

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

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**A mini-dissertation submitted in partial fulfilment of the requirements for the
degree**

MSW (Play-based Intervention)

in the Department of Social Work and Criminology at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

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APRIL 2019

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ACKNOWLEDGEMENTS

Hereby I would want to convey my sincere gratitude to:

- God – the Creator of all beautiful things. Thank you for granting me the opportunity and the grace to finish my Master’s studies. Thank you for allowing me to be a vessel of hope through your Grace.
- My husband – thank you for being so patient with me throughout this journey. Thank you for believing in me, and for encouraging me all the way. I would not have made it through without your unconditional love and constant support.
- My family and friends – thank you for your interest, encouragement and support throughout a very challenging time in my life. You have brought sunshine into my world.
- My research supervisor – Prof. Prinsloo. You are one remarkable woman who has knowledge, passion and a positive frame of mind that brings a very special dimension to the social work field and the academia. Thank you for your consistent contributions and guidance throughout my research project. You are an inspiration and role model to many.
- My research participants who are employed at designated child protection organisations – thank you for allowing me into your world by sharing your experiences with regards to interventions with child sexual abuse cases. Thank you for persevering in a difficult field of work and for the impact that you are making by putting yourself on the line for the sake of vulnerable children and families. I salute you.

DEDICATION

In loving memory of my father,

Philippus Abraham Becker

24 April 1965 - 7 January 2018

*Behind every young child
who believes in himself
is a parent who believed first.*

- Mathew L. Jacobson

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 is a brutal crime against children. Designated social workers working in child protection organisations have a significant role to fulfil in the prevention, investigation and intervention with alleged child sexual abuse cases in order to protect children from harm. These interventions with alleged CSA cases create distinctive challenges and strong emotional reactions for designated social workers. There is inadequate literature available on what the experiences of designated social workers entail when working with alleged child sexual abuse cases within the South African context.

The goal of this research study was to explore and describe the experiences of designated social workers working with cases of alleged child sexual abuse cases in the South African context. As this research study aimed to explore the experiences of designated social workers, applied research was executed. The Person-centred approach was the theoretical framework used for the study and it followed a qualitative research approach. The researcher used non-probability sampling methods to identify possible participants through purposive and snowball sampling. Data collection took place with the researcher interviewing eleven eligible participants in the Mpumalanga province by following an instrumental case study design. Data was collected through a semi-structured interview schedule which enabled the researcher to acquire rich and detailed descriptions from participants. The researcher followed a carefully structured data analysis process as she thematically analysed the data to ensure that the findings of the study is trustworthy.

The study's findings were organised into five main themes which focused on the training and experience of designated social workers, their roles and responsibilities with alleged child sexual abuse cases, the challenges and supportive factors that designated social workers experience, and lastly participants made recommendations on matters that they believe will improve their experiences when working with these cases. Designated social workers have a wide array of experiences when working with cases of alleged CSA abuse. The researcher concluded her research report by making appropriate recommendations for practice and future research based on the findings of the conducted study.

Recommendations and conclusions include that tertiary institutions should work towards inclusion of statutory social work into their theory and practice curriculum, with a specific focus on basic knowledge and skills relevant to forensic work with alleged CSA cases. Social workers need to be made aware of the misconception that a positive medical report is the most important evidence to prove sexual abuse. Social workers need to advocate against the misconception of a medical report as final proof for sexual abuse within the criminal justice system to ensure that this malpractice is curbed and ended. It is recommended to develop a standardised procedure for role players when working with alleged CSA cases. This should be a specialised and multi-disciplinary approach where role players should be timeously trained in their roles and responsibilities within this procedure. Supervisors should be adequately trained on how to fulfil their supervisory function within an organisation. This includes knowing how to provide supervision in the correct manner in order to curb high staff turnover, stress and burnout and to promote positive momentum in cases and enhance social workers' work ethic. The researcher recommended that the implementation of child-centred practice in child protection social work should be explored as it is important for designated social workers to be knowledgeable on creative and play techniques. This can add value in their intervention with children.

By undertaking this study, the knowledge gap could be addressed as it led to a better understanding on what competence, conditions, support and resources are required by designated social workers in order to facilitate the recovery of child victims who experienced sexual trauma.

Key Concepts

- Experiences
- Designated social worker
- Child sexual abuse

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CHAPTER 1

GENERAL INTRODUCTION TO THE RESEARCH STUDY

1.1 INTRODUCTION

Child sexual abuse (hereafter referred to as CSA) has alarming rates worldwide (Barth, Bermetz, Heim, Trelle & Tonia, 2013:476). In South Africa, more than 40% of the reported rapes are committed against children (Andersen, 2018; Mbhele, 2018) and the conviction rate for CSA perpetrators are at a low rate of 21% (Mbhele, 2018). The intervention with the sexually abused child creates distinctive challenges and strong emotional reactions for the social worker responsible (Luyt, 2015:72; Van Wyk, 2011:4). The challenges of high staff turnover within child protection organisations, unfavourable working conditions and inexperienced police officers, investigating officers, designated social workers and judges, put the judicial system under immense pressure (Artz, Burton, Leoschut, Ward & Lloyd, 2016:78; Aucamp, Steyn & Van Rensburg, 2012:2; Aucamp, Steyn & Van Rensburg, 2013:133; Boodhoo, 2015:5). CSA cases are frequently postponed for further investigation, leading to a delayed process that causes frustration and anxiety with family members and child victims of CSA (Boodhoo, 2015:5; Paulsen & Wilson, 2013:64). There is a general opinion by caregivers and victims of CSA that CSA investigations are not well structured (Paulsen & Wilson, 2013:56).

Not much is known on how designated social workers experience working with cases of alleged CSA within the South African context when compared to countries in North America and Europe (Capri, Kruger & Tomlinson, 2013:365; Søftestad & Toverud, 2013:1512). When taking a closer look at designated social workers' own experiences of working with cases of alleged CSA, it can lead to a better understanding on what specific competence is required, as well as the structural and institutional conditions that are essential when doing this kind of work (Søftestad & Toverud, 2013:1512).

With this study, the researcher focuses on gaining understanding on the experiences that designated social workers have when working with alleged CSA cases in the South African context. The following key concepts are of relevance for this study:

Experiences:

According to the *Oxford English Dictionary* (2012) experiences refer to: (a) practical contact with and observation of facts or events; and (b) the skill or knowledge that is developed through a period of practical experience in a particular profession. Within this research context, experience refers to the contact or time spent vested in a case, whether it is positive and/or negative involvement (Paulsen & Wilson, 2013:63).

Designated social worker:

According to the Children's Act 38 of 2005 a designated social worker (who is registered according to the Social Service Professions Act 110 of 1978) is in service of: (a) the Department or Provincial Department of Social Development; or a (b) designated child protection organisation, rendering child protection services.

Child sexual abuse:

The Children's Act 38 of 2005 defines sexual abuse, in relation to a child (which is a person under 18 years), when quoted as:

- (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 for the sexual gratification of another person;
- (c) using a child in or deliberately exposing a child to sexual activities or pornography;
- (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.

