of Pregnancy Act No. 92 of 1996 (hereafter the Choice Act), the Children's Act and the Child Justice Act 75 of 2008 (hereafter the Child Justice Act). The Choice Act makes provision for the termination of a pregnancy by a girl child and the Children's Act makes provision for the confidentiality of the distribution of condoms and contraceptives to children who are sexually active as well as their testing of HIV (McQuoid-Mason, 2011:77-78).

The Child Justice Act always tries to divert children away from the criminal justice system. If doctors do not believe that any abuse occurred, they can in terms of the Children's Act, act in the best interests of the child and not report the consensual sexual penetration (McQuoid-Mason, 2011:77-78). The Sexual Offences Act can at times be unconstitutional, because it is irrational, cause harm, violate various rights of children and fail to serve the best interest of the child (Mahery, 2014:27). The Constitutional Court invalidated the obligation to report consensual sexual activity between two adolescents and through this minimised the negative effects that mandatory reporting could have on adolescents. The duty to report always must serve in the best interests of the child. The reporting obligations need to be reconsidered and be aligned with the Constitution. The Children's Act and the Sexual Offences Act have different reporting approaches. When a health care provider reports an incident according to the Children's Act there are usually reasonable grounds to believe that the child has been abused or deliberately neglected. The Sexual Offences Act is used as soon as there is knowledge of a sexual violation. Compared to the Sexual Offences Act, the Children's Act is more protective towards adolescents, because it limits unnecessary interference with the rights of

adolescents (Mahery, 2014:28).

#### **2.7.4 Inadequately trained professionals working with child sexual abuse**

In the child protection sector the different role players have a total disregard for one another as well as social workers feeling incompetent (Schiller, 2017:355). It seems like the role players have a sense of disrespect for each other as well as a lack of motivation. This then leads to inconsistent service delivery to abused children. The different role players have a lack of training as how to act as an expert in a criminal court and they fear any appearance in the criminal court (Schiller, 2017:355-356). Professionals often hurt young victims in their attempts to help, because of a lack of training. A study done by Martin et al. (2014:25) reported that social workers do have concerns about the support to victims of child sexual abuse and the long waiting period that follows. It seems like these support services are insufficiently resourced. Victims need counselling immediately instead of six months or a year later. Professionals furthermore do not communicate with each other during the forensic process. Social workers are often not updated on the progress of the case and then it results in insufficient support to the child during the process. The tasks of the different role players in the forensic process are not clearly set out (Schiller, 2017:357-358). The following section will discuss the role players in the forensic process.

##### **2.7.4.1 Police officials**

A study done by Sibanda (2013:70) found that there are sometimes a lack of knowledge and cooperation from police officers and that it is a huge stumbling block for designated social workers when they need to implement the Children's Act. During this study it became clear that police officials do not know their responsibilities when they need to implement the Children's Act. Children are also intimidated by police officials, because they are not trained to work with children (Sibanda, 2013:70). During the study the social workers explained that police officials do not know what to do when it comes to cases of abuse. It often happens that children and parents are dismissed from the police station when they want to report a case of abuse. Sometimes the police officials remove the children from their

homes when they are being abused and then bring the children to the social workers, but the police never remove the perpetrators (Sibanda, 2013:70). It sometimes happens that police officials do not refer victims to support services. The police should arrange support for the family so that they can understand the child's needs. The child and the parents should be referred for counselling (Van Zyl & Sinclair, 2006:11).

One of the greatest concerns in South Africa is whether police officials have the necessary resources and skills to deal with child rape victims. The police do have clear policy guidelines when it comes to the investigation of sexual offences. These policy guidelines are the SAPS National Instruction 22/1998: Sexual Offences and the Family Violence, Child Protection and Sexual Offences Unit (FCS) policy document. These documents explain the duties and roles of police officials (Van Zyl & Sinclair, 2006:4). The police officials from the FCS unit are responsible for a large policing area consisting of several police stations. When a sexual abuse case is reported to a police station the victim and the family can wait a long time before an investigation officer will attend to their case. The investigating officers must travel great distances to get to all the different police stations in their areas. There is a definite need for more skilled investigators (Van Zyl & Sinclair, 2006:6).

In South Africa it often happens that child abuse cases display disturbingly elevated levels of complacency by the police, families and other professional services. There was an article of a case of alleged child sexual abuse of a 2-year-old girl in the Sunday Times in 2002 where it was found that her parents did not act on her distress or poor condition before her death, even though it was clear that the child was objected to repeated sexual penetration. In this case the police investigation and examination following her death was incomplete, incompetent and incorrect (Richter & Dawes, 2008:81). Social workers experience an elevated level of frustration when reporting child sexual abuse to police officials according to Schiller (2017:354). According to the social workers in Schiller's (2017:354) study they lose control over the case as soon as it is reported to the relevant authorities. The emotional care of the child is not the focus of the authorities, but rather to prosecute the offender. The child's needs are being disregarded during the process (Schiller, 2017:354). Social workers have noticed that police officials show very little regard for the victim's



privacy. Privacy is not always ensured when a statement is taken from the victim. The victims find it difficult to talk about sensitive issues in front of other people (Van Zyl & Sinclair, 2006:6).

In South Africa human rights are very prominent in discussions, but even though South African's feel strongly about who they are and what they stand for, the best interests of the children in South Africa are still not met (Richter & Dawes, 2008:79). Social workers often feel that they are letting the child down when they force them to make statements to the police when they are not actually ready to do so (Schiller, 2017:354). South Africa has rights-based legislation to make sure that children are protected, but unfortunately it is not sufficiently upheld by service providers (Richter & Dawes, 2008:79). Insufficiently trained police officials take statements from traumatised children and often it is not done properly the first time and the children need to be questioned again. This makes it very difficult for social workers to report the abuse, because they know that the system will fail the children (Schiller, 2017:354). During a sexual abuse investigation, a child is exposed to several role players which contribute to the child's vulnerability. It makes it difficult for social workers to protect the child against re-victimisation. Social workers are trained to support children and to address their vulnerabilities (Schiller, 2017:355). According to the Optimus Study (2016:59) social workers do not feel supported by the South African Police Service and the police often make it harder for them to do their jobs. Most of the participants in the study experienced difficulties with the police. Police officers might tell the social worker not to consult with the child victim until the finalisation of the court case. Police officials focus on prosecuting the offender and they do not pay attention to the child who has the right to protection and social services (Schiller, 2017:355).

To try and solve the above-mentioned challenges, there needs to be a Family Violence and Sexual Offences Unit at every police station, a rape crisis centre should be available 24 hours a day near to a police station, no bail should be granted for child rape cases, and more adequate resources and appropriate training should be provided (Van Zyl & Sinclair, 2006:12).

#### **2.7.4.2 Medical practitioners**

In South Africa, the Children's Act defines a child as a person under the age of 18 years (Hendricks, 2014:550). Even though South Africa has progressive children's rights, in line with international conventions, the crime against the vulnerable population remains dauntingly high (Hendricks, 2014:550). According to Hendricks (2014:550) literature shows that cases of crime against children are usually underreported. It also shows that despite a legal duty, health care practitioners fail to comply with the reporting legislation of child abuse, nationally and internationally. There is also a misunderstanding amongst health care practitioners of reporting legislation of child abuse (Hendricks, 2014:550). Health care professionals often have different opinions with regards to what constitutes sexual abuse and because of these different opinions professionals either neglect to report cases of alleged child sexual abuse or they are unsure about when they are legally obliged to report these cases (Hendricks, 2014:550). According to the Optimus Study (2016:60) medical practitioners often do not want to complete the medical forms or they play down the medical evidence so that they do not have to go to court to testify.

If this phenomenon is going to be addressed effectively in practice, it is very important that professionals are aware of current legislation regarding sexual abuse of children and how to practically implement the legislation (Aucamp, Steyn & van Rensburg, 2012:1). As previously mentioned, another barrier is the lack of knowledge about child abuse and neglect as well as negative experiences by professionals with child protection services. These negative experiences sometimes force doctors to rather deal with the family directly about their suspicions (Hendricks, 2014:550).

Health care professionals need to qualify themselves with comprehensive knowledge, not only with regards to legislation in cases of alleged child sexual abuse, but also with regards to the dynamics of abuse. Professionals also have a responsibility to educate the courts on how non-contact sexual abuse can sometimes initiate the sexual grooming of a child and explain the effect of grooming on a child. Health care professionals need to be knowledgeable about the legal parameters defining consent, but they also need to be knowledgeable about the factors that

influence a child's ability to give consent. It is important for professionals to be knowledgeable about sexual abuse and the legislation applicable to it, but they also must be aware of the shortcomings in the legislation so that they can be sure to always act in the best interest of the child (Aucamp et al., 2012:9).

According to Grabe (2013:499), child sexual abuse and rape is a big problem in South Africa. One of the concerns raised by Grabe is the lack of training and exposure on pre- and postgraduate level. Doctors need to be given the opportunity to learn how to conduct a proper examination, be proficient in the techniques of managing expert witnesses during court procedures and interpret the findings. Correctly interpreting the findings are crucial (Grabe, 2013:499). If medical practitioners are not properly trained for forensic investigations, they can cause secondary victimisation. Doctors can sometimes increase the victims' trauma through their unsympathetic behaviour. The hospitals are usually overcrowded, and the victims must wait in long queues with all kinds of other patients (Van Zyl & Sinclair, 2006:7). According to the Optimus Study (2016:60) there is generally not enough medical staff to deal with sexual abuse cases.

#### **2.7.4.3 Social workers**

Social workers in South Africa need to be informed about the relevant legislative provisions for example The Constitution of the Republic of South Africa 1996, The Sexual Offences Act and the Children's Act. Social workers' performance of their work is directly linked to the adherence of the legal reporting requirements (Schiller, 2017:350). The reporting of abuse is mandatory and if social workers do not adhere to these requirements they can be charged with an offence (Hendricks, 2014:551). These legal and ethical requirements should be clear to social workers, but it seems like the opposite is true. According to the Children's Act, children have the right to participate in decision making processes in an appropriate way and express their views and the children's views must be given due consideration. If a child discloses to a social worker that he/she has been abused but does not want to report the abuse to authorities, the child's view must be given due consideration. This is a great challenge for social workers as they are unsure of when to report matters of sexual abuse (Schiller, 2017:350). It is important that social workers not only facilitate a

process of where the child is heard, but also where the child can participate in decision-making (Schiller, 2017:351). The Children's Act and the Sexual Offences Act make it clear that all reporting should be done in good faith (Hendricks, 2014:551). Social workers need to make sure that they follow this principle to act openly, with diligent impartiality and honesty (Schiller, 2017:351).

When child sexual abuse comes to the attention of social service professionals, they must investigate the allegations effectively and they also must coordinate social and legal service responses (Wiley, 2009:268). Most social workers are aware that when it comes to child sexual abuse cases they need to act in the best interests of the child, but from a study done by Schiller (2017:354) it seems like there are a few social workers that do not know when this principle becomes essential. Social workers sometimes find it difficult to know when and how they need to report alleged child sexual abuse to authorities for further investigation (Schiller, 2017:354). The challenges for these social services professionals are to coordinate effective investigations, because there are limited successes in improving these complex systems. These challenges are linked to the fact that professionals that work with child sexual abuse often only understand a small part of the child welfare system (Wiley, 2009:268).

In a study done by Van Westrhenen et al. (2017:5) it is indicated that social workers need continuous professional development. Social workers often feel that they did not receive enough training to prepare them for their work. Sometimes victims of child sexual abuse get referred to social workers for therapy, but social workers do not feel competent when they must do therapy with children. They will sometimes read up on therapeutic techniques, but they do not receive enough training, because of a lack of funds. Social workers know that they are not play therapists and that they are not trained to do play therapy, but it is expected of them to make use of play therapy techniques during therapy (Van Westrhenen et al., 2017:5). It is a big concern that abused children attend therapy with social workers who do not feel confident while doing therapy. Social workers should attend training to enhance their therapeutic skills in work with children (Van Westrhenen et al., 2017:7).

The Integrated Service Delivery Model guides service delivery and should include different role players in the sector (Schiller, 2017:359). To ensure that the different role players are included, child protection protocols and national policies in South Africa should be revisited to recognise the gaps where specialised services are needed. These specialised services should be available in all the provinces so that the best interest of every child victim in South Africa is ensured and children are not exposed to re-victimisation (Schiller, 2017:359).

According to a study done by Martin et al. (2014:14), social workers explained that there was no requirement for them to take on any training before working with a case of child sexual abuse. This study makes it clear that there is a lack of formal training as well as uniformity in the training that social workers receive about child sexual abuse (Martin et al., 2014:17). Martin et al. (2014:18) furthermore state that social workers who had more experience than just case work were more confident when working with cases of child sexual abuse. The study showed that experienced social workers are under intensified pressure, because they must guide and support newly qualified and less experienced social workers (Martin et al., 2014:22). A team manager that participated in the study of Martin et al. (2014:22) explained that newly qualified social workers have little experience and can only deal with cases of child sexual abuse successfully if they are well supported. Nemajillili's (2016:26) study highlights that only qualified and experienced designated social workers should manage cases of child sexual abuse. Training facilities should emphasise teaching on aspects of child sexual abuse. All professionals working with child sexual abuse investigations should receive opportunities for specialised training or postgraduate training so that they can render expert and appropriate services. Social workers also need to know what their own developmental needs are so that they can stay informed on the latest research on child sexual abuse (Schiller, 2017:359). Without appropriate training and support, social workers may experience challenges such as compassion fatigue.

### **2.7.5 Compassion fatigue in social workers**

Social workers experience personal challenges when working with child sexual abuse and not only on a professional level. Social workers do struggle with the

traumatic nature of their work and their high caseloads make it worse. Working with these elevated levels of trauma everyday can make social workers feel emotionally numb and make them fearful for their own safety. When a person is struggling with compassion fatigue it reduces the person's capacity or interest in being empathic towards the victim and the victim's family (Van Westrhenen et al., 2017:4). According to Aucamp et al. (2014:57) high levels of secondary trauma and burnout occur when professionals work in fields where traumatic subject matter is a norm. Social workers' emotional resources become depleted and then they develop cynical and negative attitudes towards their clients (Salloum et al., 2015:54). Social workers struggle with the emotional strain of their work and the low salaries they receive make their motivation to continue with this kind of work very low (Van Westrhenen et al., 2017:4). Working with child sexual abuse affects social workers' personal life, especially as a parent. It makes social workers become paranoid and overprotective in everything they do with regards to their children. Social workers also fear that something might happen to their own children (Van Westrhenen et al., 2017:5). In low and middle-income countries social workers do not receive adequate support and supervision. This causes a tremendous amount of pressure on social workers and then place social workers at risk for compassion fatigue that leads to high staff turnovers (Van Westrhenen et al., 2017:5).

Van Westrhenen et al. (2017:7) suggest that social workers who specialised in child sexual abuse and received postgraduate training in child sexual abuse should take on roles of managers and supervisors so that they can support social workers sufficiently and build a platform of confident and skilled social work professionals. Non-Government Organisations should move away from an "all hands-on deck" approach, because it impacts the effectiveness and efficiency of their interventions. In the daily tasks of a designated social worker, many challenges arise that need attention.

## **2.8 CONCLUSION**

In South Africa there are very high rates of child sexual abuse. In recent years there has been an increase in reporting of child sexual abuse, but even though there is an increase, it remains underreported.

Child sexual abuse affects the child physically as well as psychologically and these effects can be immediate and long-term. Child sexual abuse has a lot of different dynamics to it and therefore a variety of specialists are needed to support and protect sexually abused children. The role players involved are designated social workers, medical practitioners, police officials as well as the FCS team members. This puts tremendous pressure on health and welfare systems. Designated social workers working with cases of alleged child sexual abuse experience many challenges. Emphasis needs to be put on effective policy implementation and the boundaries between role-players should be clearly defined in order to overcome these challenges. The social service sector cannot adequately respond to all of the child sexual abuse cases and it then leads to children not being effectively protected against abuse.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY, EMPIRICAL STUDY AND RESEARCH FINDINGS**

#### **3.1 INTRODUCTION**

In this chapter the research methodology, ethical considerations and the empirical results of the study, focusing on the experiences of designated social workers working with cases of alleged child sexual abuse, will be presented and discussed. The discussion commences with the research methodology and the ethical considerations for the study.