The Criminal Law (Sexual Offence and Related Matters) Amendment Act 32 of 2007 categorises CSA into contact sexual abuse (where there is direct or indirect contact between the victim and the perpetrator's body) and non-contact sexual abuse (where there is no physical contact between the child and perpetrator's bodies).

The chapter will now continue by focusing on a literature review as part of the general introduction to the research study.

1.2 LITERATURE REVIEW

This preliminary literature review will sketch a backdrop for the designated social worker's milieu when working with alleged CSA cases. As part of this preliminary literature review, the researcher will briefly refer to the conceptualisation of CSA, the impact that CSA has on the child and broader context, the prevalence of CSA internationally and in South Africa, the legal obligations to report CSA, the role of the designated social worker in cases of alleged CSA and lastly there will be a brief focus on the challenges that designated social workers experience when working with alleged CSA cases.

1.2.1 Conceptualising child sexual abuse

CSA according to Berliner (2011:215) involves the sexual exploitation of a child that can include sexual penetration, sexual touching, as well as sexual actions of a non-contact nature, such as sexual exposure and voyeurism. The legal definition according to the Criminal Law (Sexual Offence and Related Matters) Amendment Act 32 of 2007 involves situations where any person involves a child (a person under 18 years), with or without the permission of the child, in any sexual act. A sexual act is an act which involves sexual penetration or sexual exploitation. There is a 30% - 80% likelihood that the perpetrator is a known adult (Artz et al., 2016:9; Louw & Louw, 2014:409): someone the child knows, such as an acquaintance, an adult relative, a biological father, a boyfriend/girlfriend, a caregiver, a neighbour, a stepfather or even a teacher (Kim, Noh & Kim, 2016:601). CSA can be either a once-off incident or a continuous cycle that is aggravated by substance use, or a physical or psychological power imbalance between the perpetrator and the child victim (Artz et al., 2016:66). The perpetrator often uses a grooming process to prepare and/or train the child for the purpose of sexual exploitation (Aucamp et al., 2012:3-4; Bala, Mitnick, Trocme & Houston, 2007:49). There is usually a progression of sexual abuse through various stages, although not every case of sexual abuse follows the same pattern (Spies, 2006a:56).

CSA perpetrators target possible victims based on their vulnerability, rather than physical attributes (Richter & Dawes, 2008:87).

Children are at higher risk to be victims of sexual abuse, as they are developmentally vulnerable and still highly dependent on their caregivers for care and protection (Artz et al., 2016:7). Children's vulnerability to abuse depends mainly on the child's age, as their risk to be a victim of CSA increases as the child approaches puberty. This vulnerability reaches a peak during their teenage years. The first incidents of CSA are usually between the ages of 14 and 16 years for both boys and girls. There is a small percentage of children who experience their first abuse much earlier – around the age of one to two years (Artz et al., 2016:54).

Some children have a sexual awareness at a very early age. This sexual awareness might be caused by witnessing adult sexuality, which is modelled by the child without fully understanding the meaning of the behaviour (Pienaar, 2011). The severe limit of space due to overcrowding in some households in South Africa can lead to children being overexposed to the sexual activity of adults. Children can also share a bedroom with older children and adults that can contribute to circumstances that promote CSA (Richter & Dawes, 2008:86). A child's sexual behaviour might even be unintended, as he/she does not consider the behaviour as abusive (Artz et al., 2016:48).

The influence of culture and male dominance in South Africa leads to a patriarchal system where men perceive themselves to be authoritative over women and children. African children are socialised to unquestionably obey adults. This increases the risk of children being sexually abused by adults they were expected to respect (Stoltenborgh, Ijzendoorn, Euser & Bakermans-Kranenburg, 2011:89). The parental home and social environment where violence and mistreatment are prevalent increases the possibility for adolescents to become victims of sexual abuse (Artz et al., 2016:9). Parents who are away from home for long hours due to travelling lengthy distances to source employment, leave some children unsupervised for many hours, creating a higher risk of CSA (Richter & Dawes, 2008:86).

Sexual crimes against children cause emotional trauma and often physical harm to the child. The impact of sexual abuse has extensive repercussions on the child, the child's

family, as well as the community, and therefore social work intervention is of utmost importance (Minnie, 2009:523; Fouché, 2007:109; Meüter, 2011:2). The impact of CSA will have a brief focus in the section below.

1.2.2 The impact of child sexual abuse

The effects of CSA are detrimental on all levels, including personally, systematically and financially (Artz et al., 2016:12) and can be explained through a holistic and multi-dimensional approach. The ecological systems theory is useful in explaining the long-term ripple effect that CSA has on the child victim, families, community and wider society (Aucamp, Steyn & Van Rensburg, 2014:49, 57). This theory regards every system to be nested within another system, and that each part is connected by an interdependent and bi-directional relationship as they influence and impact one another (Bronfenbrenner, 1994:38-39; Doyle, 2012:17; Karakurt & Silver, 2014:81).

The micro system refers to the child victim and the relationships with significant others that form part of his/her daily life. The child victim is right in the centre of the microsystem and is the most affected by the CSA (Aucamp et al., 2014:51). It is only the victim of this brutal crime that understands the impact that this experience has. In addition to the physical and/or emotional pain of CSA, the effects of childhood CSA prevails with victims of CSA into their adulthood (Beukes, 2012:15).

The mesosystem is the links, processes and influences that the systems have on one another. This system includes the child's school, family and often even the perpetrator as role players in this system (Aucamp et al., 2014:53-55). Many victims of sexual abuse turn to friends or family members for emotional support. There are few who seek any professional help, including the assistance of child protection services, doctors and the police (Artz et al., 2016:9), which can affect a child victim's learning, general health and social and emotional development (Artz et al., 2016:36).

The exosystem refers to the links and processes prevalent between two or more settings where the child victim is not directly involved, but by whom the child is indirectly influenced. These settings include the child victim's parents' workplace and the family's network of friends, the extended family and the wider community (Bronfenbrenner,

1994:40). Parents often refrain from informing the child victim's school, the parents' friends, and the extended family regarding the CSA. This is an effort to protect their child against the stigmatisation concerning CSA. The result thereof is that the family functions in isolation, not having valuable support in this time of family crisis (Aucamp et al., 2014:56).

The macrosystem refers to the beliefs, customs and resources within a specific culture or community. These cultures, customs and beliefs interact and influence the microsystem (Aucamp et al., 2014:49). The number of children in South Africa being exposed to sexual crimes are increasing due to heightened psychosocial challenges in communities (Meüter, 2011:43). CSA cause major personal and financial implications for child victims and the broader society. This include problems such as psychopathology, poor parenting and the possibility of criminality associated with untreated CSA victims and juvenile perpetrators (Vizard, 2013:511). High caseloads, impeded resources and the absence of operational processes strain the justice, health and welfare-related departments, including the non-governmental organisations (Artz et al., 2016:12).