#### **3.2 RESEARCH METHODOLOGY**

The research methodology is the process to collect and analyse data. The following section includes the research question, research approach, type of research, research design, data collection method, sampling and sampling method, pilot study, data analysis and the trustworthiness of qualitative research.

##### **3.2.1 Research question**

The research question formulated for the study is what are the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context? To answer the research question, the following methodology was used.

##### **3.2.2 Research approach**

The qualitative research approach was applicable for this study, because questions were answered about the complexity of experiences, with the goal of explaining and understanding these experiences from the participants namely the designated social workers' point of view (Fouché & Delport, 2011:64). An important aspect of qualitative research is the use of inductive reasoning. During this study the researcher moved from the particular to the general, many observations were made and then conclusions were drawn (Fouché & Delport, 2011:64).



Within this qualitative research approach, the researcher used the interpretive approach. This approach helped the researcher to better understand the experiences of designated social workers working with cases of alleged child sexual abuse, making the data more specific and relevant. This approach provided a holistic view to the researcher (De Vos, Strydom, Schulze & Patel, 2011:8).

The researcher used this approach to collect data in the field where the participants experience the problem that was studied. Data was collected by interviewing the designated social workers working with cases of alleged child sexual abuse (Fouché & Delport, 2011:65). The researcher focused on the meaning that the participants ascribed to the problem and not the meaning of the problem from the view of the researcher or literature (Fouché & Delport, 2011:65).

The study had two main purposes, namely, to explore and to describe the experiences of designated social workers working with alleged cases of child sexual abuse (Fouché & De Vos, 2011:95). Exploratory research is usually used when the research question begins with “what”. The “what” question helped the researcher to gain insight into the situation and to explore new areas of interest. The literature review indicated limited information about this specific topic, therefore this research was exploratory. This study had multiple objectives and descriptive research was applicable to the study to describe the explored issue. The detailed one-on-one semi-structured interviews provided in-depth personal data (Fouché & De Vos, 2011:96).

### **3.2.3 Type of research**

Applied research was used in this study, because the research results from this study in combination with the group research results aim to inform role players in child protection at a national forum on the findings of the study. This research, which forms part of a larger group research project will hopefully bring about change in protocol and in practice. From the findings of the study the researcher makes recommendations to change the reporting protocol of alleged child sexual abuse by designated social workers. The proposed changes may help the designated social

workers to accomplish their tasks, of working with cases of child sexual abuse, effectively (Fouché & De Vos, 2011:94-95).

### **3.2.4 Research design**

Usually qualitative researchers are interested in the meaning participants give to their life experiences (Fouché & Schurink, 2011:320). In this study the case study research design was used. The research design led the decisions that the researcher selected as suitable for the specific research goal (Fouché & Schurink, 2011:307). The case study research design helped the researcher to explore and understand the experiences of designated social workers working with cases of alleged child sexual abuse. The case study research design supported the researcher in understanding the experiences of the participants and the meaning within these experiences (Fouché & Schurink, 2011:320; Neuman, 2011:177).

When the intent of the case study is to understand the issue or problem then it is called an instrumental case study. The instrumental case study in this context was used to study a specific group, namely designated social workers working with cases of alleged child sexual abuse to understand an issue, namely their experiences in working with these cases. From this, the researcher established new information and knowledge (Fouché & Schurink, 2011:321).

During this study the researcher did interviews with a group of designated social workers that work with cases of alleged child sexual abuse and made use of documents (journal articles and books) to review the needed literature. The researcher had knowledge about the topic before doing the field research (Fouché & Schurink, 2011:321) by doing a literature review before interviewing the designated social workers. The result of a case study is a detailed description of a case and derived themes from the case. It is important that the researcher sees the case within its larger context but keeps the focus on the issue being studied.

### 3.2.5 Sampling and sampling method

This research was conducted as a group research project to gather information regarding the experiences of designated social workers working with cases of alleged child sexual abuse. The target population for the research was social workers who have experience of working with cases of alleged child sexual abuse within the South African context (Bless et al., 2013:394) and included social workers from government and non-government organisations. For this specific study interviews were held with social workers that work at selected child and family protection organisations and the Department of Social Development in and around Cape Town, Western Cape. The sampling occurred after the conditions of the study were clearly established.

In qualitative studies non-probability sampling is made use of almost without exception (Strydom & Delpont, 2011:391). There are different types of non-probability sampling techniques. Purposive and snowball sampling were used to recruit participants for the research. Within the parameters of the group research study and with purposive sampling, the researcher selected participants according to specific criteria of interest to the research (Strydom & Delpont, 2011:392). The participants were selected according to the following sampling criteria (Bless et al., 2013:177):

- Participants should be qualified social workers who work at a provincial Department of Social Development or a designated child protection organisation in terms of the Children's Act 38 of 2005.
- Participants should have at least two years' experience as a designated social worker.
- Participants should be able to converse in English.

For this study the researcher also made use of snowball sampling. This type of sampling is used when the members of a specific population is difficult to find (Babbie, 2014:200). Snowball sampling is a method that works within a network. The sampling started small but grew bigger. It began with a few people and spread out based on links to the original people (Neuman, 2011:275). During this study the researcher contacted a few designated social workers who complied with the set

criteria that were willing to participate in the study and who agreed to do so voluntarily. These participants participated in the study in their own private capacity and not on behalf of their employer. These interviews took place outside of their work environment. These identified social workers helped the researcher to identify other participants for the study. This snowball effect continued until the researcher had found enough participants for the study and saturation of data was reached (Strydom & Delpont, 2011:393).

### **3.2.6 Pilot study**

The researcher made use of a designated social worker, working with cases of alleged child sexual abuse, for this pilot study. The participant for the pilot study works at a selected child and family organisation. During the pilot study the researcher had the opportunity to practice the semi-structured interviewing schedule and explored what questions worked well and which still had to be worked on (Strydom & Delpont, 2011:395). The participant used for the pilot study was not included in the main study.

### **3.2.7 Data collection method**

Ten semi-structured one-to-one interviews were conducted in this study as data saturation was reached at this point. The semi-structured interviews assisted in gathering in-depth information of the participants' experiences of working with cases of alleged child sexual abuse in South Africa (Greeff, 2011:351). Each participant signed a letter of informed consent before each interview commenced. The duration of each interview was between forty-five minutes to an hour. A set of predetermined questions were used, that allowed for probing and explanation of answers. While doing the interviews the researcher paid close attention so that new emerging lines of inquiry, that are related to the study, could be further explored (Maree, 2013:87). An interview schedule was used to guide the interview. For the purpose of transcribing interviews for data analysis, the researcher audio recorded the interviews with the permission of participants (Ames & Diepstra, 2010:407).

### **3.2.8 Data analysis**

The data in this study was analysed by making use of thematic analysis. Thematic analysis is used to identify themes or patterns in the data (Wagner, Kawulich & Garner, 2012:231). Each interview was audio-recorded with the permission of participants and then transcribed. Detailed notes were taken by the researcher. During the transcription phase the researcher identified themes and sub-themes which had unfolded (Ames & Diepstra, 2010:407).

The researcher ensured that there was a quiet setting for the interviews for the recordings to be clear. The researcher also planned for a colour-coding system for the interviews so that the data could be retrieved with ease (Schurink et al., 2011:404).

During the interviews with the participants as well as while organising the data between interviews, preliminary data analysis occurred. The researcher was able to collect ample data that led to emerging themes through the continuous analysis of the data (Schurink et al., 2011:405).

The recordings were transcribed after every interview and notes that were made during the interviews were also re-written in order to ensure that they were easy to read at a later stage. Through this the process of data analysis remained organised (Schurink et al., 2011:408). While organising the data, the researcher remained aware of ethical considerations and reflected on the data (Schurink et al., 2011:406).

The researcher repeatedly read the transcriptions and notes to get an entire feel for the data and through this additional themes and information came forward that were not seen before (Schurink et al., 2011:409). Through making notes the researcher could identify main ideas from the data gathered during the interviews with the designated social workers. Through the process of reading and re-reading the researcher was able to organise the information into different themes and categories. The themes, sub-themes and patterns that the researcher identified assisted her to write the final narrative (Schurink et al., 2011:410, 415). When interpreting the data the researcher ensured that the experiences of the designated social workers

working with cases of alleged child sexual abuse were portrayed from the view of the participants and that it was kept within context of how they explained it (Schurink et al., 2011:417). The researcher recognised that the process of data analysis is a vital part of writing up the data and compiling the final research report (Schurink et al., 2011:419).

### **3.2.9 Trustworthiness of qualitative research**

When doing qualitative research, trustworthiness should be achieved. The research participants' experiences are as closely as possible represented by the study (Lietz & Zayas, 2010:191). The researcher previously worked as a designated social worker with alleged child sexual abuse, and therefore was careful not to assume that the participants experienced the same challenges than what the researcher experienced while working in that specific field.

The researcher made use of certain steps in the research procedures to ensure that the participants were correctly represented in the findings. To achieve trustworthiness the researcher made use of credibility, auditability and transferability (Lietz & Zayas, 2010:191). Credibility was ensured by checking that the interpretations from the researcher were authentic and accurate. This was checked by making use of the reflexivity strategy. The researcher thoughtfully considered her standpoint on the study by making notes and discussed her standpoint with peers (Lietz & Zayas, 2010:192). An audit trail was kept through a written account of the research process, which kept track of what occurred throughout the research project (Lietz & Zayas, 2010:196). The researcher had a supervisor from the Department of Social Work and Criminology at the University of Pretoria that followed and reviewed the work of the researcher as the study went along. Important feedback was received from the supervisor and research decisions were discussed, improving the quality of the research study (Lietz & Zayas, 2010:196).

The researcher also achieved transferability through ensuring that the findings of the study are applicable to theory, practice and future research. The researcher searched for a specific group of participants who had experience in working with cases of alleged child sexual abuse in the South African context. The researcher

identified key aspects of the context that was being studied and compared them to other contexts which they may be applicable to. It was found that the findings and recommendations by the participants are transferable to other child protection organisations that provide similar services (Lietz & Zayas, 2010:196).

### **3.3 ETHICAL CONSIDERATIONS**

Permission was obtained to conduct the study from the Faculty of Humanities at the University of Pretoria. The researcher maintained an awareness of the ethical issues throughout the research process. The Research Ethics Committee formally approved the study on 13 April 2018 and thereafter data collection commenced.

The following ethical considerations are regarded as relevant to this research study:

#### **3.3.1 Avoidance of harm**

During the study the focus was on the experiences of designated social workers that work with cases of alleged child sexual abuse in the South African context. The researcher ensured that no emotional harm was caused by the interviews and that participants were not harmed in any other way (Strydom, 2011:115). The researcher understood that the topic of the study was of a sensitive nature and questions were therefore asked with careful consideration and thoughtfulness. When the researcher noticed any discomfort from the participants, they were given a chance to take a breath and only answer the question when they felt ready. At no point were the participants forced to answer a question that they did not feel comfortable with. Participants who experienced emotional distress as a result of participating in the study, would be referred for counselling to a social work colleague in the geographic area. This was however not necessary.

#### **3.3.2 Voluntary participation**

When doing social research, it disrupts the participants' usual activities and it requires the participant to share personal information. Participants are not always willing to take part in research studies (Babbie, 2014:64). Therefore, during this

study no participant was forced to participate (Strydom, 2011:116). All participation by the designated social workers was voluntary and the participants could withdraw from the study at any time without any consequences. Luckily no participant withdrew from the study. Interviews with the designated social workers were recorded to create documentation that was formal and permanent and therefore it was important to get the participants' permission to record the interviews. All participants felt comfortable with the recordings and agreed to the interview being recorded.

### **3.3.3 Informed consent**

The study was thoroughly explained to the participants. The goal, the duration of the study, the advantages and disadvantages of the study, the credibility of the researcher and the archival purposes of the study were explained to the participants and they had a full understanding of what the study was about, and what they were participating in. They knew exactly what the purpose of the study was and what the information would be used for (Babbie, 2014:66-67). A consent letter was signed by each participant during the study.

### **3.3.4 Debriefing**

Both the researcher and participant should experience the study as a learning experience. A debriefing session at the end of the interview is a good way to end the learning experience (Strydom, 2011:122). The participants in the study were designated social workers working with cases of alleged child sexual abuse. These cases can be traumatising as well as emotionally draining. Talking about these cases and the challenges around it had the potential to become emotional. Every participant was given the chance for debriefing, conducted by the researcher personally. Through the debriefing sessions the participants got the opportunity to work through the experience and its aftermath. Through this the researcher assisted the participants in minimising possible harm despite all other precautionary measures taken (Strydom, 2011:122).



### **3.3.5 Right to privacy and confidentiality**

Privacy and confidentiality were considered during this study (Strydom, 2011:119). Information to describe confidentiality was included in the letters of informed consent. It was important that the participants understood that the information they provided would only be used for the purpose of the study and nothing else. The researcher also explained that no names would be used in the study and that all the information provided would be treated with confidentiality. All research data, including informed consent letters and transcripts of interviews, will be stored in accordance with the stipulations of the University of Pretoria at the completion of the research.

### **3.3.6 Actions and competence of researcher**

During the study the researcher ensured that she was skilled and competent to conduct the research as well as to remain objective. The researcher refrained from value judgements and was aware of different norms and cultures of the participants with whom the interviews were conducted. Throughout the study the researcher also remained aware of plagiarism and that other's ideas should not be copied without acknowledging the source (Strydom, 2011:123). The recorded interviews were transcribed accurately, and the participants' views were clearly portrayed. While the interviews were conducted the researcher made use of active listening skills to show interest and remain supportive throughout the interview (Ruane, 2005:147). The researcher conducted the study under close supervision of an experienced research supervisor.

### **3.3.7 Publication of findings**

The findings of the research were compiled in a research report and the report is available at the University of Pretoria. This report was compiled as accurately and objectively as possible (Strydom, 2011:126).

## **3.4 RESEARCH FINDINGS**

The biographical details of each participant will be explained in this section; firstly, in narrative format and secondly through different charts, where applicable. The themes and sub-themes will also be discussed and supporting literature will be integrated.

### **3.4.1 Biographical profile**

The biographical profile was compiled through extracting information from the participants on their organisation where employed, duration of current employment, institution of undergraduate training, year of graduation as a social worker, highest tertiary education, additional training on child protection, age, gender, race, years' experience as a social worker, years' experience as a designated social worker, frequency of reports of allegations of child abuse per month and geographical area.

Participants were all female with eight participants being White and two participants being Coloured.

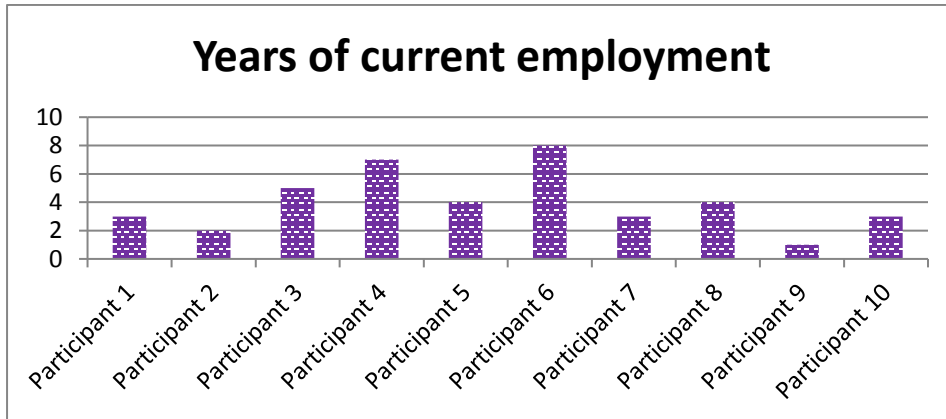
#### **3.4.1.1 Organisation where employed**

One participant worked at the Department of Social Development and nine of the participants worked at designated non-governmental organisations. It was difficult to find participants who were willing to participate in the study. Designated social workers from selected NGO's were more willing to participate than designated social workers from the Department of Social Development.