It is important to not only gain understanding of CSA as a social phenomenon and the impact that this act has on the child victim and the systems around him/her, but to grow in understanding with regards to the prevalence of CSA in the international and South African context. This will be briefly discussed in the following section.

1.2.3 Prevalence of child sexual abuse internationally and in South Africa

CSA is a global problem which is negatively impacting the lives of millions of children (Stoltenborgh et al., 2011:90). It is a challenge to gain a corroborative understanding of the global extent of CSA as there is currently no internationally standardised method to report CSA, therefore it is difficult to make meaningful international comparisons between countries (Barth et al., 2013:469; Wilkinson, 2016). The global prevalence suggests that 11,8% of children across the globe are CSA victims (Stoltenborgh et al., 2011:87) and a wide range of socio-economic problems contribute to CSA globally (Pereda, Guilera, Forns & Gómez-Benito, 2009:339).

The reporting of CSA in South Africa has been alarmingly high (Pereda et al., 2009:336). There are approximately 18 000 to 20 000 cases of CSA being reported to the SAPS annually (Artz et al., 2016:12) with approximately 51 cases per day (Wilkinson, 2014). The Optimus Study which was the first national representative study concerning child and adolescent sexual abuse in South Africa (Artz et al., 2016:15) found that one in every three children in South Africa experienced some form of CSA by the age of 18 years (Artz et al., 2016:36). It is estimated that only 1 in 9 to 1 in 13 cases of CSA are being reported to the police (Artz et al., 2016:12; Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF, 2012:13). There are diverse reasons for the underreporting of CSA in South Africa. It might be because of threats or intimidation that a victim of CSA can receive from the perpetrator. It can be because of cultural values that keep family issues silent and view discussions on sexuality as out of bounds. Perpetrators can also pay bribes to victims and their families in exchange for their silence on the crime. The lack of access to fundamental services for the reporting of CSA such as the police, medical services and child protection services can also be a reason for underreporting (Artz et al., 2016:77). The legal obligations to report CSA will be briefly discussed in the following section.

1.2.4 Mandatory reporting of child sexual abuse in South Africa

All children have the right to be protected against any form of harm, abuse and exploitation in South Africa (Spies, Delpont & Le Roux, 2015:670). This commitment to the protection of children in South Africa was taken in 1995 when the United Convention on the Rights of the Child was undersigned in 1995, and the African Charter on the Rights and Welfare of the Child was undersigned in 2000 in South Africa (Townsend, Waterhouse & Nomdo, 2014:77). By signing these international documents, South Africa declared a commitment in providing legislation and institutional conditions that will uphold children's rights (Søftestad & Toverud, 2013:1523; Van Bijleveld, Dedding, Bunders-Aelen, 2015:129). In response to these international declarations, progressive legislative frameworks were developed in South Africa to ensure the protection of child rights and to provide social welfare services that are in line with these commitments (DSD et al., 2012:57). The Children's Act 38 of 2005 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32

of 2007 outline the legal obligation being placed on professionals and members of the public to report any knowledge pertaining CSA – even if it is just a belief with substantial reason and/or suspicion of sexual abuse (Aucamp et al., 2012:9; Richter & Dawes, 2008:87). Designated social workers are stipulated in the above-mentioned legislation as a role player in the investigation of alleged CSA (Artz et al., 2016:18-19; Hendricks, 2014:551; Richter & Dawes, 2008:87). Therefore the role of a designated social worker within cases of alleged CSA will be briefly discussed below.

1.2.5 The roles and responsibilities of the designated social worker when working with alleged CSA cases

Social work is a profession with various fields of service delivery. Interventions related to CSA is one of these fields with the protection of children being the primary function and main responsibility of designated social workers (Luyt, 2015:2). The designated social worker has certain professional and ethical responsibilities with CSA allegation investigations which is fundamentally guided by their personal and professional values as underlined in the ethical code of the South African Council of Social Service Professions (SACSSP) (Van Wyk, 2011:64). Secondly, the stipulations on what designated child protection services entail is outlined in the Children's Act 38 of 2005 and the Children's Amendment Act 41 of 2007.

For designated social workers to plan effective action in CSA cases, it is essential that they have a comprehensive knowledge base and understanding of what CSA entails – having adequate training, educational preparation and supervision (Capri et al., 2013:378) to have the required skills and resources to ensure successful service delivery (Van Wyk, 2011:65). It is also important to have a good fit between the social worker's physical and emotional stamina and the expectations of the profession (Van Wyk, 2011:43). Cultural- and diversity competence is essential as the designated social worker should have knowledge about the cultural group of the client as it strengthens the professional relationship between the social worker and the client (Blom, 2006:55).

In cases of alleged CSA, the designated social worker needs to gain understanding of the thoughts, perceptions and behaviour of the sexually abused child (Spies,

2006a:59), his/her family (Fourie & Van der Merwe, 2009:89), as well as to gather information from collateral sources that forms part of the child's context (Spies & Le Roux, 2017:202). The emotional support and guidance that a designated social worker provides to the child victim and his/her family are essential in their acceptance and adaptations after the sexual abuse trauma (Fourie & Van der Merwe, 2014:87; Kim et al., 2016:612; Mash & Wolfe, 2010:481; Mather, Lager & Harris, 2007:167). Designated social workers need to plan effective intervention in a timely manner by obtaining accurate information (Kim et al., 2016:598; Pecora, Chahine & Graham, 2013:144) through critical thinking and decision-making to ensure sound professional judgement (Pecora et al., 2013:143) while serving the best interests of the child (Spies et al., 2015:671).

Designated social workers also have a legal obligation to bring cases of alleged CSA to the Children's Court (Luyt, 2015:2) and they have statutory rights that are compelling them to be witnesses in court (Meüter, 2011:3). Designated social workers have the responsibility to become the voice of victims of alleged CSA by advocating for correct procedures in the criminal justice system (Meüter, 2011:31), as well as the education of courts and others on matters relevant to CSA, as this will promote the successful completion of CSA cases (Aucamp et al., 2012:9). Therefore, designated social workers need to be knowledgeable on the different role players involved within the criminal justice system, as well as the fulfilment of these role players' roles and responsibilities (Barker & Branson, 2000 in Meüter, 2011:30).

Social work and child protection are immensely challenging areas of work (Ferguson, 2011:193), therefore the next section will briefly outline the challenges that designated social workers experience when working with cases of alleged CSA.

1.2.6 Challenges that designated social workers experience when working with alleged CSA cases

Designated social workers are continuously faced with challenges in their working environments, which have a negative impact on the role that they need to fulfil in cases of alleged CSA. These challenges include being short-staffed, feeling isolated, being harassed, feeling powerless, experiencing system fatigue, having low status and

working with high caseloads (Capri et al., 2012:371-373; Paulsen & Wilson, 2013:61). Designated social workers in South Africa have an average caseload of 150 cases per annum, with these cases often being complex and requiring work experience and expertise (Dlamini & Sewpaul, 2015:470). This lack in human and other resources, as well as the lack in support systems to follow up on these investigations, cause frustration for designated social workers (Hendricks, 2014:552; Richter & Dawes, 2008:88; Schiller, 2017:12). To overburden designated social workers even more, CSA cases impact social workers negatively as it creates the most intense experiences (Fouché, 2007:3; Luyt, 2015:72; Van Wyk, 2011:4; Vizard, 2013:503). These investigations are emotionally, as well as intellectually challenging for the designated social worker (Van Wyk, 2011:61). Luyt (2015:2) is of opinion that designated social workers also have lower levels of work satisfaction due to the high levels of work-related stress they experience when working with alleged CSA cases.

In summary, CSA is a crime against children that have many faces through which it can reveal itself. CSA has a severely negative impact on the child victim, his/her family, and all the other systems in which the child is directly or indirectly involved in – even impacting the designated social worker negatively who is responsible to render designated child protection services with alleged CSA cases. There is a limited knowledge base available of what these experiences of designated social workers entail when working in the South African context. Therefore this study aims to gain understanding on these experiences that designated social workers in the South African context have, thus attempting to fill a specific knowledge gap in literature.

1.3 THEORETICAL FRAMEWORK

The Person-Centred Approach (PCA) was the theoretical framework used for the study. The PCA was regarded as a relevant theoretical approach for this research study as the researcher attempted to gain understanding on the participants' personal and subjective experiences when working with alleged CSA cases in the South African context (Hasselberger & Hutterer, 2013:323). Research from a PCA perspective allowed the researcher to connect with the research participants and allowed the researcher to learn from the meaning that the participants ascribed to their experiences (Hasselberger & Hutterer, 2013:330). There is a relational character embedded in

person-centred research (Jacobs, Van Lieshout, Borg & Ness, 2017:52) where the researcher engages with the participants in an attentive, approving and non-judgemental manner while confirming whether the researcher's understanding of what was shared by the participant was accurately understood by the researcher (Corey, 2009:184).

While incorporating the PCA as a theoretical framework during the study, the researcher had to:

- Regard the participants as trustworthy and resourceful with a capability to have self-understanding and self-direction (Corey, 2009:169).
- Create a growth-promoting climate through congruence (authenticity), being accepting and caring by employing unconditional positive regard (Corey, 2009:169).
- Employ accurate empathic understanding by genuinely caring, respecting, accepting and supporting the subjective experiences that was shared by each participant during the study (Corey, 2009:171).
- Ensure that participants felt free to have certain feelings and experiences without risking to lose the researcher's acceptance (Corey, 2009:174).

It was important to keep the abovementioned PCA framework as it allowed the researcher to gain understanding on the diverse worldviews that the participants had during the study (Corey, 2009:184) as the focus of the study was on the person namely how designated social workers experience working with alleged CSA in the South African context (Corey, 2009:170). The researcher is of opinion that this enabled her to gain better understanding of what the participants' experiences entailed. This understanding enabled the research study to produce knowledge applicable to the experiences of designated social workers working with alleged CSA in the South African context. The PCA also links with the rationale and problem statement of the study. The rationale and problem statement will both be discussed in the section below.

1.4 RATIONALE AND PROBLEM STATEMENT

Little is known on how designated social workers experience the challenges and opportunities when working with cases of care and child protection when there is alleged CSA (Søftestad & Toverud, 2013:1512). This is especially true for literature on designated social workers' experiences when working with alleged CSA cases in the South African context. A literature search was conducted by the researcher on the University of Pretoria library and other electronic journal platforms. This search generated one South African study that explored the experiences of social workers investigating CSA cases (Cussons, 2011). The researcher found two South African studies exploring the experiences of social workers working therapeutically with CSA victims (Capri et al., 2013; Van Westrhenen, Fritz, Vermeer & Kleber, 2017), as well as another South African study exploring the psychosocial needs of social workers during investigations of CSA cases (Luyt, 2016). The most recent study that the researcher found was published by Schiller (2017). This study explored the challenges that social workers face when working with CSA allegation in child protection organisations.

Literature confirms that the intervention with the sexually abused child poses distinctive challenges to the social worker responsible for the investigation and intervention with alleged CSA. This is because of the complexity of the CSA phenomenon creating daunting demands and intense experiences for social workers (Fouché, 2007:3; Luyt, 2015:72; Van Wyk, 2011:4; Vizard, 2013:503).

The rationale of this research study is that by gaining understanding on how designated social workers experience working with CSA cases, there will also be an increased understanding pertaining the required interventions needed with alleged CSA cases. This will include an understanding on the specific competence, as well as structural- and institutional conditions required when doing this kind of work (Søftestad & Toverud, 2013:1512). When these experiences of designated social workers are better understood, the necessary support and resources can be developed and implemented in order for social workers and other related professionals to facilitate child victims' recovery after sexual trauma (Van Westrhenen et al., 2017:1). There will be no improvement on the current CSA situation without a national CSA research agenda as

it is a requirement to develop and design appropriate interventions with alleged CSA cases (Richter & Dawes, 2008:89).

As this study was qualitative in nature, a research question was formulated. A research question was important as it formed the backbone of the qualitative research design (Mason, 2002 in Fouché & Schurink, 2011:323) and it creates the framework for the research design and data analysis (Wester, Borders, Boul & Horton, 2013:285). The research question guided and directed the study, and each component in the research design was aimed at answering the research question (Nieuwenhuis, 2016b:73). The research question in this study was the following: “What are the experiences of designated social workers when working with cases of alleged CSA in the South African context?” The research aimed at providing an answer to this posed question.

1.5 GOAL AND OBJECTIVES

The goal of the study is to explore and describe the experiences of designated social workers working with cases of alleged CSA in the South African context.

The objectives for the study are described as the following:

- To conceptualise CSA as a phenomenon.
- To explore and describe the extent to which their knowledge equips designated social workers to work with alleged CSA.
- To explore current practices of designated social workers in their work with alleged CSA.
- To explore and describe challenges experienced by designated social workers when working with alleged CSA.
- To inform role players in child protection at a national forum on the findings of the study.

1.6 RESEARCH APPROACH

The research study followed a qualitative research approach (Nieuwenhuis, 2016a:53). Qualitative research is an interpretive approach, aiming to understand people and the meaning that they attach to certain experiences (De Vos, Strydom, Schulze & Patel, 2011:8).

Qualitative researchers are concerned with understanding (*verstehen*) a phenomenon through a subjective exploration of reality from an insider's perspective, rather than explaining certain phenomena through a controlled measurement (Fouché & Schurink, 2011:308). Certain strategies were employed to ensure that the information received during the study was credible and giving an accurate reflection of the participants' experiences, rather than an outsider's perspective (Nieuwenhuis, 2016a:53). The researcher aimed to have an interpretive understanding of the subjective meaning that designated social workers had when working with cases of alleged CSA (Fouché & Schurink, 2011:309-310). It was important that the researcher had to be aware of the possible influence that her own personal background, possible biases and personal values might have had on her interpretations of the study, as the researcher had to interpret the participants' experiences during the research study (Creswell, 2014:187).