#### **3.4.1.2 Duration of current employment**

All participants had more than a year's experience at their current place of employment. Of the ten participants, one had eight years' experience, another one had seven years' experience, one had five years' experience and two participants had four years of experience at their current place of work. Three of the participants had three years of employment at their current place of work, whilst one had two

years of experience and the last one had one year of experience at their current place of work. The abovementioned information is visually represented in the following bar-graph:

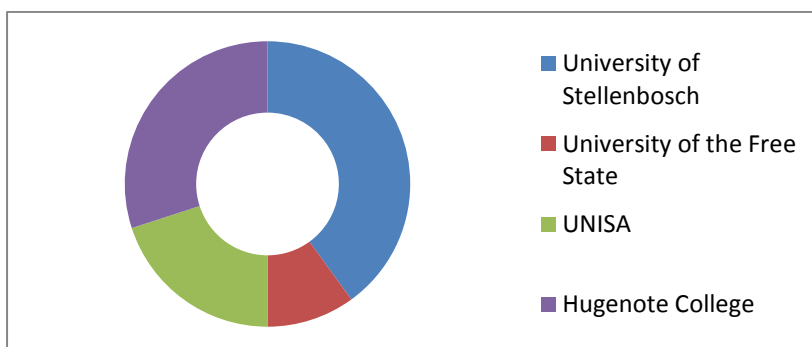


**Graph 1: Duration of current employment**

All participants had experience of working with cases of alleged child sexual abuse.

### 3.4.1.3 Institution of undergraduate training

Several participants studied at the same institution. Four of the participants studied at the University of Stellenbosch, three at Hugenote College, two at UNISA and one at the University of the Free State. The abovementioned information is visually represented in the following doughnut chart:



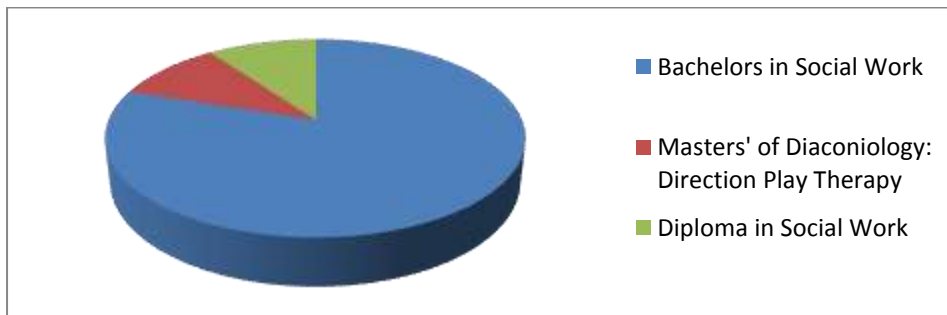
**Graph 2: Institutions of undergraduate training**

### 3.4.1.4 Year of graduation as social worker

The sample included social workers who graduated as early as 1972, 1973, 1988 and 1995. The other six (6) participants graduated after 2005, and up to 2014.

### 3.4.1.5 Highest tertiary education

The following information is illustrated below through a pie chart; one participant had a Masters' of Diaconiology: Direction Play Therapy, eight participants had a Bachelor's in Social Work degree, and one had a Diploma in Social Work.

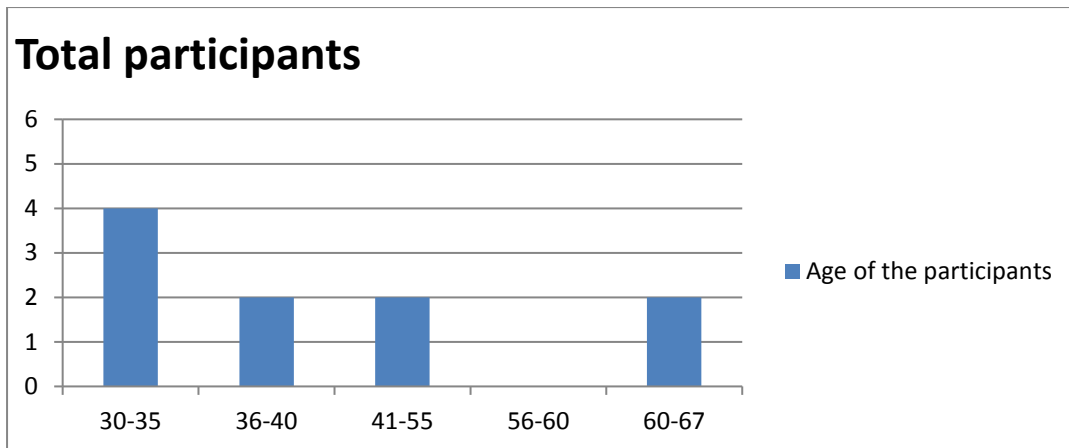


**Graph 3: Tertiary education**

All participants were qualified social workers.

### 3.4.1.6 Age of the participants

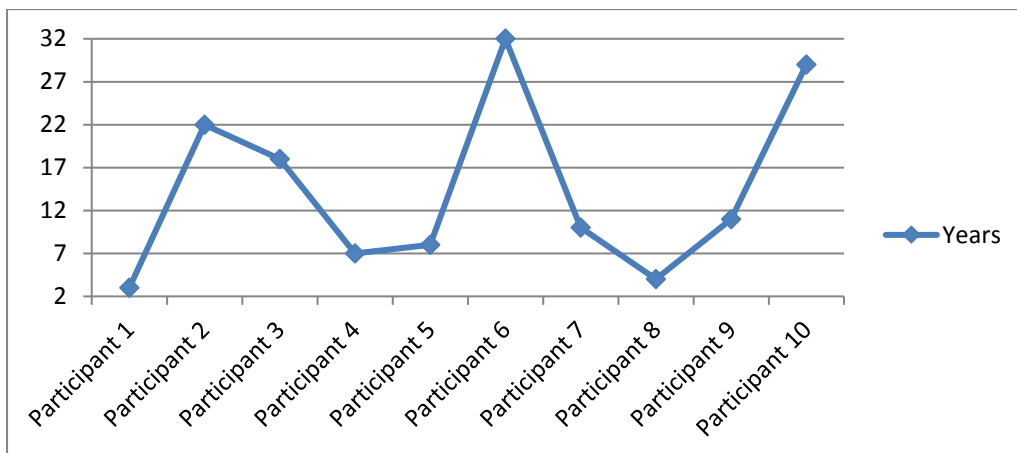
There were no participants between the ages of 56-60. Two participants were between the ages of 60-67, two participants were between the ages of 41-55 and another two participants were between the ages of 36-40. Four participants were between the ages of 30-35. The abovementioned information is visually illustrated in the following column chart.



**Graph 4: Age of participants**

### 3.4.1.7 Years' experience as a social worker

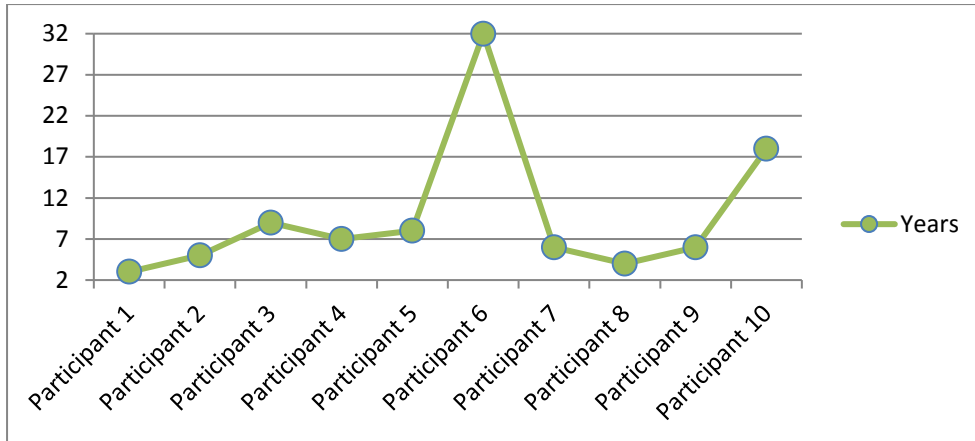
Participants' years of experience ranged from 4½ years to 32 years of experience. The aforementioned information is presented by the following line chart.



**Graph 5: Years of experience as a social worker**

### 3.4.1.8 Years' experience as a designated social worker / child protection worker

Participants' experience in the field of child protection ranged from 4½ years to 32 years. Most of these participants were experienced designated social workers, as illustrated below.



**Graph 6: Years of experience as a designated social worker**

### 3.4.1.9 Frequency of reports of allegations of child abuse per month

Two participants mentioned receiving more or less five reports of allegations of child abuse per month, two participants indicated that they receive on average two per month, one participant mentioned that they usually receive four per month, three participants indicated that they receive on average between zero and one per month and two participants indicated that they receive more than twenty reports of alleged cases of abuse per month.

### 3.4.1.10 Geographical areas

Four participants mentioned that they work in a rural area. Another four participants indicated that they work in an urban area and two participants mentioned that they work in a semi-urban area. Below the data is illustrated through a doughnut chart.



**Graph 7: Geographical area of employment**

### 3.5 KEY THEMES

The data gathered through the semi-structured interviews was processed and analysed and recurrent themes and sub-themes emerged. In order to give voice to the views of the participants, the findings will be discussed and supported by direct quotations and literature.

The person-centred theory was applied to this research study. The person-centred theory is based on people’s experiences which consist of their changing thoughts, feelings and actions (Henderson & Thompson, 2011:191; McCleod, 2013:172). Knowledge and understanding were gained through exploring and describing (McCleod, 2013:171) the designated social workers’ experiences working with cases of alleged child sexual abuse. The designated social workers’ experiences and perceptions were their reality (Henderson & Thompson, 2011:191). The researcher explored a phenomenon “through the eyes” of the participants in order to understand their reality, without making predetermined assumptions (Henderson & Thompson, 2011:191; McCleod, 2013:171). The following experiences of designated social workers working with cases of alleged child sexual abuse reflects the reality of the participants in practice. The following themes and sub-themes were identified:

**Table 1: Themes and sub-themes**

Themes	Sub-themes
1. Role and responsibilities of the designated social worker when working with cases of alleged child sexual abuse.	1.1 Prevention is a responsibility of a designated social worker. 1.2 The designated social worker is the first response when working with cases of alleged child sexual abuse. 1.3 The designated social worker needs to ensure that the abuse is reported. 1.4 Designated social workers must provide support and empowerment to the child and the family concerned. 1.5 Designated social workers must do a risk and safety assessment. 1.6 The designated social worker must

	<p>investigate the child's circumstances.</p> <p>1.7 The designated social worker must safeguard the child.</p>
<p>2. Designated social workers' view of being equipped to work with allegations of child sexual abuse.</p>	<p>2.1 Designated social workers feel that the fundamental training of social work supports them when they must deal with cases of alleged child sexual abuse.</p> <p>2.2 Years of experience link with the level of confidence when dealing with cases of alleged child sexual abuse.</p> <p>2.3 Additional training is necessary to deal with cases of alleged child sexual abuse.</p>
<p>3. Designated social workers face challenges when working with cases of alleged child sexual abuse.</p>	<p>3.1 Working with the police can be challenging.</p> <p>3.2 The role players are working in isolation and a lack of networking is experienced.</p> <p>3.3 Designated social workers experience challenges at medical centres.</p> <p>3.4 Professionals and family members are not willing to report cases of alleged child sexual abuse.</p> <p>3.5 Designated social workers report a lack of resources.</p> <p>3.6 Designated social workers experience stress, trauma and burnout.</p> <p>3.7 Staff turnover is a reality for most designated child protection organisations.</p> <p>3.8 Designated social workers experience limitations in the child protection system.</p> <p>3.9 Community and family characteristics are risk factors for child sexual abuse.</p>
<p>4. Supportive factors for designated social workers that work with cases of alleged child sexual abuse.</p>	<p>4.1 Designated social workers report that they receive good supervision.</p> <p>4.2 Peer support is a supportive factor for designated social workers.</p> <p>4.3 Auxiliary workers help designated social workers to manage their caseloads.</p> <p>4.4 Designated social workers experience debriefing as supportive.</p>



	<p>4.5 Structured organisational protocols and guidelines support designated social workers.</p> <p>4.6 Participants experience legislation as supportive in their work with child sexual abuse.</p>
<p>5. Recommendations by designated social workers on dealing with cases of child sexual abuse.</p>	<p>5.1 Networking needs to be improved</p> <ul style="list-style-type: none"> <li>i) Communication between role-players needs to be improved.</li> <li>ii) Stakeholder meetings are necessary.</li> </ul> <p>5.2 Designated social workers need to be involved with self-care.</p> <p>5.3 Designated social workers need to receive specialised training.</p> <p>5.4 There need to be specific protocol for alleged child sexual abuse for each area.</p> <p>5.5 Designated social workers must implement prevention programmes.</p> <p>5.6 Criminal procedures need to be adjusted.</p> <p>5.7 Designated social workers need lower caseloads.</p> <p>5.8 The applicable legislation needs to be adjusted.</p>

**Theme 1: Role and responsibilities of the designated social worker when working with cases of alleged child sexual abuse**

The participants identified several roles and responsibilities of designated social workers. The roles and responsibilities are prevention, first response, reporting, support and empowerment, risk and safety assessments, investigation and safeguarding of the child. The roles and responsibilities will be discussed as sub-themes:

**Sub-theme 1.1: Prevention is a responsibility of a designated social worker**

During the semi-structured interviews with the participants it became evident that prevention is one of their main responsibilities as a designated social worker working

with cases of alleged child sexual abuse. The person centred theory is relevant to this study seeing that the experiences of participants are explored and described “through their eyes” so that their reality can be viewed more clearly (Henderson & Thompson, 2011:191; McCleod, 2013:171). A participant mentioned that social workers are actively involved in prevention. Prevention programmes aim to strengthen the family and then a decision needs to be made to determine whether any further statutory action is needed. The scale of the problem and where the problem occurs need to be determined and whether the prevention of neglect, abuse and sexual exploitation is effective (Richter & Dawes, 2008:90).

*“...otherwise we do a risk assessment where we put things in place to do a prevention programme that we register at court for a period of six months.” (Participant 7)*

In preventing the abuse of children, parental guidance is also an important role and responsibility of a designated social worker. The designated social worker will look at what the problem situation is and then work out a programme accordingly. The parents are then guided and supported to complete the programme.

*“I focus more on parent guidance and hygiene at home, it is also things Christo focuses on, so it depends on what the problem situation is and then we try to work a programme in according to it and then the parents have to follow it.” (Participant 7)*

Designated social workers’ role furthermore involves equipping children with the necessary skills to prevent that they become victims of child sexual abuse.

*“...equip our children with the necessary skills, equip them from a young age with the necessary skills, what to look out for...” (Participant 4)*

The above responses corroborate with Richter and Dawes (2008:89) who state that an ecological approach is needed to point out the risk factors that must be monitored. In this regard, the designated social worker must focus on several systems in the child’s context.

### **Sub-theme 1.2: The designated social worker is the first response when working with cases of alleged child sexual abuse**

It is the designated social worker's responsibility to follow-up immediately if he or she becomes aware of a case of alleged child sexual abuse. These cases then take priority. According to Liebenberg et al. (2015:145) the social worker might suspect abuse, or the child might have disclosed to the social worker. The social worker then needs to react to the allegation and plan for further service delivery. The view of Liebenberg et al. (2015:145) correlates with the responses from participants, because during the study it became clear that designated social workers are the first response to allegations of child sexual abuse. The following quotes support that designated social workers are the first response:

*"...so, if someone comes and report, it's my responsibility to follow-up immediately, so it obviously takes priority over anything and everything else." (Participant 1)*

*"...we are the first response – is to gather all of the information and then to give the information through to FCS." (Participant 2)*

It is not the designated social worker's responsibility to investigate the criminal case, but the designated social worker needs to ensure that the case is referred to FCS and that service delivery ensues.

### **Sub-theme 1.3: The designated social worker needs to ensure that the abuse is reported**

When a designated social worker becomes aware of a case of alleged child sexual abuse, he or she needs to ensure that the correct procedures are followed to report the abuse, whether it is the social worker self who reports it or the designated social worker guiding and supporting the family to report the abuse. There is also a specific timeframe within which the reporting needs to take place. According to section 110 of the Children's Act certain professionals are required to report any form of child abuse, maltreatment or neglect to a designated child protection organisation, the Department of Social Development or the police station. The Sexual Offences Act

also makes it clear that a sexual offence towards a child needs to be reported as soon as the reporter becomes aware of the abuse. If professionals fail to report sexual abuse of children, they can be held responsible (Hendricks, 2014:551). Participants' responses indicated their awareness of immediately reporting cases of alleged child sexual abuse.

*"...report it to the police station and also Departments with the form 22..."*  
(Participant 1)

*"...with regard to reporting; we have a very specific timeframe within which the reporting needs to be finalised."* (Participant 2)

*"Firstly, it's the reporting thereof..."* (Participant 8)

The Sexual Offences Act was created to ensure a legal environment for victims of sexual abuse, where they can be treated with care and dignity (Ali, 2017:100). Therefore the designated social workers need to make use of the available and applicable legislation to ensure that their clients' rights are protected and that reporting of child sexual abuse takes place.

#### **Sub-theme 1.4: Designated social workers must provide support and empowerment to the child and the family concerned**

Support and empowerment also stood out as a role and responsibility of the designated social worker during the semi-structured interviews with the participants. The above links with the Abuse No More Protocol of the Western Cape Education Department (2014). According to this protocol, it is the responsibility of the designated social worker to support and prepare the child and his/her parents for court and to also render reconstruction services to them.

*"So just talking to them about what they can expect to happen and why and not to get angry and just to support the child through it, just try and prepare them..."*  
(Participant 1)

Consequently, it is the designated social workers' role to explain to the family why the child has been removed and to offer them support and more information on the situation. The correct information needs to be given to the family about child sexual abuse and the family needs to be informed about the protocol and process of cases of alleged child sexual abuse so that they know how to deal with it. Recent literature by Nemajilili (2016:20) further supports these findings, stating it is the designated social workers' responsibility to consider family reunification and reconstruction services. A participant from this study explained that the designated social worker needs to give support to the family and assist and empower them to know how and where to report the abuse. Empowering the client is an important role of the designated social worker. Nemajilili (2016:27) states that the social worker usually offers support to the child and family through counselling services.

*"...I will say that your responsibility is to see that your client has the correct information about sexual abuse and also have the correct information to deal with it."*  
(Participant 3)

*"So, empowering them to know how to write an affidavit, what to say, where to go, who to speak to, speaking to the police office saying; "I've sent my referral, please don't send them away, this is the closest police station." If they have to travel far, they probably won't report and then the case will be lost."* (Participant 5)

The concerned child and family might feel lost and unsupported without the guidance and support of the designated social worker, therefore he or she needs to ensure that the child and family receive the necessary services. The person centred theory supported the researcher to understand that this reflects the participants' reality (Henderson & Thompson, 2011:191).

### **Sub-theme 1.5: Designated social workers must do a risk and safety assessment**

Some participants mentioned that they use risk and safety assessments. It seems like some NGO's have specific risk and safety assessment forms. According to Wiley (2009:272), when alleged child sexual abuse is reported to social services, the social

worker firstly needs to assess the likelihood that the abuse occurred. The main priority of the social worker is to assess the safety of the child and then determine the risks involved. The social worker then needs to identify the services needed to protect the child (Pence & Wilson, 1992:38). It is also clear from Nemajilili's (2016:20) study that a comprehensive assessment needs to be done. An initial screening is done with an intake form and some social workers also make use of process notes as part of their assessment (Nemajilili, 2016:20).

*“You’ve got the standardised safety assessment that we do. So, we go out, we do the safety assessment, assess the situation...” (Participant 1)*

*“...okay so we do a risk assessment and then we refer it to our supervisor...” (Participant 7)*

*“...complete the safety and risk assessment and then we establish whether the child should be removed or not...the biggest goal there is to determine the protective capacities within the family...” (Participant 8)*

Once the safety and risk assessment has been completed the designated social worker can determine whether the child should be removed or not. This assessment also determines the protective capacities within the family.

### **Sub-theme 1.6: The designated social worker must investigate the child's circumstances**

Participants' responses indicated that the main goal of the investigation is to establish whether the child is really in need of care and protection. The designated social worker must do an investigation and compile a report for court (Abuse No More Protocol, 2014). One of the participants explained that the designated social worker has three months to do the investigation. The investigation starts as soon as it is reported. Participants mentioned that during the investigation the designated social worker needs to ensure that the temporary placement of the child is suitable for long term care and if not that a suitable placement is found. When considering the feedback received from participants, it substantiates the findings reported by

Liebenberg et al. (2015:145) that the nature of the investigation must be determined by the designated social worker to ensure that the correct protocol is followed. This is important so that the likelihood of the abuse to occur again is slim. The role of the family is a major concern in the investigation.

Information from the semi-structured interviews indicated that during the investigation of the child's circumstances the designated social worker needs to establish what harm the child will be exposed to if the child is returned to his/her biological family. These investigations consist of a visit to the child's school, interviews with people close to the child as well as the child's family and home visits. Regular sessions with the family and other relatives are also needed to gain more information and to find a solution to the problem (Nemajilili, 2016:21). The above links with the following responses from participants:

*“Second phase you’ve got three months of investigation, but not only investigation, making sure you’ve got the appropriate place, because you don’t want to leave the child somewhere where something is likely to occur again.” (Participant 1)*

*“Our role will be to investigate whether the child is in need of care and protection...” (Participant 2)*

*“...where you do an investigation and then you determine to what kind of harm the child is exposed to...” (Participant 7)*

The investigation is a crucial part of the designated social worker's responsibilities, because the outcome of the investigation will determine whether the concerned child will be exposed to further harm or not.

### **Sub-theme 1.7: The designated social worker must safeguard the child**

The role of the designated social worker is to ensure the safety of the child when planning service delivery (Abuse No More Protocol, 2014; Liebenberg et al., 2015:145). The participants from the study agreed that it is part of their role to find a place of safety for the child, if needed and to safeguard the child.

*“...and if needed, safety placement for time being...” (Participant 1)*

*“Yes, that is also part of our role. If there is a need for the child to be placed in safety.” (Participant 4)*

*“My first role is to safeguard the child...” (Participant 10)*

Nemajilili (2016:21) states that a child will immediately be removed from home, if the child is in danger. The below quote from the participant corroborate with Nemajilili (2016:21):

*“...if there are definite signs of sexual abuse then it is automatically a removal...” (Participant 7)*

The best placement for the child should be determined. According to Liebenberg et al. (2015:145) the designated social worker needs to decide if the child should be removed from his/her home. The type of abuse must be considered as well as the risk of the alleged offender abusing again. The alleged offender might be someone close to the child who is living in the same house as the child or it might be an outsider. The removal of the child might not be necessary if the offender is an outsider and the parents can protect the child.

*“...determine what will be the best placement; is it with the family, community members or at a children’s home...” (Participant 8)*

By finding a suitable and safe placement for the child the designated social worker is acting in the best interest of the child and ensuring that the child is kept from further trauma and abuse.

Participants furthermore agreed that at times a safety plan is necessary. A safety plan is a support system that is put in place to keep the child safe while the investigation is on-going or to prevent further statutory intervention. According to Wiley (2009:281), the social worker needs to determine what services are needed in



the family and provide a plan to ensure that the family receives those services. The following quotes sustain Wiley's (2009:281) findings:

*"...otherwise we do a risk assessment where we put things in place to either do a prevention programme that we register at court for a period of six months or we build supporting systems in to handle the situation until we can do the children's court investigation." (Participant 7)*

*"...if we do not remove the child then, we have to compile a safety plan with the cooperation and input of the family..." (Participant 8)*

For the safety plan to be successful, the family of the child must agree to the plan and give their full cooperation to ensure that the child concerned stay within the family and the removal of the child is not necessary.

## **Theme 2: Designated social workers' view of being equipped to work with allegations of child sexual abuse**

The researcher gained knowledge and understanding through exploring the way matters are experienced by the designated social workers (McLeod, 2013:171). The person-centred approach to knowledge helped the researcher to form an understanding that the designated social worker's experiences and perceptions are their reality (Henderson & Thompson, 2011:191). From the study it became evident that there is a direct link between the years of experience that the social workers had and their confidence when dealing with allegations of child sexual abuse. The participants reported that at times they feel inexperienced and that they learn while working. The participants agreed that what they know about dealing with child sexual abuse is what they learned while working in die field.

### **Sub-theme 2.1: Designated social workers feel that the fundamental training of social work supports them when they must deal with cases of alleged child sexual abuse**

Participants explained that they find the basic skills and principles of social work provide a foundation when working with cases of alleged child sexual abuse. According to Wiley (2009:272), child protection services need to determine whether to substantiate a case. The social worker needs to assess the safety of the child, determine risks involved and identify the services needed to protect the child (Pence & Wilson, 1992:38). These fundamental principles of social work seem to help designated social workers when they must work with cases of alleged child sexual abuse. The following quotes support the above-mentioned findings:

*“...those basic skills and principles of social work, I feel that it really helped me.”*  
(Participant 8)

*“I am grateful for the training that I did receive, just the basics.”* (Participant 8)

*“It teaches you a lot of values in terms of listening, empathy and, you know, dealing with it in terms of immediacy...”* (Participant 5)

Designated social workers are trained to do generic social work and not forensic assessments (Schiller, 2017:348), but even though they are not specifically trained to work with child sexual abuse, the participants still find the fundamental knowledge of social work helpful when they have to deal with cases of alleged child sexual abuse. It seems like designated social workers have a foundation to work from when working with cases of alleged child sexual abuse.

### **Sub-theme 2.2: Years of experience link with the level of confidence when dealing with cases of alleged child sexual abuse**

According to a study done by Martin et al. (2014:18), social workers who had more experience than just case work were more confident when working with cases of child sexual abuse. The study done by Martin et al. (2014:22) showed that

experienced social workers are under intensified pressure, because they must guide and support newly qualified and less experienced social workers. A team manager that participated in the study of Martin et al. (2014:22) explained that newly qualified social workers have little experience and can only deal with cases of child sexual abuse successfully if they are well supported. From the above-mentioned literature it is clear that a designated social worker's years of experience matter when working with cases of child sexual abuse. Participants' responses concur with the findings of Martin et al. (2014:18 & 22) that the more years of experience they have as a designated social worker the more confident they feel when they must work with cases of alleged child sexual abuse. The findings above are supported by the following quotes:

*"The more you do it, the more confident you become." (Participant 1)*

*"At the end of my five years I had a lot more self-confidence in dealing with it." (Participant 3)*

*"...the more you deal with it, the more you learn how to detach from it, for one, it's not a personal matter for yourself, for the client it is. How to localise your resources and you become better at managing the case, because you learn your network with other professionals, and you learn to make things more comfortable for your clients." (Participant 5)*

Working with cases of alleged child sexual abuse can be extremely stressful and emotionally draining. Designated social workers are not specifically trained to work with cases of child sexual abuse and therefore can feel uncomfortable and unqualified when having to work with it. The participants however found that the more they worked with such cases the more at ease they felt. Through the person centred approach the researcher could portray the participants' true thoughts and feelings about what it is like to work with child sexual abuse (Henderson & Thompson, 2011:191; McLeod, 2013:172). Nemajilili's (2016:26) study highlights that only qualified and experienced designated social workers should manage cases of child sexual abuse.

### **Sub-theme 2.3: Additional training is necessary to deal with cases of alleged child sexual abuse**

Although fundamental knowledge of social work provides a foundation for working in the child protection field, it became clear that participants felt unprepared to work with cases of alleged child sexual abuse after they were finished with their Bachelor's in social work. The participants felt that they were not experienced enough to deal with these cases. According to Van Westrhenen et al. (2017:5), social workers feel that they do not receive enough specialised training to prepare them for their work.

*"I don't think when you finish studying you are ever completely ready for what you are going to experience in the field..." (Participant 1)*

*"I remember from experience, I have very clear memories of that time, that I felt completely unequipped." (Participant 2)*

*"I drowned, because I was in at the deep end and I had to learn on the job and I had to think on my feet..." (Participant 2)*

The participants agreed that further training is necessary when it comes to dealing with allegations of child sexual abuse. A recent study by Van Westrhenen et al. (2017:5) support these findings by stating that social workers do not feel confident when they must do therapy with children. Schiller (2017:359) emphasises that all professionals working with child sexual abuse should receive opportunities for specialised training. According to Schiller (2017:358), professionals can easily harm victims in their attempts to help, because of a lack of training.

*"If you want to be an expert in this field, if you want to be seen on the stand in a child protection capacity, there should be a little bit more, I believe like there should have been practical or how do I lead people to work through this very big traumatic event in their life, if I've had no experience in this whatsoever and I'm just here doing field work and I have to deal with it. I feel like it's a big leap, it's a very big leap, there's not enough done." (Participant 5)*

*“I am not trained at all, I am not informed, I did not know how to handle it, because I do not know that Act (Sexual Offences Act).” (Participant 3)*

*“...you don't have the in-depth experience of working with sexual abuse, that sometimes you are scared that you might...you don't want to traumatise the child even further by saying something or doing something that we are not supposed to do.” (Participant 4)*

The above quotes from the participants corroborate with Wiley (2009:282) who states that the system should be improved through more thorough training, added resources and optimising the utilization of relevant research. It became clear from the study that participants felt that they only learned how to deal with allegations of child sexual abuse when they started working and had additional trainings. According to Van Westrhenen et al. (2017:7), social workers should attend extra trainings to enhance their therapeutic skills for when working with children. Schiller (2017:359) confirms that social workers need to be aware of their own developmental needs, so that they can stay informed on the latest research on child sexual abuse.

*“...I only really started to learn when I started working...” (Participant 8)*

*“...a two-day training that was specifically about child sexual abuse. It was amazing, because it was so full of new information, that I really wished that I could do it again.” (Participant 3)*

In working with cases of alleged child sexual abuse, participants made it clear that designated social workers need continuous professional development throughout their career, as confirmed by Van Westrhenen et al. (2017:5).

### **Theme 3: Designated social workers face challenges when working with cases of alleged child sexual abuse**

The person centred theory supported the researcher to have a good understanding of the designated social workers challenges through listening to their experiences of

when they have to work with cases of alleged child sexual abuse (McLeod, 2013:171). The participants explained that there are many challenges they face when they must deal with allegations of child sexual abuse. The following challenges were identified by the participants namely cooperation with the police and with FCS, working in isolation, medical centres, reporting, lack of resources, overload, burnout and stress, staff turnover, community and family characteristics.

### **Sub-theme 3.1: Working with the police can be challenging**

Many participants experienced challenges with the police. The Optimus Study (2016:59), found that social workers do not feel supported by the South African Police Service. The participants mentioned that the police were not always available to assist. According to Sibanda (2013:29), resources in South Africa are unfortunately inadequate and therefore failure is inevitable. The participants explained that the police are not always willing to accept the cases that they refer to them and that the police are not always willing to give case numbers. Sibanda (2013:70) found that there is sometimes a lack of cooperation from the police and that it can then be a huge stumbling block for the designated social workers when they need to implement the Children's Act. Sibanda (2013:70) also found that police officials are not always sure what to do about cases of abuse. The participants explained that it is difficult to communicate with the police and that they must always follow up with the police on what is happening on the case. Schiller (2017:357) found that social workers are not always updated on the progress of cases and that it then leads to insufficient support to the child. The following quotes support the above-mentioned findings:

*“So they are not really willing to open a docket, it probably means that it needs to be investigated, but I for example once reported a matter and to this day I still haven't received a docket number.” (Participant 8)*

*“The challenges start with SAPS, it depends who is on duty, how they handle the case, are they even going to accept the case or are they going to send the person away and say that she is making it up...” (Participant 3)*

*“...your cooperation in terms of SAPS, sometimes the cases are being thrown out, then you don’t know why, or you have to follow up as a social worker with the police station. They won’t phone you or be in contact with you.” (Participant 4)*

*“Like I said in terms of communication, you always have to follow up with them in terms of the matter.” (Participant 4)*

*“You don’t get case numbers; you don’t reach the investigating officers. I’m not always sure what happen to the case, are they even heard...So many cases are turned away.” (Participant 5)*

The above responses indicate a huge challenge for designated social workers to work with the police. Participants experience a lack of cooperation and concern from the police. It is clear that the participants are responding to the world on the basis of their course of moment-by-moment experiencing (McLeod, 2013:172).