1.7 TYPE OF RESEARCH

The type of research of this study was applied research. Applied research focuses on addressing challenges experienced in practice (Sarantakos, 2005:10). The focus of the study was to provide data that could improve the current practice of designated social workers working with cases of alleged CSA (Fouché & De Vos, 2011:95).

The purpose of the study was to explore and describe designated social workers' experiences when working with cases of alleged CSA in the South African context. This was done through rich and thick descriptions from a small sample size (Creswell, 2014:202; Nieuwenhuis, 2016c:93; Wagner, Kawulich & Garner, 2012:88).

The study had a twofold research purpose. Firstly, the study had a descriptive research purpose where the researcher wanted to gain new understanding on the "how" and

“why” of designated social workers’ experiences when working with cases of alleged CSA. This was possible through acquiring specific details from participants, and by determining the deeper meanings through detailed descriptions that the participants provided during the study (Fouché & De Vos, 2011:96; Nieuwenhuis, 2016a:55). Secondly, the study had an exploratory research purpose, as the researcher wanted to gain insight into the experiences of designated social workers. The researcher also wanted to identify key issues into the ‘what’-question of participants’ experiences when working with alleged CSA (Nieuwenhuis, 2016a:54-55). The research design of the study will now follow.

1.8 RESEARCH DESIGN

The research design provides the plan that the researcher employed to address the posed research problem (Nieuwenhuis, 2016c:72). The study followed a case study research design as the purpose was to explore and describe the real-life context of designated social workers working with alleged CSA in the South African context (Rubin & Babbie, 2011:425). The study was an empirical inquiry into the participants’ experiences when working with alleged CSA cases (Nieuwenhuis, 2016c:81).

The study was an instrumental case study as the focus was not primarily on the designated social workers participating in the study, but on the context of their experiences when working with the complexity of alleged CSA. The participants’ insights facilitated a more comprehensive understanding of what the context of CSA in South Africa entailed. The participants’ input was explored in depth, their contexts were analysed, and ordinary activities were given detail as it contributed to understanding designated social workers’ experience when working with alleged CSA in the South African context (Nieuwenhuis, 2016c:82-83).

Case studies often develop into explanations, patterns, or even conclusions that depicts the overall understanding of what the researcher derived from the conducted interviews (Creswell, 2013:99). As this case was bound by the context in which designated social workers are employed, it ensured that the study scope was not too broad, so the research purposes could be fulfilled (Creswell, 2013:101; Nieuwenhuis, 2016c:81).

1.9 RESEARCH METHODOLOGY

As it is impossible to have access to the exact population of designated social workers working with alleged CSA in the South African context, the research study focused on the Mpumalanga province, specifically Nelspruit and surrounding areas where the researcher made use of non-probability sampling as a sampling approach during the study (Maree & Pietersen, 2016:197; Strydom & Delpont, 2011:391). The researcher used sampling techniques that could collect wide and diverse information from designated social workers working with alleged CSA in the South African context, and therefore decided to make use of a combination of sampling methods. First the researcher used purposive sampling as a strategy, and thereafter used snowball-sampling. These sampling methods allowed the researcher to have common criteria for possible participants that could be included (Wagner et al., 2012:93), which resulted in rich and detailed descriptions from participants during the interviews, allowing rich data during the study (Strydom & Delpont, 2011:391-392).

The researcher used interviewing as a mode of data collection, which is predominantly used in qualitative research (Greeff, 2011:342). During this study the researcher used semi-structured interviewing as a data collection method (Greeff, 2011:351) and an interview schedule (which is a more systematic and pre-planned method of interviewing) was used as a data collection tool (Rubin & Babbie, 2011:463). The interview schedule was formulated by focusing on broad questions first and progressing to more sensitive questions later in the interview (Greeff, 2011:352). The interview schedule contained intentionally formulated open-ended questions which gave an outline of topics and issues that formed part of the study (Nieuwenhuis, 2016c:93; Rubin & Babbie, 2011:463). The researcher had the opportunity to adjust the wording and question sequencing during the interviews in a manner that still allowed comprehensive and comparable data collection (Greeff, 2011:348). The researcher asked permission from the participants to do audio recordings of the interviews for transcribing purposes, and also took notes during the interviews for possible probing, clarification and follow-up questions during the interviews (Nieuwenhuis, 2016c:93-94).

It was essential that the researcher first pre-tested the semi-structured interview schedule before formally commencing with the research study. This was an integral part of the research process, as the pilot study is crucial in determining what challenges can be foreseen during the formal research process. The researcher therefore first interviewed a participant who complied with the set criteria for possible participants who could be included during the data collection phase (Strydom, 2011a:236; Strydom & Delport, 2011:394-295). The researcher then drafted a transcript of this interview, and no amendments were made to the proposed semi-structured interview schedule.

The data analysis of the interviews started when the researcher thematically analysed the collected data by establishing patterns, categories and themes prevalent in the research study (Simons, 2009). This was possible as the researcher employed a continuous process of thematic analysis as part of the data analysis process (Clarke, Braun & Hayfield, 2015:231). This data analysis process had to adhere to the standards and strategies required to ensure that a study is trustworthy (Nieuwenhuis, 2016d:123). The researcher continued with this process until she established a comprehensive set of themes for the study (Creswell, 2014:186; Wagner et al., 2012:231). These identified themes provided the framework for the research report (Clarke et al., 2015:240).

In Chapter 3 a more comprehensive description on the research methodology for the study will be given. The ethical considerations as applicable to the study will be discussed in Chapter 3 too.

1.10 LIMITATIONS OF THE STUDY

The researcher is aware of certain limitations and shortcomings of the conducted research study:

- Although the sample size of the study was small, this study is forming part of a bigger collective study where other researchers also followed the same interview schedule within their research study. This study's findings cannot however be generalised to the broader population.

- With the theoretical framework for the study only being the person-entered approach, the researcher is of opinion that the ecological systems theory could also have been included as part of the theoretical framework for this study. By including the ecological systems theory, the theoretical framework would have opened its lens significantly in how the designated social worker's functioning is perceived within a variety of systems.
- The interview schedule did not include a question that specifically focused on the approach and/or practical strategies that designated social workers use when rendering emotional support and therapy to child victims and their family members. The researcher is also of opinion that questions focusing specifically on the role players that the participants regard as important in the investigation and intervention with CSA cases could have added value to the results of the study.
- The objectives of the study were very broad, resulting in an interview process that focused on a broad scope of literature and a variety of interview questions that had to be adequately probed and explored to find rich descriptions. The researcher is of opinion that the quality of the data would have been more descriptive and concise should the objectives of the study and the data collection process have been more specific in nature.
- Resistance from some participants to share their true feelings and experiences during the interviews were evident. The researcher had to guard against turning the interview into a therapeutic session or causing harm by probing too much, thus some aspects regarding designated social workers' experiences could not be explored. The researcher is of opinion that not all participants in the study shared their true experiences during the interviews Therefore not all the experiences that the designated social workers have when working with alleged CSA were adequately shared during the study.