Working specifically with Family Violence, Child Protection and Sexual Offences Investigations (FCS) is a challenge faced by designated social workers. The participants mentioned that communication from FCS is poor. It is usually the responsibility of the designated social worker to follow up with FCS on what is happening with the case. According to Schiller (2017:357-358), social workers are often not updated on the progress of cases. Participants mentioned that FCS does not follow any specific protocol. Each FCS unit works differently. According to Van Zyl and Sinclair (2006:4), the police do have clear policy guidelines when it comes to the investigation of sexual offences, but it is not effectively implemented. The participants mentioned that they hardly ever see forensic social workers and one of the participants said that it is unclear of when a forensic social worker becomes involved with a case.

*“...in every town it is also different. You can’t go to the next person and ask them how they do it, because it depends on who your captain is and who the head of FCS is in your town is; this will then determine the type of cooperation, frustration and stress that you will experience.” (Participant 2)*

*“...FCS says that they do have, but I have never seen one of their forensic workers come out and do an interview.” (Participant 2)*

*“FCS came and they took down a statement, never heard from them again. It depends whose got the case. There are a number of people that I know that will come back to you, will talk to you about the case and others will just leave it and we hear nothing about it again” (Participant 6)*

According to Van Zyl and Sinclair (2006:4), a great concern in South Africa is whether the police have the necessary resources and skills to deal with these cases. The participants explained that FCS delays investigations and added that FCS does not always do a proper investigation. According to Mcquoid-Mason (2011:77-78), it happens that the victim and the family can wait a long time, before an investigating officer will attend to their case.

*“It is bad we wait a long time for FCS to come out.” (Participant 8)*

*“...FCS does the whole sexual investigation and on a lot of occasions they say that if the parent or the child does not want to report the matter, they are not going to take it further” (Participant 7)*

The participants made it clear that not every case that is reported, get investigated. According to Sibanda (2013:70), these findings are true as it often happens that parents and children are dismissed from police stations, when they want to report a case of abuse.

### **Sub-theme 3.2: The role players are working in isolation and a lack of networking is experienced**

Most of the participants agreed that organisations and departments are working in isolation and that networking is poor. These findings are supported by Schiller (2017:355-356), where it is explained that the role-players in the child protection sector have a total disregard for one another; they disrespect each other and there is a general lack of motivation within the network. Schiller (2017:357-358) furthermore



states that professionals do not communicate with each other during the forensic process. The following quotes support the above-mentioned.

*“...we tend to drift apart and try to get through our own things before helping the next person or the next organisation. I think that’s quite a challenge as well or where the other challenges come from.” (Participant 1)*

*“...people everywhere experience that networking is the biggest challenge.” (Participant 2)*

*“So, the challenges are just the communication between the parties.” (Participant 4)*

*“I would say everybody is more or less working on their own.” (Participant 6)*

For the forensic process to improve the different role-players involved need to work on their communication processes as well as their interaction with one another.

### **Sub-theme 3.3: Designated social workers experience challenges at medical centres**

Responses from participants indicate there are not as many challenges with medical centres as there are with other role-players, but the few challenges that there are, are related to time and the willingness of staff to help designated social workers with cases of alleged child sexual abuse. The participants explained that waiting for the doctor to see the child can be time consuming. Van Zyl and Sinclair (2006:7) state that hospitals are usually overcrowded, and victims must wait in long queues before they are helped.

*“...sometimes you have to wait long for the doctor to come back...a lot of time he spends in court.” (Participant 6)*

*“So, the point that I am trying to make is that you sit there for the whole day with the child and wait until they will eventually help you.” (Participant 9)*

According to the participants the doctors do not always show empathy towards the child and do not take the child's feelings into consideration. Van Zyl and Sinclair (2006:7) also state that doctors can at times increase the victims' trauma through unsympathetic behaviour. Not all doctors and nurses are willing to examine a child where sexual abuse is suspected. One participant mentioned that the doctors are not always willing to complete the J88 form.

*"...to get a J88 done is also a challenge, because you also have to wait to see the doctor." (Participant 1)*

*"...is there a nurse on duty, is the nurse on duty willing to take the punches of a case like this...because the nurses are also very cautious." (Participant 3)*

*"The doctors are very nit-picky about the J88's, because they have to go and testify in court. So, a lot of doctors do not want to do it at all" (Participant 7)*

*"I once had a case where I had to drive to Ceres to the state hospital, because they were the only doctors willing to do the investigation. Then that child had to sit and wait from the morning eight o'clock to the afternoon one o'clock to see the doctor. This while we had an appointment and then when the doctor saw the child, he did not show any empathy at all and did not take the child's emotions into consideration." (Participant 7)*

The Optimus Study (2016:60) shows that medical practitioners often do not want to complete the medical forms, or they play down the medical evidence so that they do not have to get involved with the case. This confirms statements by the participants regarding challenges with medical role-players.

#### **Sub-theme 3.4: Professionals and family members are not willing to report cases of alleged child sexual abuse**

The person centred theory helped the researcher to express the participants' thoughts by understanding their reality through their experiences (Henderson & Thompson, 2011:191; McLeod, 2013:172). It is evident from participants' responses

that schools, teachers and family members are not willing to report suspicions of child sexual abuse. They added that friends and family are also not always willing to report. Recent literature by Adlem (2017:1) supports that child sexual abuse is underreported. Reporting is now more socially accepted than before, but it is still difficult to determine the prevalence of child sexual abuse. According to Ali (2017:97), in almost all developing countries, child sexual abuse is a silent crime that is being hidden away and is not reported.

*"I have never met a teacher that is willing to report an incident like this." (Participant 3)*

*"...for schools not to be quiet when they suspect, for people to understand that reporting by good faith is better than not reporting." (Participant 5)*

*"...FCS wanted the teacher who heard about the incident first from the child to go and report it. The teacher refused to go to the police. It was a whole drama. So in the end the case did not continue." (Participant 2)*

*"Family and friends don't want to report, they don't even want to open a case at the police, they expect from the social worker to do it and then we may not mention their names." (Participant 7)*

The participants mentioned that there is no standardised process of reporting and that it works differently in every town. The Police have a document explaining their duties and roles, called the SAPS National Instruction 22/1998: Sexual Offences and the Family violence, Child Protection and Sexual Offences Unit policy document, but it seems like police officials are uninformed or inadequately trained in executing their duties and roles in this regard.

*"...there is no standardised process of reporting...in every town it differs..." (Participant 2)*

Section 110 of the Children's Act compels professionals working with children, including teachers, to report suspicions of child abuse, but unfortunately it does not seem to happen.

### **Sub-theme 3.5: Designated social workers report a lack of resources**

A lack of resources in the Western Cape is a huge problem according to the participants from the study. The person centred theory ensured that the researcher gave a true reflection of the participants' experiences and reality (Henderson & Thompson, 2011:191).

*"To let children be assessed and to get a specialist in the field as a resource when you need to go to court is almost impossible, you don't get it anywhere these days. The costs for private people for assessments or even psychiatrists, they easily charge R7000 to R8000 and our community does not have that kind of funding to pay for that." (Participant 7)*

According to the participants, office resources like telephones and availability of cars are problematic. The Optimus Study (2016:62) states that the use of vehicles is a problem for the designated social workers that work for the Department of Social Development, because it is essential when investigating cases and doing follow-ups. The Optimus Study (2016:62) also reported that social workers have limited access to resources like phones, computers, internet and petrol. Alpaslan and Schenck (2012:374-375) also mention a shortage of vehicles and office equipment for social workers. The following responses from participants confirm these challenges.

*"We only have one car for everyone to share." (Participant 1)*

*"...we also only have one line, so if someone else is on the line, you've got to wait, so finding safety parents and everyone else also gets calls, which is a norm, you've got to wait until the line opens, so yes, that's a challenge." (Participant 1)*

*“...we are sixteen social workers so there is a car for emergencies, so that car can only be used for emergencies; otherwise we have a roster of when we may use a car.” (Participant 10)*

The participants mentioned that there are not enough therapeutic services available for children who were allegedly sexually abused and added that therapeutic services that are available are very expensive and the organisations cannot afford to pay for these services. According to the participants the waiting lists for therapeutic services are very long. A study done by Martin et al. (2014:25) reported that social workers do have concerns about the support to child sexual abuse victims and the waiting period that follows. It seems like these support services are insufficiently resourced. It was expressed that the victim needs counselling immediately instead of six months or a year later. The following quotes support the above-mentioned findings:

*“...there are no therapeutic services in the community, we do not have the resources and you cannot expect from us to also do that...” (Participant 8)*

*“...a good source for any child with a problem is child psychiatry at Tygerberg hospital, but we wait five to six months for an appointment...” (Participant 6)*

*“Yes funding is a big thing, It’s really a big thing that we battle with, we have a fund for children that if people donate money, like people can bring a R500 or a R1000, older people and so, they can donate at BADISA and we put it in the children’s fund, so that if we need it, we can use some of that money.” (Participant 6)*

Another problem that most participants mentioned was that FCS is not situated in every town. FCS has a huge service area and therefore services are not effectively rendered. The participants also explained that FCS is under-staffed. According to the participants there is a lack of specialists in this field to whom child sexual abuse cases can be referred to. Van Zyl and Sinclair (2006:6) confirm that not every police station is equipped with a unit that specialises in child abuse. This leaves FCS responsible for servicing a very large area. Van Zyl and Sinclair (2006:6) also point out that there is a lack of investigators and the few that there are, must travel very

long distances to attend to victims of child sexual abuse. There is a definite need for more skilled investigators. Participant responses confirm this.

*“...we do not have an FCS in Robertson, they are only in Worcester.” (Participant 8)*

*“I think FCS is completely understaffed.” (Participant 2)*

*“...because I mean FCS is not in Gansbaai, they come from another town...they have a huge service area.” (Participant 3)*

*“...we have no forensic people here... Our closest forensic people are in Somerset West” (Participant 2)*

Some participants mentioned that there are limited placements available for children who need care and protection. According to the Optimus Study (2016:62), these responses by the participants are true; places of safety are a resource constraint in South Africa. There is a lack of places of safety for victims of child abuse and more places of safety should be made available for these children.

*“...the fact that there is a lack of resources, the fact that it is difficult to find places of safety for the children...” (Participant 3)*

*“Not having space to go to, because the facilities are full, and you need to remove the child today but you can only get a space maybe next week and in the meantime the child stays in that circumstances.” (Participant 5)*

Another challenge is that South Africa is losing its social workers to other countries, because of the poor salaries that social workers receive in South Africa. Sibanda (2013:27) emphasises that social work is a scarce skill in South Africa, but social workers are still leaving their profession as well as leaving the country to go and work abroad. Social workers leave the country because of their high workload, low salaries and poor working conditions.

*“...it’s the same old problem everywhere, not enough of the right stuff. Yes, the need is too big...it doesn’t have the resources; it doesn’t have the manpower even social workers. When this Act came in April 2010 it was all over the news. Then there was a shortage of 49 000 Social Workers in South Africa to implement the Act correctly. It’s still the same, it’s still the same and salaries of Social Workers play a big role, because we lose our social workers to Australia, England and New Zealand, all over the world – we lose them.” (Participant 6)*

There are not enough social workers in South Africa even though social work is regarded as a scarce skill in South Africa (Sibanda, 2013:27). With this they often experience challenges when they must respond to allegations of child sexual abuse (Schiller, 2017:347). The lack of resources forces social workers to mainly do crisis intervention (Sibanda, 2013:30). Capri et al. (2013:8) state that working with child sexual abuse in an unsupportive system aggravates designated social workers’ already challenging work.

### **Sub-theme 3.6: Designated social workers experience stress, trauma and burnout**

From the semi-structured interviews, it became clear that participants experience stress, burnout and they are overloaded with cases. Participants mentioned that working with cases of alleged child sexual abuse can impact their personal well-being tremendously. It became clear that dealing with these matters can be very emotional, traumatic, difficult; complicated and uncomfortable.

*“You want to do the best possible for the child and because you’re so driven to do the best possible, you stress quite a lot about it...” (Participant 1)*

When working with cases of alleged child sexual abuse, designated social workers experience a lot of pressure. The clients have expectations that they have to meet, they must follow the correct procedures and the perpetrator also adds stress to the situation.

*“It is for me extremely stressful, because firstly you have to take the child for a medical assessment and if a case is made you have to guide the parents to make the case and sometimes it happens that the perpetrator threatens the family and the child...the whole case is just stressful.” (Participant 10)*

*“...there is a lot of stress on us, because the buck stops here, like we have to do now the miracle thing...” (Participant 2)*

*“Both, stressful and negative. In the first place because I was reprimanded..., because I followed the incorrect protocol.” (Participant 3)*

When considering the feedback received from participants during the study, it substantiates the findings reported by Sibanda (2013:27), stating that social workers experience high levels of stress and frustration every day, because of the pressure of high caseloads. Van Westrhenen et al. (2017:7) make it clear that in the daily tasks of designated social workers, many challenges arise that needs their attention. Van Westrhenen et al. (2017:5) further explain that the tremendous amount of pressure on social workers can put them at risk for compassion fatigue.

Most participants indicated that they have high caseloads and that it is then extremely difficult to give the child sexual abuse cases the attention that it needs. These findings are supported by Schiller (2017:347) who states that social workers regularly experience problems when they must respond to allegations of child sexual abuse, because of their high caseloads. Caseloads in South Africa for designated social workers are 63% of the time more than 60 cases, but 36% of designated social workers have more than 100 cases (Sibanda, 2013:27). Social workers can even have up to 300 cases allocated to them. Cases will be neglected by designated social workers, when their caseloads are this high (Sibanda, 2013:27).

*“My caseload now is a 196, it was over 200 and it just came down to 196.” (Participant 4)*

*“So, to be able to deal with the caseload of say 160, 200, which is a very fair amount, I’ve had caseloads of 350 at a stage and to be able to discern and have priorities set*



*and report within 24 hours, it's humanly impossible and I'm asking, I'm asking because I know the reality of it. How much of these cases go under reported, because there was no time to deal with it and should that not be something to consider?" (Participant 5)*

*"...high caseloads can cause tiredness and that you are completely overloaded with work and then you can't give intensive attention to these cases." (Participant 9)*

According to most participants they do experience burnout, some even daily. Salloum et al. (2015:54) find that social workers can develop cynical and negative attitudes towards their clients, because their emotional resources become depleted. Van Westrhenen et al. (2017:4) also state that social workers' low salaries make it difficult for them to continue with this kind of work. The following quotes support the above-mentioned findings.

*"You don't have a choice, we just go on and on and on, carrying files home to write reports, because you don't have time at the office to do it...Yes I think there is sometimes burnout. I felt like that, I had eight days leave and I felt better after that." (Participant 6)*

*"...difficult cases makes it difficult, because it puts a lot of pressure on a social worker...burnout is these days a norm in social workers lives, because it happens daily." (Participant 7)*

*"I also think it's that thing of "I'm not feeling this anymore" (Participant 8)*

One participant indicated that she is afraid that she is going to lose her passion for social work and not have empathy for her clients anymore. Van Westrhenen et al. (2017:4) state that when working with high levels of trauma every day, social workers can feel emotionally numb and it then reduces a person's capacity in being empathic towards the client.

*"It's my biggest fear to not have empathy anymore and to lose my passion..." (Participant 8)*

Working with cases of alleged child sexual abuse can be emotionally draining. These cases put designated social workers under a lot of pressure and different emotions are experienced while working with these cases. Child sexual abuse cases can also flow over into designated social workers' personal lives. Van Westrhenen et al. (2017:4) explain that working with child sexual abuse does affect social workers' personal life. The following quotes sustain the above.