1.11 CHAPTER OUTLINE

This research report consists out of the following chapters:

Chapter 1: General introduction to the study

Chapter 1 provides the general background for the research study, as well as a discussion on the theoretical framework underlying this study. The rationale, problem statement for the study, as well as the goal and objectives for the study are outlined and the applicable research methodology are briefly discussed. This chapter concludes with an outline of the limitations applicable to the study.

Chapter 2: Sexual abuse of children and professional intervention

This chapter provides the literature review which forms the literature foundation for the study. In this chapter there is a focus on the conceptualisation of CSA, as well as the prevalence of CSA on an international- and national scale. There is also attention given to the impact of CSA on various levels, as well as the importance of mandatory reporting when having knowledge of the maltreatment of children in South Africa. Thereafter a focus is given on what literature views as the roles and responsibilities of the designated social worker, and lastly the challenges that are inherent when dealing with CSA are discussed.

Chapter 3: Research methodology and empirical findings

This chapter outlines both the research methodology applicable to the study, as well as the appropriate ethical considerations for the study. This chapter concludes with a discussion on the empirical findings of the study.

Chapter 4: Key findings, conclusions and recommendations

In this final chapter, the researcher concludes her research report by discussing how the goal and objectives of the study were reached. Thereafter the key findings of the research study are indicated and discussed. The researcher then draws final conclusions with regards to the data that was collected. Lastly, recommendations for practice and future research are made as derived from the key findings of the study. The researcher is concluding her research report by making suggestions for possible future research.

1.12 SUMMARY

In Chapter 1 a general introduction is given of the conducted study. The chapter started with a brief introductory literature review as applicable to the study. Thereafter the researcher gave a brief outline on the theoretical framework, rationale and problem statement, as well as the goal and objectives of the study. This chapter then continued by paying brief attention on the applicable research methodology for the study. This ensured that the proposed study was actually suitable to gain insight into the experiences of designated social workers working with alleged CSA in the South African context. The chapter concluded by stipulating the limitations of the study, as well as giving a brief outline of the chapters included in the research report.

CHAPTER 2

SEXUAL ABUSE OF CHILDREN AND PROFESSIONAL INTERVENTION

2.1 INTRODUCTION

Children are the most vulnerable group in our democratic South Africa (Conradie, 2003:1). Children - and especially small children - rely on adults caring for them to meet their physical needs, as well as their needs for safety, security, love and a sense of belonging. The reality however is that children are often harmed by the very adults who are responsible for their care and protection: within families, in state institutions and beyond (Beckett, 2007:5; Lansdown, 2011:145). CSA is considered the worst form of trauma to be inflicted on a child (Fouché, 2007:99) and has far reaching effects on the child victim, as well as everyone involved in the victim's life (Rust, Strydom & Vermeulen, 2012:45). CSA has become an 'epidemic' in South Africa (Artz et al., 2016:34) as more than 40% of the reported rapes in South Africa are committed against children (Andersen, 2018; Mbhele, 2018)

The nature and dynamics of CSA make it exceedingly difficult for children to disclose their victimisation (Paine & Hansen, 2002:289). CSA is also a complex problem which includes social, psychological and legal considerations (Minnie, 2009:523) as child victims, families and professionals in statutory agencies need to navigate through complex processes (Voss, Rushforth & Powell, 2018:209). It is difficult to identify CSA, especially when the reasons for referral are for matters such as child neglect or other problems (Martin, Brady, Kwhali, Brown, Crowe & Matouskova, 2014:12). When CSA is suspected, the child is included in an investigative process that underlies the judicial process (Kuehnle & Connell, 2010:556). These processes set high and distinctive demands on the social worker responsible for the investigation and intervention (Van Wyk, 2011:4) as CSA cases are complex and create stress in social workers. The investigation and intervention of alleged CSA cases are however a core function of a social worker's safeguarding responsibilities (Martin et al., 2016:2211) which creates the most intense experiences for workers (Fouché, 2007:3; Luyt, 2015:72; Van Wyk, 2011:4). Designated social workers experience uncertainty on how to approach such cases to ensure that the best interests of the child are being met (Mather et al., 2007:169; Schiller, 2017:10; Van Wyk, 2011:212, 215). It is normal for any child welfare

social worker to feel somewhat overwhelmed by the numerous problem areas to be addressed within a family (Mather et al., 2007:162) and therefore it is imperative that designated social workers are adequately trained and should receive supervision to discuss challenges within the field of alleged CSA cases (Aucamp et al., 2013:126; Capri et al., 2013:378; Søftestad & Toverud, 2013:1521-1522).

In this chapter, CSA will be conceptualised, the prevalence of CSA will be discussed and there will also be a focus on the effects of CSA. The legal obligation to report any maltreatment of children will also be discussed, an overview on the role of the designated social worker will follow, as well as the challenges experienced when working with alleged CSA cases.

2.2 CONCEPTUALISING CHILD SEXUAL ABUSE

CSA is a harsh reality, and it will always have a negative impact on a child's life. Sexual abuse is a reality for children of every class, culture, gender, race and religion (Spies, 2006a:45). It is important to gain better understanding on this complex phenomenon, and therefore it will be conceptualised in the following section.

2.2.1 Defining child sexual abuse

It is important for practitioners to have a well-defined understanding of what CSA entails, as it lays the foundation for a comprehensive understanding of this phenomenon. This understanding allows practitioners to effectively protect and assist CSA victims (Aucamp et al., 2013:133). CSA can be defined as the expression of unequal power in a sexual manner through physical- or non-physical contact. This contact exists between people who are in different developmental stages: the perpetrator being a person with power and authority (usually an adult) who exploits a vulnerable and powerless individual (usually a child). Because of the child victim being developmentally immature, the child is unable to comprehend the true meaning of the sexual interaction and can therefore not give informed consent to what constitutes this relationship. CSA therefore does not belong in any developmental phase of a child (Aucamp et al., 2012:2; Aucamp et al., 2013:130; Beckett, 2007:67; Fouché, 2007:47; Mather et al., 2007:141; Spies, 2006b:269). Sexual abuse can also include situations

involving an older and a younger child where there is a significant difference in age, size or power. The victim might be the same age as the perpetrator, but at an earlier developmental stage because of mental retardation (Berliner, 2011:215; Mather et al., 2007:141; McCoy & Keen, 2009:108). The possibility of power imbalances and difference in status between the child victim and child perpetrator can also lead to CSA due to the hierarchical differences in their social standing within a peer group (Aucamp et al., 2013:129). CSA can be divided into contact and non-contact sexual abuse.

Contact sexual abuse refers to sexual acts that involves touch between the perpetrator and the child victim (McCoy & Keen, 2009:109), either through sexual penetration or an act of sexual violation. According to the Criminal Law (Sexual Offence and Related Matters) Amendment Act 32 of 2007 **sexual penetration** is regarded as any sexual form of penetration to any extent whatsoever by the genital organ, any body part and/or object by one person into or beyond the genital organs, anus or mouth of another person. The Criminal Law (Sexual Offence and Related Matters) Amendment Act 32 of 2007 defines **sexual violation** as:

- direct or indirect contact between a person's genital organs or anus (or in the case of a female, her breasts) and any other body part of a person or an animal, including any object resembling or presenting the genital organs or anus of such a person or animal.
- the mouth of one person and the mouth, breasts, anus or genital organs of another person;
- any other part of the body of another person that could cause sexual arousal or stimulation;
- masturbation of a person through another person; or
- insertion of any object that can resemble or represent the genital organs of a person or animal into the mouth or anywhere else on/in a person's body.

To sufficiently understand the dynamics of the problems associated with CSA, social workers must know that interactions in the abusive situation may not always necessarily involve physical contact between the perpetrators and the victims (Mather et al., 2007:141), as much sexual abusive behaviours can be described as **non-**

contact sexual abuse where there is no direct contact between the body of the child and the perpetrator. These acts include a child witnessing pornography, a child engaging in self-masturbation by the request of a perpetrator, or a child witnessing any other sexual offence or a sexual act (Aucamp et al., 2012:2-3). Acts such as flashing (exposing intimate parts), sexy talk or voyeurism (where the perpetrator overtly or covertly observes the victim in an undressed state or in activities that provide the perpetrator with sexual gratification) are also forms of non-contact sexual abuse (McCoy & Keen, 2009:142). These acts are however not currently regarded as sexual abuse in the Criminal Law (Sexual Offence and Related Matters) Amendment Act 32 of 2007. Professionals need to understand the dynamics of non-contact sexual abuse as it can possibly form part of a child's grooming process where the perpetrator might plan to sexually violate and/or penetrate the child victim after a period of time (Aucamp et al., 2012:3), although there is however not always such progression in behaviour present (Spies, 2006a:45). Fouché (2007:51) reiterates that a child is emotionally harmed when exposed to non-contact sexual abuse, as the child is not emotionally or physically ready to what he/she is being exposed to. There are however etiological factors that contribute to CSA in South Africa which will be discussed in the following section.

2.2.2 Etiological factors of child sexual abuse

According to Mash and Wolfe (2010:481) and Artz et al. (2016:83) CSA does not occur in a vacuum as it is often rooted in contexts with other individual, familial and community problems where most children who are exposed to a possible traumatic event had other similar experiences as well (Capri et al., 2013:373). It is the accumulation of a child's trauma history that is of significance, because the child's increased trauma burden leads to more serious psychological and health concerns. If the exposure to potentially traumatic events are common for a child, it is possible that the child has developed coping skills to deal with these difficult life experiences (Berliner, 2011:221-222). CSA cases often involve multi-problem dysfunctional families who are experiencing serious long-term issues such as addiction, domestic violence, adultery and dysfunctional relationships. Parents might be so occupied with their own issues and unresolved emotions that they cannot be emotionally available to their children, leaving the child vulnerable to become a possible victim of CSA (or could

already be a victim of CSA), who should cope alone (Mather et al., 2007:162; Ferree, 2009).

Various protective and risk factors could either increase a child's protection or increase the child's risk to become a victim of CSA (DSD et al., 2012:10). It is important to understand the risk factors that can exacerbate the effect of abuse, as well as the protective factors that build the child's resilience in order to withstand the potential harmful effects of CSA (Aucamp et al., 2014:57).

The **protective factors** that could build a child's resilience and lower his/her vulnerability to become a possible victim of sexual abuse include individual, family and community protective factors (DSD et al., 2012:44). Individual protective factors relate to children who are humorous, who have an internal locus of control and a high self-esteem. Other individual factors include an easy temperament, empathy for others, being spiritually grounded, having effective communication skills, as well as participating in recreational activities which build many individual protective factors in children (DSD et al., 2012:44; Hilarski, Wordarski & Feit, 2008:37). The level of education can also be considered as a personal resource to cope with a traumatic event as higher levels of education are linked to more personal and instrumental resources (Lev-Wiesel & Markus, 2013:529). Factors within the family and community which can be regarded as possible protection against abuse are positive parenting, parental education and support, as well as strong child-parent attachment and bonds within the family. Schools, peers and communities can form part of protective factors for children where the development of healthy norms, values and attitudes shape and influence a child's own belief system and behaviour (DSD et al., 2012:44).

These factors include aspects such as the child being unsure of himself/herself (Mash & Wolfe, 2010:476), hunger (Capri et al., 2013:374), unemployment, parental depression (DSD et al., 2012:18), poverty, social isolation, financial difficulties, substance abuse, gang violence, poor social norms and values, community violence and limited access to resources (Artz et al., 2016:84, DSD et al., 2012:11, Fourie & Van der Merwe, 2009:88; Kisanga, Mbwambo, Hogan, Nystrom, Emmelin & Lindmark, 2010:297; Lieberman & Knorr, 2007:421; Mash & Wolfe, 2010:476).