*"...I think afterwards going home you are quite emotionally drained, especially with sexual abuse, it's very emotionally draining." (Participant 1)*

*"...I remember feeling really drained, because you get so involved...it almost feels like it's part of your family or someone close by – very involved. It's very emotionally draining dealing with sexual abuse." (Participant 1)*

*"Every children's court is a huge emotional experience." (Participant 3)*

*"...but I almost want to say, you almost go into robot mode." (Participant 1)*

Salloum et al. (2015:54) explain that the nature of designated social workers' work is emotional. When working with cases of alleged child sexual abuse many different emotions can be experienced. Designated social workers sometimes also feel angry about what had happened to the child.

*"You get extremely angry and you have to deal with that first..." (Participant 6)*

Designated social workers struggle with working with child sexual abuse on a personal and professional level (Van Westrhenen et al., 2017:4). Designated social workers sometimes find it hard to deal with cases of child sexual abuse, because it is a traumatic event and the designated social worker goes through it with the child. Van Westrhenen et al. (2017:4) highlight that social workers work with elevated levels of trauma every day. Aucamp et al. (2014:57) explain that in fields where traumatic subject matter is a norm, high levels of secondary trauma occurs. The above links with the following response from a participant:

*“It’s not a nice experience to, you know, to experience, and cases if you report...when people report such matters to you, it’s not easy on us, it’s traumatic for the children and I mean, sometimes we can’t deal with these things...” (Participant 4)*

Designated social workers need to consider the child’s and concerned families’ feelings and trauma throughout the process, but they must be mindful of their own feelings and secondary trauma that occur and how it affects their work. At times it is difficult for the designated social worker to distinguish between his or her own emotions and the emotions that the child is experiencing. It is then important for the designated social worker to first deal with his or her own emotions, before starting to deal with the child, perpetrator or family members.

The reporting process to FCS can also be complicated and the case then becomes difficult to manage. According to Salloum et al. (2015:54), working for social services can be very demanding and challenging. The cases are also severe and complex. The following quotes concur with the findings above:

*“It’s very difficult, because first of all I think you have to deal with your own anger, because of what happened to the child...” (Participant 6)*

*“It’s difficult, because FCS does the whole sexual investigation and on a lot of occasions, they say that if the parents of the child do not want to report it, then they are not going to go further with the case.” (Participant 7)*

*More negative, complicated, but never positive, because no one wants to see a child get hurt...” (Participant 9)*

With child sexual abuse cases there are many emotions involved. Specific processes need to be followed in cooperation with other role-players and it makes these cases complicated and difficult to deal with.

### **Sub-theme 3.7: Staff turnover is a reality for most designated child protection organisations**

Some participants indicated that they are affected by staff turnover. It became clear that staff turnover does add extra pressure to the designated social workers. According to Van Westrhenen et al. (2017:5) staff turnover is a reality for social workers in low- and middle-income countries. Social workers work under a tremendous amount of pressure which puts them at risk for compassion fatigue and then leads to high staff turnovers. The following quotes support the above-mentioned findings:

*“...it does affect you a lot when there is a big turnover, yes we had. I mean in three years it's been four different social workers.” (Participant 1)*

*“It definitely is a challenge, because after a person leaves, it takes about a month or two months for the post to be filled, so somebody else must do the crisis intervention on that caseload. That happened to me in November and it was for a whole month and in May again for a month” (Participant 6)*

*“We definitely have regular staff turnover, the staff change or get other jobs, but it is because we are an NGO and then we look for better salaries...” (Participant 9)*

Social workers' work environment is not always supportive, because of a shortage of staff (Alpaslan & Schenck, 2012:374-375). This poses as a challenge.

### **Sub-theme 3.8: Designated social workers experience limitations in the child protection system**

From the information gathered through the semi-structured interviews it seems like the child protection system is failing sexually abused children in the Western Cape. As previously mentioned by participants, placements for children who need care and protection is a problem. The Optimus Study (2016:62) supports this finding by stating that there is a lack of places of safety for victims of child abuse. The following quote supports the above-mentioned finding:

*“We’ve got a huge gap there. I don’t think we got all the placements available that we should. We don’t have, we don’t have somewhere for the children.” (Participant 1)*

Another gap in the system that was mentioned by some participants is that the different role-players do not understand each other’s roles and they have different perspectives from which they work. According to Capri et al. (2013:8) role players have a lack of insight on how to deal with child sexual abuse cases and the result is a frustrating system. Schiller (2017:355) also states that role players in the child protection system have a total disregard for one another and they have a lack of motivation. The following quotes support the above-mentioned findings:

*“...so, the link between FCS, court and I...the court does not understand what FCS’s role is and FCS does not understand what my role is. They talk criminal court and I am talking Children’s Act...” (Participant 2)*

*“...the departmental interaction is very weak...” (Participant 7)*

Some participants mentioned that another gap in the system is that it is extremely difficult to remove the perpetrator from the home and that it is almost always the child that is being removed. Sibanda (2014:70) confirms these findings by stating that children are often being removed from their homes when they are being abused, but the perpetrators are not removed by the police. The above links with the following responses from participants:

*“...you remove the child to have the child safe, but it’s not right, because it can add to that feeling of guilt for the child...it should be the perpetrator that’s removed.” (Participant 6)*

*“...I asked the police to serve this guy with a notice, instead of us removing the child, he just need to leave the premises while the matter is being investigated. It never happened I had to remove the child...” (Participant 2)*

*“...the perpetrator is immediately removed from the home and the perpetrator needs to find somewhere else to live. I said that yes, it is in our Act, but it is not used, it’s not used.” (Participant 6)*

Another gap that was identified by the participants is that the investigation process of alleged child sexual abuse cases takes years to complete and children and their families are negatively affected by this. According to Capri (2013:8) the system does not understand the urgency with which child sexual abuse cases need to be accelerated. If the court procedures are distressing and delayed, it enhances the children’s trauma. The Optimus Study (2016:60) reports that cases can take a long time to be resolved. When cases take such a long time to be resolved the victim cannot clearly remember the details of the incident. This can then lead to the case being dismissed by the court.

*“...if it takes a child two years to go through this traumatising event in their life of reporting the abuse and getting this person sentenced, I mean the system is actually failing.” (Participant 5)*

*“...the law and the execution thereof is a long process...people become dispirited and then they cancel the case.” (Participant 3)*

Some participants indicated low prosecution rates as a problem. The Optimus Study (2016:60) supports these findings by stating that justice is not served that often, because it is difficult to get a conviction. It is found that the justice system is working against the goals of child protection.

*“I would say low prosecution rates, yes, that is definitely a challenge...” (Participant 6)*

*“...investigations and the execution thereof are just abnormal...the lawyer just cancelled the case, after the child was seen by an outside social worker who confirmed that the grooming process definitely occurred and that the child is not lying about it...they just threw the case out.” (Participant 7)*

*“...like I said it is about the court that says that there is not enough evidence and there is no proof that the child was penetrated, and the child might be two years old so the child is not a trust worthy witness. We get it a lot.” (Participant 10)*

Another participant mentioned that perpetrators are living in the same areas as children and designated social workers see it but cannot always prove it and protect the children. According to the Optimus Study (2016:60) it often happens that the courts grant bail to the perpetrator even if the person is a danger to the child victim and the community. The above links with the following response from a participant:

*“...we’re dealing with the child and the child’s protection, but we lose our children, they go with these people, they stay with them, they get groomed by them and you see it, but you can’t always proof and protect to that extend. This for me says that in our child protection system there’s a gap.” (Participant 5)*

It was also mentioned that the Child Protection Register Part B is not effectively implemented. According to the participant, perpetrators are not being registered on this list. Richter and Dawes (2008:87) support this finding from the study by stating that the Child Protection Registers are not functional in many areas of South Africa and that the capturing of data is mismanaged.

*“...the promised Children’s Act Form B...they need to start registering these people, so that we can have something in place, we are not allowed to make our children’s court report available to the public, so then we need to at least be able to tell the people to check on the register, but it does not happen, they don’t do it, because the cases are being thrown out.” (Participant 7)*

The forensic and child protection system is failing and there are limitations that need to be attended to.

### **Sub-theme 3.9: Community and family characteristics are risk factors for child sexual abuse**

According to some participants housing and limited space can be a cause of child sexual abuse, because parents and other people all live together in a confined space. This situation combined with the abuse of alcohol and drugs, especially *tik* (a substance often used in the Western Cape), put children at risk for child sexual abuse. Richter and Dawes (2008:87) purport that children are abused because of certain circumstances and not because the child has certain features. The following quotes substantiate the above-mentioned information:

*“...housing...everyone sleeps in the same room.” (Participant 3)*

*“...they live under the bridge here, by the bridge with their children and things happen to children there and we don't know it. You find it out when the children are much older and they will talk about it or if somebody also living there tells you about what's happening to a child there, because all of the people there are either under the influence of alcohol or tik, mostly tik.” (Participant 6)*

*“...because where there is sexual abuse, it's usually the parents and the people living on the same premises, they all use drugs.” (Participant 6)*

*“...third generation Tik abusers...Foetal Alcohol Syndrome aspect... they don't understand cause and effect; their brains are not wired that way. So, if you give a child that doesn't have cause and effect in their brain wired, if you give that child sexual experiences and ask them to stop, I don't see it happening very soon.” (Participant 5)*

The participants mentioned that gangsterism also adds to the risk of children being sexually abused. Poverty and unemployment are further risk factors according to the participants. Mantula and Saloojee (2016:866) state that power relations play a key role in child sexual abuse as well as children living in poorer communities. According to Kenny (2018:66) children are three times more at risk of being sexually abused



when their parents are unemployed. The above links with the following responses from participants:

*“Delft is characterised by poverty, unemployment, gangsterism and all of these things and it is mostly someone who the child knows that are doing these things to them, it’s not a stranger. So, there are a lot of these social ills in these communities that is causing all of these things to happen.” (Participant 4)*

*“Okay, gangsterism is one of the biggest things.” (Participant 5)*

One participant mentioned that street children prostitute their bodies for money. According to Lalor and McElvaney (2010:165) children that were exposed to penetrative abuse are more likely to become involved in prostitution.

*“I hear the stories of our street children, prostituting their bodies, because they want money...because they want the money so that they can have a better life.” (Participant 5)*

No adult supervision and the cycle of inadequate parenting skills are also risk factors that were mentioned by the participants. Child sexual abuse in South Africa is driven by gender-based violence and stressed by social and structural factors (Mathews et al., 2016:636). Children’s vulnerability is increased by the following factors: poverty, patriarchy, substance abuse and dysfunctional families with poor parenting styles (Mathews et al., 2016:637).

*“No idea of cause and effect and no adult supervision. So, what are we expecting from these children?” (Participant 5)*

*“It plays a relatively big role, alcohol abuse is very high and drug abuse is increasing, but mostly it is the cycle of inadequate parenting skills and being uninvolved...” (Participant 7)*

There are many factors in a child’s ecological system that can increase the risk of the child being sexually abused (Kenny, 2018:65).

#### **Theme 4: Supportive factors for designated social workers that work with cases of alleged child sexual abuse**

Designated social workers experience numerous challenges when it comes to working with cases of alleged child sexual abuse, but fortunately there are also supportive factors within the organisations to help them. These supportive factors are supervision, peer support, auxiliary workers, debriefing services, structured organisational protocols and guidelines and legislation. The person centred approach reminded the researcher to be aware that the designated social workers' experiences of working with cases of alleged child sexual abuse are reflecting their reality in practice (McLeod, 2013:172).

##### **Sub-theme 4.1: Designated social workers report that they receive good supervision**

In general, it seems like the participants receive good supervision from their supervisors. The participants indicated that good supervision is important and that they do receive regular supervision. The participants reported that their supervisors are supportive and that they guide them and help them when needed. It was explained by the participants that they receive group supervision as well as individual supervision. In a study done by Martin et al. (2014:23) both the social workers and managers recognised the importance of supervision. Supervision is the key to getting support and having the opportunity to reflect on the cases and the complexity thereof. Supervision helps social workers to manage cases of child sexual abuse and is also an opportunity for developing their knowledge and skills (Martin et al., 2014:23).

*“In my workplace? Supervision. Our supervisor supports us, and they support us within making better choices, making other decisions and also in supporting – educating us in ways to deal with it.” (Participant 1)*

*“Good supervision, especially with the young workers, because dealing with these cases without supervision, you are – not be able to.” (Participant 5)*

*“Definitely my supervisor, I receive extremely good supervision, I must say I have the world’s respect for her, I have learned a lot from her.” (Participant 8)*

Supervision is a huge source of support to designated social workers. Receiving supervision guides designated social workers to better and more informed decision making.

#### **Sub-theme 4.2: Peer support is a supportive factor for designated social workers**

Designated social workers see the importance of supervision, but they especially value peer support. Social workers sometimes find it easier to express themselves to another member of the team than a supervisor. The social workers develop a close bond with one another, because they work together every day and they have an understanding amongst each other that they perhaps do not have with their supervisor. Peer support is not only there for guidance and advice, but also for talking through the emotional impact of working with child sexual abuse cases on the self. Designated social workers believe that their peers know how they are feeling, as all of them work with cases of child sexual abuse (Martin et al., 2014:24). The participants also indicated that they have a good relationship with their peers and that their colleagues are a huge support to them. The following quotes support the above-mentioned findings:

*“Like colleagues that works in the team...fellow colleagues that are maybe more experienced than you that can help you, we help each other here.” (Participant 4)*

*“You know the most support that we get in our work is here amongst ourselves. There is always somebody you can go and talk to if your manager is not available. We are sounding boards for each other and often when you just talk to somebody, you get clarity...and you feel better yes.” (Participant 6)*

*“I must say here where I am now, the support is very good, especially in the case of child abuse...because your one colleague phones and look for a safety parent, the other colleague phones court to notify them of the case, the other colleague phones*

*to quickly get the children's clothes so there is definitely good team work..."*  
(Participant 9)

It seems like the participants work well with their colleagues as a team. They listen to each other and give each other support when needed.

### **Sub-theme 4.3: Auxiliary workers help designated social workers to manage their caseloads**

The participants responded that their social auxiliary workers are a great support to them. Designated social workers will experience difficulties to manage their high caseloads without the help of the social auxiliary workers. In the early 1970's there was already a need identified for social auxiliary work in South Africa. The ever-increasing demand for social services from individuals, groups, families and communities could not be met by the social workers. Supportive staff members were needed. Social auxiliary work as a supportive service to social workers were then established (Goliath, 2018:17). The above links with the following responses:

*"Stanford and Gansbaai do have and they won't be able to function without them...this is why I say it's right that they are there. They are a huge support."*  
(Participant 2)

*"O yes, o yes, I would not have been able to work without that auxiliary worker, not at all."* (Participant 3)

*"...if we place children in foster care according to article 186 then the social auxiliary workers work with it specifically, so it helps to bring down our caseloads."*  
(Participant 10)

It seems that the presence of and assistance by social auxiliary workers are huge supportive factors for designated social workers.

#### **Sub-theme 4.4: Designated social workers experience debriefing as supportive**

Debriefing for designated social workers is something that organisations are starting to take more seriously. Some participants mentioned that they receive professional debriefing sessions regularly. It seems like designated social workers also have their own debriefing sessions within the office and it is then a space where they can encourage each other. In a study done by Martin et al. (2014:24) it was found that social workers feel that family members and people outside of their organisation do not always understand what they are experiencing. Social workers therefore form strong bonds amongst their colleagues and use each other as sounding boards. This is an effective way for social workers to debrief. The above links with the following responses from participants:

*“Yes, we started our own team – foster care team of seven social workers, where we started our own debriefing sessions...and encourage one another...” (Participant 4)*

*“At my office very well. It is compulsory with gang violence that’s going on for us to do debriefing once a month.” (Participant 5)*

*“...and then each one of us also have four debriefing sessions a year with a private social worker that is appointed by the organisation to see us each session for an hour.” (Participant 9)*

Debriefing is very important for designated social workers’ mental health, because of the high levels of stress they deal with daily as well as secondary trauma.

#### **Sub-theme 4.5: Structured organisational protocols and guidelines support designated social workers**

According to a study by Schiller (2017:354) social workers do not always know how and when they need to report child sexual abuse. Social workers know that they need to act in the best interests of the child, but struggle when this principle becomes essential. The participants from the study however do not experience any challenges with when and how to report child sexual abuse. According to most

participants they have structured organisational protocols and guidelines in place. The participants reported that the protocols and procedures make them feel safe and it helps them to be more structured in their actions. The above links with the following responses from the participants:

*“We’ve got a very nice structure in place. ACVV is a very structured organisation.”  
(Participant 1)*

*“We have very strong policies and procedures in place as well as pathways of referral, that’s why I also told you that it makes me feel safe.” (Participant 2)*

*“We have the children’s Act, we have clear policies on how to deal with abuse...I’m grateful for the structure, like BADISA and ACVV where there are already structures in place, because I think it creates a comfortable way forward. You can go and read what you have to do. The Department is also great, there are a lot of manuals and things on the Internet, on DSD’s website where you can go and download and read and you’ll see what to do, everything is there.” (Participant 5)*

*“Yes you as a person is much more structured in your actions and then you know continuously that everyone is doing the same thing...we have laminated map, we call it a map, and then there is a book with descriptions with it so then you know exactly where to do what and which forms to use where.” (Participant 8)*

It seems like designated child protection organisations have good policies and procedures in place and that it is helpful to the designated social workers.

#### **Sub-theme 4.6: Participants experience legislation as supportive in their work with child sexual abuse**

Some participants had positive remarks on the legislation applicable to cases of alleged child sexual abuse. The participants reported that the legislation helps them to act responsibly and to write professional reports when it comes to child sexual abuse. It is a good guideline that helps them to move forward. In South Africa there are several supportive legislations that can be used to protect children. The

Constitution of the Republic of South Africa specifically provides children with more rights and protection and highlights that the best interests of the child is always paramount in every matter concerning a child (Ali, 2017:99). There is also the Children's Act, Sexual Offences Act and the Abuse No More Protocol that can be utilised by designated social workers. The above-mentioned findings are supported by the following quotes:

*“There is a great Act in place – both the Children's Act and the Sexual Offences Act – both these Acts are great, it's helping us to move forward, even the Child's Justice Act. There are a lot of good values that's installed through the Act...” (Participant 5)*

*“...you have to go and familiarise yourself with what is stated in the Children's Act so you are responsible, when cases come to your table, you have to go back to the legislation and check who you can go to for what.” (Participant 7)*

*“It both it gives me the mandate and the knowledge...it gives me the knowledge to write a professional report and also to make an informed recommendation.” (Participant 9)*

Although South Africa does have a good legislative environment to safeguard children's rights, South African children are still being wronged (Richter & Dawes, 2008:81). Participants however experience legislation as supportive and guiding them in their work.

### **Theme 5: Recommendations by designated social workers on dealing with cases of child sexual abuse**

The participants had several recommendations for designated social workers who work with child sexual abuse. Good networking and clear communication between role-players were recommended by the participants as well as self-care, specialised training, specific protocol for each area, prevention programmes, adjusted criminal procedures, lower caseloads and the adjustment of applicable legislation.

### **Sub-theme 5.1: Networking needs to be improved**

Most participants recommended that building relationships with the different role-players involved can lead to better teamwork. It seems that role-players involved in the forensic process each has their own perception of whether the abuse has occurred and are working individually instead of functioning as a multi-disciplinary team. This then leads to inconsistent decision making by the different role-players (Pence & Wilson, 1992:9-10). The following quotes substantiate the recommendation that building relationships and establishing networking should be improved:

*“But also, I’ve come to know some of the doctors and nurses and focus on building relations and once you get a crisis you tend to then go to the people you know.”*  
(Participant 1)

*“...build relationships...as challenging as it might be, build relationships.”* (Participant 2)

If service delivery to victims of child sexual abuse in South Africa is going to improve, the role-players involved need to pay more attention to networking.

#### **i) Communication between role players need to be improved**

A multidisciplinary team is needed when working with investigations of alleged child sexual abuse. These teams need to be well coordinated, so that the outcomes of child sexual abuse cases are improved (Wiley, 2009:273). Improved communication within the multidisciplinary team can assist in improved outcomes for child sexual abuse cases. A participant made the following recommendations about better communication:

*“That link ...that communication must be there with the schools, with SAPS, with all of the organisations that deal with children.”* (Participant 4)

*“More communication is needed, openness, networking. Yes, we have to work together to reach that goal in the specific case. So, it’s networking, communication, keeping the lines open in the professions and respect one another.”* (Participant 4)



Participants' recommendations include that the multidisciplinary team can only improve their relationships with each other if there are open lines of communication and respect for one another.

**ii) Stakeholder meetings are necessary**

A participant recommended that stakeholder meetings can be utilised to help role players discuss protocols for cases of child sexual abuse. Through this the forensic process will also be improved. The tasks of the role players in the forensic process need to be clearly set out (Schiller, 2017:357-358). The following quote supports this finding:

*"...stakeholder meetings...because with the stakeholders I would have felt that maybe once a year that the protocols of something like this are discussed with all of the people that are involved." (Participant 3)*

Stakeholder meetings can create an opportunity for clear communication and task setting. Through such meetings and discussions, the process for attending to cases of child sexual abuse can be improved.

**Sub-theme 5.2: Designated social workers need to be involved with self-care**

Social workers can develop negative and cynical attitudes towards their clients when their emotional resources become depleted (Salloum et al., 2015:54). It is possible that the emotional strain of their work can result in compassion fatigue. Compassion fatigue is when a person's capacity or interest in being empathic towards a client reduces (Van Westrhenen et al., 2017:4). Compassion fatigue and burnout is a real problem in the social work profession and therefore it is recommended that designated social workers need to be involved with self-care. The participants made the following recommendations:

*"...very important to look after yourself and really important to never take files home, even how hard it is, you can only do your best in the day and when the day has past, doing your best that day should be enough to come back tomorrow." (Participant 1)*

*“Exercise, eating healthy, exercising your spiritual life, has some form of hobby...here at work we can have a wellness programme or something...”*  
(Participant 4)

*“They insist that everybody take at least two weeks leave that’s consecutive, where it is fourteen days leave a year.”* (Participant 6)

Designated social workers grapple with cases of child sexual abuse on a personal and professional level and they should take self-care seriously. In this way, designated social workers will be able to continue working with alleged cases of child sexual abuse.

### **Sub-theme 5.3: Designated social workers need to receive specialised training**

In order to improve the system, added resources, thorough training and optimising the utilisation of relevant research is needed (Wiley, 2009:282). Social workers need continuous professional development according to a study done by Van Westrhenen et al. (2017:5). Social workers’ therapeutic skills when working with children can be enhanced by attending extra training (Van Westrhenen et al., 2017:7). Participants’ responses indicated that the training that designated social workers receive at undergraduate level is not enough to be fully equipped to work with cases of alleged child sexual abuse. It is recommended that designated social workers undergo extra training. The following recommendation was made by a participant:

*“...trauma counselling... we, as social workers should have more training in terms of this. We say something that we are not supposed to say and then we do more damage than good. So, if a social worker has extensive training in trauma counselling, grieving and bereavement counselling, we must get that opportunity each one of us to really know...training never stops, learning never stops...”*  
(Participant 4)

Designated social workers wanting to work with cases of alleged child sexual abuse should attend specialised training, but unfortunately this is not the reality in the field

of social work. According to a study done by Martin et al. (2014:14) it was explained that social workers are not required to attend any additional training before working with a case of child sexual abuse. It is clear from this study that there is no uniformity in the training of social workers. Furthermore, there is a lack of formal training regarding child sexual abuse cases (Martin et al., 2014:17). The participants made the following recommendations about specialised training for designated social workers:

*“...the Act on Sexual Abuse should be part of the training; it shouldn't only be the Children's Act.” (Participant 5)*

*“...we are moving into a situation where we in undergraduate level should start thinking about what you want to specialise in...moving into that age of specialisation from undergraduate level is going to be important.” (Participant 5)*

If designated social workers receive additional training in the area of child sexual abuse much better services will be rendered to these victims.

#### **Sub-theme 5.4: There need to be specific protocol for alleged child sexual abuse for each area**

Van Zyl and Sinclair (2006:12) reiterate that there should be a Family Violence and Sexual Offences Unit (FCS) at every police station, no bail should be granted to child rape cases, and appropriate training should be provided to the different role-players, more adequate resources should be available and a rape crisis centre should be accessible 24 hours a day near to a police station. Even though the finding above is extremely necessary in South Africa and it will be a great help while working with cases of alleged child sexual abuse, these resources are not yet available throughout South Africa. However, while these resources are still lacking in many areas in South Africa there need to be a specific protocol for each area about responding to child sexual abuse. Each area is different and therefor a unique protocol is needed that will meet the needs of the specific area. The participants made the following recommendations:

*“...in every area it is different, you cannot go to someone from another area and ask how they do things, because they do it differently...” (Participant 2)*

*“...stakeholders meeting...where the protocol is discussed with all of the people involved. It needs to be personalised, area to area, because for example Bellville’s protocol won’t work in Gansbaai. It needs to be personalised...” (Participant 3)*

*“...to have the standardised protocol that everyone can follow, but we also need to remember that each area is different, like us we don’t have an FCS here...” (Participant 8)*

The relevant role-players should work together to formalise a protocol for responding to child sexual abuse that they will be able to utilise within their own area.

#### **Sub-theme 5.5: Designated social workers must implement prevention programmes**

According to Richter and Dawes (2008:89-90) policy makers should make prevention a priority in South Africa. The child abuse problem needs to be embraced through evidence-based policies and solutions. When this approach is followed, South Africa’s ability to prevent abuse and improve services to children affected will be increased. Improved collaboration between different sectors that provide preventative, rehabilitative and legal services in South Africa is needed. This is already anticipated in child protection strategies and in South African legislation, but needs to be implemented effectively (Richter & Dawes, 2008:89-90). Participants made it clear that prevention is better than cure. If prevention programmes are implemented effectively, it can make a difference in the prevalence of child sexual abuse. A participant made the following recommendations:

*“...we had a men’s programme where we educated them about a big problem in our community, child sexual abuse, we explained to them what sexual abuse is as well as what grooming entails...we also explained what role they play and how to keep their community safe.” (Participant 8)*

*“...what is the root of this problem and then write a prevention programme according to that and then to write it in a practical but also effective way so that it can really make an impact...” (Participant 8)*

*“Okay so the biggest problem is that everything that is reported does not necessarily get investigated...so then appoint more qualified people...with this, a task team should be appointed that can offer prevention programmes...a speciality field should be opened for this so that they can do prevention and not only intervention.” (Participant 8)*

The above-mentioned recommendations should be considered by the Department of Social Development and other child protection organisations.

#### **Sub-theme 5.6: Criminal procedures need to be adjusted**

Many challenges are faced within the justice system. It seems like the justice system is working against the goals of child protection and it is reported that cases can take a long time to be resolved (Optimus Study, 2016:60). This then leads to victims not clearly remembering the details of the incident. It also often happens that courts grant bail to the perpetrator even though the person is a danger to the community and child victim (Optimus Study, 2016:60). The forensic process can be daunting for the child and the child’s family. A participant made the following recommendation:

*“It should be more child-friendly and less time consuming.” (Participant 5)*

It is concerning that in South Africa police officials might not have the necessary skills and resources to deal with child rape victims (Van Zyl & Sinclair, 2006:6). According to Sibanda (2013:70) police officials are not trained to work with children and therefore children are easily intimidated by them.

#### **Sub-theme 5.7: Designated social workers need lower caseloads**

In South Africa a caseload of 120 cases is generally allocated per social worker. Because of these high caseloads, social workers experience elevated levels of

stress and frustration (Sibanda, 2013:27). According to the Optimus Study (2016:62) high caseloads cause social workers to feel that they cannot offer their young clients comprehensive services. It is reported that cases of abuse rarely receive the time and attention that it needs. If designated social workers' caseloads are lowered, they will be able to render more effective and supportive services to child sexual abuse victims. A participant made the following recommendation:

*“Lower caseload, in the first place. Lower caseloads, because then you will be able to give more and better attention to a child that was sexually abused.” (Participant 6)*

Challenges are often experienced by designated social workers working at child protection organisations, especially when they need to respond to allegations of child sexual abuse, because of high caseloads that they must deal with (Schiller, 2017:347).

#### **Sub-theme 5.8: The applicable legislation needs to be adjusted**

Certain South African acts and policies contradict each other (McQuoid-Mason, 2011:77). The Sexual Offences Act can at times be unconstitutional, because it causes harm, fails to serve the best interests of the child, it is irrational and violates various rights of children (Mahery, 2014:27). The Children's Act and the Sexual Offences Act also have different reporting approaches of child sexual abuse. The Children's Act is more protective towards the child, compared to the Sexual Offences Act, because the Children's Act limits unnecessary interference with the rights of the child (Mahery, 2014:28). South Africa does have good legislation, but unfortunately it seems like it does not complement each other, and it is difficult to apply in a third world country. The participants made the following recommendations about legislation applicable to child sexual abuse in South Africa:

*“...this Children's Act was a mistake, because this is more or less the British Act and you can't use an Act from a first world country in a third world country.” (Participant 6)*

*“...if they can just bring the Sexual Offences Act and the Children’s Act to a point where it is complimentary to each other...” (Participant 7)*

In a country like South Africa where human rights are very prominent in discussions about what South African’s stand for and who they are as well as in the South African Constitution and legal framework, the best interests of the child in South Africa is still not met (Richter & Dawes, 2008:79).

### **3.9 CONCLUSION**

During the interviews with the participants it became clear that designated social workers have numerous roles and responsibilities. Their main roles and responsibilities are prevention, reporting child sexual abuse, ensuring the child’s safety and supporting and empowering the child and family. Most of the participants experience working with cases of alleged child sexual abuse as emotional and which can be at times traumatic, complicated, uncomfortable and stressful.

Participants experience that they are not adequately equipped to work with cases of alleged child sexual abuse. They experience that their social work degree gave them a good foundation, but that they are inexperienced because they did not receive enough training on child sexual abuse. The participants responded that there is a direct link between their experience and their confidence when they have to work with cases of alleged child sexual abuse.

The participants also reported many challenges when they have to work with cases of alleged child sexual abuse. They experience challenges with the police as well as FCS, networking, medical centres, reporting of sexual abuse, resources, overload, burnout, stress, staff turnover and they also feel that there are gaps in the child protection system. Community and family characteristics are also a huge challenge. Even though there are challenges that designated social workers must face, they also experience supportive factors in their work. These supportive factors are supervision, peer support, their auxiliary workers, debriefing sessions, structured organisational protocols, guidelines and legislation. All the participants felt that they do have the ability to make a difference even though it is under challenging

circumstances. The participants made recommendations about networking, self-care, training, protocol, prevention programmes, criminal procedures, lower caseloads and legislation. These recommendations might help designated social workers when working with cases of alleged child sexual abuse.



## **CHAPTER FOUR**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **4.1 INTRODUCTION**

Child sexual abuse is a massive global phenomenon and influences the lives of many children even though they have the right to be safe (Adlem, 2017:1). Child sexual abuse is furthermore globally seen as a public health crisis (Mantula & Saloojee, 2016:866) and in South Africa child sexual abuse is driven by heightened levels of gender-based violence and stressed by structural and social factors. The high prevalence of child sexual abuse in South Africa places a lot of stress on social services. Children are not sufficiently protected against child abuse, because social services do not have the ability to adequately respond to all the reports (Loffel et al., 2008:54). In this research study, the researcher explored the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context. The key findings of the research are outlined in this chapter and the conclusions and recommendations are presented. The researcher also discusses the attainment of the goal and objectives of the research study.

#### **4.2 GOAL AND OBJECTIVES OF THE STUDY**

The main goal of this study was to explore and describe the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context. The researcher was able to reach the goal of the study, through the following objectives:

- To conceptualise child sexual abuse as a phenomenon
- To explore and describe the extent to which their knowledge equips designated social workers to work with alleged child sexual abuse
- To explore current practices of designated social workers in their work with alleged child sexual abuse
- To explore and describe challenges experienced by designated social workers when working with alleged child sexual abuse

- To ultimately inform role players in child protection at a national forum on the findings of the study.

The researcher remained aware of the person-centred theory and that it is focused on experiencing. The researcher kept in mind that experiencing relates to all internal and external experiences of the designated social workers' continuously changing thoughts, feelings and actions (Henderson & Thompson, 2011:191; McLeod, 2013:172). The research question for the study was the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context, and was answered by the following key findings.

### **4.3 KEY FINDINGS OF THE STUDY**

The key findings that will be discussed in this chapter focus on the role and responsibilities of the designated social worker, the training and experience of designated social workers, the challenges faced by designated social workers when working with cases of alleged child sexual abuse, the supportive factors for designated social workers when they have to work with cases of alleged child sexual abuse and the ability of the designated social worker to make a difference.

#### **4.3.1 The role and responsibilities of designated social workers when working with cases of alleged child sexual abuse**

The literature review discussed in Chapter 2 highlights the importance of the designated social workers' role and responsibilities when working with cases of alleged child sexual abuse. The empirical findings of the study supported this fact.

- Designated social workers working with cases of alleged child sexual abuse are responsible to do prevention work by strengthening the family to prevent further statutory action. They are furthermore responsible for equipping children with the necessary skills to prevent them of becoming victims of child sexual abuse.
- Designated social workers can also be the first response, because they must immediately react to the allegations and plan for further service delivery.

- Designated social workers must ensure that the abuse is reported through following the correct procedures and keeping to the specific timeframe in which the abuse needs to be reported.
- The designated social workers must provide support and empowerment to the child and family concerned through preparing them for court, explaining to them why the child has been removed, providing them with information about child sexual abuse and inform them about the protocol and process of alleged child sexual abuse.
- The designated social workers are also responsible for the risk and safety assessments to assess the likelihood that the abuse occurred, assess the safety of the child, determine the risks involved, the services needed to protect the child and to determine whether the child should be removed and the protective capacities within the family.
- The designated social workers need to investigate the child's circumstances and establish whether the child is in need of care and protection through visiting the child's school, interviewing the people close to the child and child's family and home visits.
- The designated social workers must safeguard the child either through a safety plan or finding the child a suitable and safe placement if the removal of the child is necessary.

#### **4.3.2 The training and experience of designated social workers**

In working with cases of alleged child sexual abuse, participants made it clear that designated social workers need continuous professional development throughout their career.

- The fundamental skills and principles of social work support designated social workers through providing a foundation of knowledge that they can work from.
- The more years of experience designated social workers have, the more confident they feel when they must work with cases of alleged child sexual abuse.

- Additional training for designated social workers working with cases of alleged child sexual abuse is necessary, because although fundamental knowledge of social work provides a foundation for working in the child protection field, it became evident that designated social workers feel unprepared to work with cases of alleged child sexual abuse after they were finished with their Bachelors in Social Work.

#### **4.3.3 The challenges that designated social workers face when working with cases of alleged child sexual abuse**

The participants reported numerous challenges:

- Working with the police can be challenging. Because of their lack of cooperation, they are not always available to assist the designated social workers, they are not always willing to accept cases that are referred to them and they are unsure what to do with cases of alleged child sexual abuse. Designated social workers also find it challenging to work with FCS, because of their poor communication, they do not follow any specific protocol and they delay investigations of alleged child sexual abuse.
- Organisations and departments often work in isolation and there is a lack of cooperation and motivation within the network.
- Challenges are also being faced with medical centres; especially with overcrowding. Victims must wait in long queues, doctors do not show any empathy towards the victim and medical staff is not willing to complete medical forms about alleged child sexual abuse.
- Child sexual abuse is a silent crime that is being hidden away. It is underreported, because professionals and family members of the victim are not willing to report cases of alleged child sexual abuse. The participants also indicated that there is no standardised procedure of reporting child sexual abuse.
- The following lack of resources are also a challenge for designated social workers working with cases of alleged child sexual abuse, namely office resources and availability of cars, lack of affordable therapeutic services, there is not an FCS in every town, FCS is under-staffed, limited placements are available

for children who are in need of care and protection and there are not enough designated social workers to deal with cases of alleged child sexual abuse.

- Designated social workers deal with many challenging emotional experiences every day. They experience high levels of stress, pressure, frustration, burnout because their emotional resources become depleted, they are overloaded with cases, they experience secondary trauma that impacts their personal lives and their workload is demanding and challenging.
- Staff turnover is a reality for many child protection organisations in South Africa and it adds a lot of pressure on designated social workers.
- The following limitations in the child protection system are also challenging for designated social workers; finding a suitable placement for a child in need of care and protection, role-players that do not understand each other's roles, removing the perpetrator from the home instead of the child, the investigation process of child sexual abuse takes years to complete, there are low prosecution rates and the Child Protection Register Part B is not effectively implemented.
- Community and family characteristics are risk factors for child sexual abuse, because of limited housing and space combined with the abuse of alcohol and drugs, gangsterism, poverty, unemployment, street children prostituting their bodies for money, no adult supervision and the cycle of inadequate parenting skills.

#### **4.3.4 There are supportive factors for designated social workers when they must deal with cases of alleged child sexual abuse**

The responses of the participants highlighted the fact that designated social workers experience numerous challenges when it comes to working with cases of alleged child sexual abuse, but luckily there are also supportive factors within the organisations to help them.

- The designated social workers reported that they receive good supervision.
- The participants indicated that they value peer support.
- Social auxiliary work is a supportive service to designated social workers.

- The designated social workers reported that the structured organisational protocols and guidelines make them feel safe and helps them to be more structured in their actions.
- The participants experience the South African legislation as supportive in their work.

#### **4.3.5 Designated social workers feel that they do have the ability to make a difference**

All the participants responded that they do feel they make a difference through being a designated social worker.

- The designated social workers reported that a difference is being made through the work that they do, but they are unsure of the impact and how long-lasting the effect is on their client's lives.

#### **4.4 CONCLUSIONS**

The following conclusions have been established regarding the study:

- Designated social workers' role and responsibilities when working with cases of alleged child sexual abuse are towards prevention, to ensure that child sexual abuse is reported, providing support and empowerment to the child and family, to do risk and safety assessments, to investigate the child's circumstances and to safeguard the child.
- The fundamental skills and principles of social work support designated social workers when they are working in the child protection field, but experience and additional training is extremely important for when designated social workers want to work with cases of alleged child sexual abuse.
- Many challenges are faced by designated social workers working with cases of alleged child sexual abuse. These challenges make it very difficult for them to work with cases of alleged child sexual abuse effectively. They must deal with the following challenges on a regular basis: lack of cooperation and understanding from the police and FCS, role-players working in isolation, lack of networking, lack of empathy and cooperation from medical staff, lack of reporting by

professionals and family members, lack of resources, challenging emotional experiences, staff turnover, limitations in the child protection system and community and family characteristics.

- Although there are many challenges, designated social workers are grateful for the supportive factors in their work. Designated social workers reported that they receive good supervision, value their peer support, find social auxiliary workers helpful, appreciate the structured organisational protocols and guidelines and find applicable legislation supportive in their work.
- Designated social workers believe that they do have the ability to make a difference in their client's lives.

## **4.5 RECOMMENDATIONS**

Based on the literature and the empirical findings of the research study, the following recommendations are made by the researcher:

### **4.5.1 Good networking and clear communication between role players are necessary**

Building positive relationships with the different role-players will lead to better teamwork. When role-players start to pay more attention to networking, improved communication will take place. Open lines of communication will then lead to improved outcomes of child sexual abuse cases. Stakeholder meetings should be utilised, because through such meetings, the process for attending to cases of alleged child sexual abuse can be improved.

### **4.5.2 Self-care is essential for designated social workers**

Designated social workers need to eat healthy, exercise regularly, have a hobby, take at least two consecutive weeks of leave, not take files home and actively be involved with their spiritual life in order to maintain good self-care.

#### **4.5.3 Designated social workers need continues professional development and specialised training**

The training that designated social workers receive at undergraduate level is not enough to be fully equipped to work with cases of alleged child sexual abuse. Designated social workers wanting to work with cases of alleged child sexual abuse should attend specialised training. Social work students should be able to already specialise in a specific field at undergraduate level. Trainings for designated social workers should also focus more on the Sexual Offences Act and not only the Children's Act.

#### **4.5.4 Each area needs its own specific protocol for alleged child sexual abuse**

A specific protocol is needed for each area regarding responding to allegations of child sexual abuse. A unique protocol is needed that will meet the needs of each specific area. A protocol needs to be formalised for responding to child sexual abuse by the relevant role-players to utilise within their own area.

#### **4.5.5 Prevention programmes are paramount in designated social work**

Prevention programmes need to be implemented in a practical and effective way in order to make a difference in the prevalence of child sexual abuse. Designated social workers need to look at the root of child sexual abuse and then develop a prevention programme accordingly. More qualified people also need to be appointed. A task team should be appointed that specifically focuses on prevention programmes and not only on intervention.

#### **4.5.6 Criminal procedures need to be adjusted**

The forensic process should be more child-friendly and less time consuming for the victims to feel safer and more comfortable during the process and to be able to more clearly remember the details of the incident.



#### **4.5.7 Lower caseloads for designated social workers are recommended**

Although high caseloads are a reality in the South African context, designated social workers need lower caseloads, because then they will be able to effectively attend to cases of alleged child sexual abuse.

#### **4.5.8 The applicable legislation needs to be adjusted**

The Children's Act needs to be adjusted in order to be applicable to a third world country like South Africa. Furthermore, the Children's Act and the Sexual Offences Act have different reporting approaches of child sexual abuse and therefor need to be adjusted in order to complement each other instead of contradicting each other.

### **4.6 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY**

The goal of the study was to explore and describe the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context. The goal was reached through achieving the objectives as outlined in the table below.

<b>Objectives of the study</b>	<b>Achievement</b>
<ul style="list-style-type: none"><li>• To conceptualise child sexual abuse as a phenomenon.</li></ul>	This objective was achieved in the literature review (chapter 2).
<ul style="list-style-type: none"><li>• To explore and describe the extent to which their knowledge equips designated social workers to work with alleged child sexual abuse.</li><li>• To explore current practices of designated social workers in their work with alleged child sexual abuse</li><li>• To explore and describe challenges experienced by designated social workers when working with alleged child sexual abuse.</li></ul>	As achieved, these objectives were presented in the empirical findings of the research study (chapter 3).

<ul style="list-style-type: none"> <li>• To inform role players in child protection at a national forum on the findings of the study.</li> </ul>	<p>In combination with the group research findings, this objective will be addressed through the recommendations based on the findings of this study (chapter 4) and the recommendations of the other research studies done in different contexts.</p>
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#### **4.7 CONCLUDING STATEMENT**

With the current study the researcher aimed to obtain a greater understanding of designated social workers working with cases of alleged child sexual abuse. For the study the following research question was formulated: What are the experiences of designated social workers working with cases of alleged child sexual abuse in the South African context? Through achieving the goal and objectives of the study the researcher was able to answer the mentioned research question.

The high prevalence of child sexual abuse in South Africa places a lot of stress on social services. Children are not sufficiently protected against child abuse, because social services do not have the ability to adequately respond to all the reports (Loffel et al., 2008:54).

The empirical findings of the research study provided information that highlighted the designated social workers' role and responsibilities, explained that additional training is extremely important for designated social workers working with cases of alleged child sexual abuse, set out the challenges that designated social workers face when they have to deal with cases of alleged child sexual abuse, highlighted the supportive factors in their work and explained that designated social workers do have the ability to make a difference in their client's lives.

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# APPENDICES

**APPENDIX A**  
**Research Ethics Committee Approval**



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities  
Research Ethics Committee

13 April 2018

Dear Ms Franken

**Project:** The experiences of designated social workers working with cases of alleged child sexual abuse in the South African context  
**Researcher:** J Franken  
**Supervisor:** Prof CE Prinsloo  
**Department:** Social Work and Criminology  
**Reference number:** 17242470 (GW20180322dHS) (Group research)

Thank you for the application that was submitted for ethical consideration.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 13 April 2018. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely

**Prof Maxi Schoeman**  
**Deputy Dean: Postgraduate and Research Ethics**  
**Faculty of Humanities**  
**UNIVERSITY OF PRETORIA**  
**e-mail: PGHumanities@up.ac.za**

cc: Prof CE Prinsloo (Supervisor)  
Prof A Lombard (HoD)

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Dr K Booysens; Dr A-M de Beer; Ms A dos Santos; Dr R Fasselt; KT Govinder; Dr E Johnson; Dr W Kelleher; Mr A Mohamed; Dr C Puttergill; Dr D Reyburn; Dr M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

**APPENDIX B**  
**Letter of informed consent**

**Researcher:** J Franken (student number 17242470)  
**Degree:** MSW Play-based Intervention  
**Contact details:** 083 453 4414

## INFORMED CONSENT: SOCIAL WORKERS

**Name of participant:** \_\_\_\_\_

### 1. Title of the study

The experiences of designated social workers working with cases of alleged child sexual abuse in the South African context.

### 2. Purpose of the study

The purpose of this study is to explore the experiences of designated social workers in South Africa working with cases of alleged child sexual abuse. The focus will be on exploring supportive factors and challenges that designated social workers experience in their work, as well as obtaining recommendations for social work practice related to dealing with alleged child sexual abuse.

### 3. Procedures

I will be requested to participate in a personal interview with the researcher. The interview will focus on information that can shed light on the experiences of designated social workers who work with cases of alleged child sexual abuse. The interview is expected to last approximately 60 minutes and will be audio-recorded. All information will be handled confidentially and only the researcher and her supervisor at the University of Pretoria will have access to the data.

### 4. Possible risks

The interviews will focus on my experiences as a designated worker of working with cases of alleged child sexual abuse, and not on my personal life. There are thus no risks foreseen in my participation in the research. However, if I experience any emotional distress due to the interview, the researcher will refer me to a registered social worker in my area who can provide counselling.

### 5. Benefits of participation

I will not receive any compensation for participating in the study. However, information on my experiences of working with cases of alleged child sexual abuse as well as recommendations that I might have, can benefit social work practice in the field of child protection.

**6. Rights as a participant**

I am aware that my participation is voluntary. I have the right to withdraw from the research at any time, without any negative consequences for me.

**7. Confidentiality**

The recording of the interview will be transcribed in a word document. My name and other identifying details will not appear on this document. The information that I share during the interview will be handled with strict confidentiality. Only the researcher and her supervisor at the university will have access to the research data. In the event that I withdraw from the study, my information will be destroyed. After completion of the research all the research data will be safely stored at the Department of Social Work and Criminology at the University of Pretoria.

**8. Contact details**

If I need more information about this research, I can contact the researcher at her e-mail (joane.franken@gmail.com) or on her cell number as provided above.

**9. Data storage**

I am aware that the research information will be stored for 15 years at the Department of Social Work and Criminology, University of Pretoria, as stipulated in their policy, for archiving and possible future research.

**10. Data usage**

The results of this research will be used for a research report, for possible professional publications and conferences, and might also be used for further research. If the information should be used for further research, the same measures to protect my confidentiality will apply. I provide my consent that the research findings may also be used for future research, under the conditions specified.

**10. Permission for participation in the research study**

I, the undersigned, understand the information provided above and all my questions have been answered satisfactorily. I understand what the research is about and why it is being done.

I understand my rights as a participant and give my permission to voluntarily participate in the research study.

I have received a copy of this letter.

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher: \_\_\_\_\_

Date: \_\_\_\_\_



## **APPENDIX C**

### **Data collection instrument (Semi-structured interview schedule)**

## **INTERVIEW SCHEDULE**

**The experiences of designated social workers working with cases of alleged child sexual abuse in the South African context**

1. What is your role and responsibilities as a designated social worker in dealing with alleged child sexual abuse?
2. Describe your experiences as a designated social worker of working with these cases.
3. How did your undergraduate social work training equip you to work with allegations of child sexual abuse in practice?
4. How do your training and experience as a designated social worker add to your confidence in dealing with cases of alleged child sexual abuse?
5. What are the challenges that you encounter when working with cases of alleged child sexual abuse?
6. What is your experience of interdisciplinary cooperation in cases of alleged child sexual abuse?
7. How is your work guided by legislation and/or organisational policies/procedures/protocols?
8. What do you regard as supportive factors in your work?
9. How is your well-being as a designated social worker supported?
10. What recommendations do you have in terms of work with allegations of CSA?