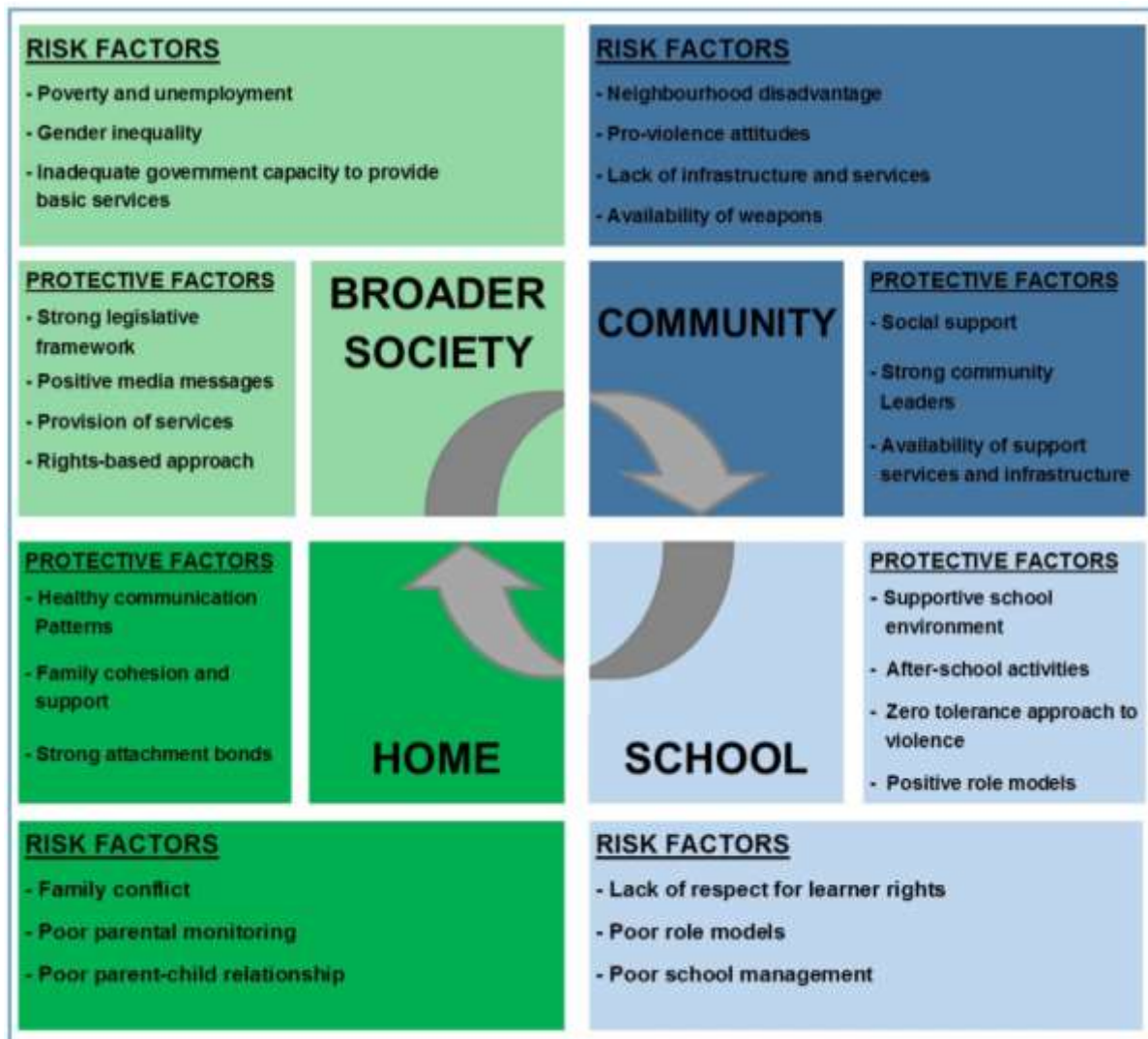


Figure 1: Interplay between risk and protective factors across settings (DSD et al., 2012:45)

Children left unsupervised for many hours as parents spend lengthy hours and far distances from home to source employment, increase children’s risk to be sexually abused (McCoy & Keen, 2009:114; Mash & Wolfe, 2010:476). The rapid social changes within families where urbanisation and individualism are increasing, lead to the isolation of families. When children are left with biologically unrelated caregivers when parents source employment, the risk of possible CSA increases (Mgabaya, 2010 in Stoltenborgh et al., 2011:89). Divorce, separation and custody disputes can also be a risk-factor in allegations of CSA (Lubaale, 2016:77). Single-parent households can also increase a child’s risk to become a victim of sexual abuse as there is a bigger likelihood for limited parental supervision and involvement (McCoy & Keen, 2009:114). The parental home and social environment where violence and mistreatment are

prevalent, increase the risk for adolescents to become victims of sexual abuse (Artz et al., 2016:9). It is important to note that CSA perpetrators target possible victims based on their vulnerability, rather than their physical attributes (Richter & Dawes, 2008:87).

Familial and cultural practices can also contribute to the high rates of child abuse in South Africa. The influence of culture (where talking about sexuality is a taboo) and patriarchal attitudes (leading to male dominance) contribute to sexual coercion. Women and children who are socialised to be compliant, dependent and silent, also feed this abusive culture (Artz et al., 2016:14; Richter & Dawes, 2008:79). African children are especially socialised to respect elders and obey adults unquestionably, which heightens the CSA risk with the perpetrator possibly being a respected adult (Fouché, 2006:214; Richter & Dawes, 2008:85; Stoltenborgh et al., 2011:89). The traditional belief of the 'cleansing' nature that sex with virgins or young girls can have on curing sexually transmitted diseases (STIs), HIV and AIDS, contribute to children's vulnerability to sexual abuse (DSD et al., 2012:1; Kisanga et al., 2010:298). CSA matters are often settled in traditional families by paying CSA damages to traditional authorities, especially in the Kwazulu-Natal, Eastern Cape and North West provinces, keeping families silent while increasing the risk of continuous sexual abuse of a child (Artz et al., 2016:58-59).

2.2.3 Demography of sexual abuse perpetrators and victims

Most children are abused by someone they know who is in a position of authority or control over the child (Kisanga et al., 2010:302; Paine & Hansen, 2002:277). According to Artz et al. (2016:9) and Louw and Louw (2014:409) there is a 30% to 80% likelihood that the perpetrator of CSA is a known adult: someone the child knows, such as an acquaintance, an adult relative, a biological father, a boyfriend/girlfriend, a caregiver, a neighbour, a stepfather or even a teacher (Kim et al., 2016:601). Long-term abuse occurs mostly when a perpetrator has frequent access to and contact with a child, which is usually then a family member, or a neighbour (Artz et al., 2016:58) with one (1) in six (6) cases reported to be ongoing (Artz et al., 2016:66).

Table 1: Relationship with perpetrator to the victim (in %) (Artz et al., 2016:60)

Type of perpetrator	Relative (in or outside household)	Step-parent or parent's live-in partner	Current or ex-boyfriend or girlfriend	Anyone else (e.g. friend, neighbour or school-mate)	Stranger	Other
Sexual abuse by a known adult	25.5	9.6	6.4	39.4	N/A	19.1
Sexual abuse by an unknown adult	N/A	N/A	N/A	N/A	N/A	N/A
Sexual abuse by a child or adolescent	5.7	N/A	40.2	48.3	3.4	2.3
Forced sexual intercourse (actual or attempted)	8.1	0.8	29.0	46.8	11.3	4.0
Sexual exposure	6.1	0.6	21.3	68.9	2.4	0.6
Sexual harassment (verbal or written)	5.2	0	11.5	77.1	5.2	1.0
Other sexual experience with an adult	0.7	0	80.1	14.0	1.4	3.8

The age of CSA perpetrators can range from quite young (even younger than their victims in some extreme cases) to old age. Most perpetrators are between the ages of 15 and 45, with a peak between 18 and 25 years (McCoy & Keen, 2009:112). There were 27.6% of South African men who reported in a random population-based sample that they had committed rape, with 72.7% committing the crime before the age of 20 years (Jewkes, Sikweyiya, Morrell & Dunkle, 2009:1). Being abused as a child increases the likelihood of becoming a sexual abuser in adulthood, although it is not a definitive fact (Cattanach, 2008:33).

Most female CSA victims are abused by boys and men, while the perpetrators against boys are more mixed in gender (Artz et al., 2016:60). Most teenagers report that contact sexual abuse was a former boyfriend/girlfriend or a date (Artz et al., 2016:9). In DSD et al. (2012:21) and Artz et al. (2016:60) it is reported that many of the sexual perpetrators of older children, are their peers. This finding is also supported by Pienaar (2011) who states that Child Line reported that child-on-CSA constituted 50% of the reports made to the organisation, where both the victim and perpetrator are still children. This sexual abuse can be a deliberate act, or even as an unintentional expression of improper sexualised behaviour. This often happens as young sexual abuse perpetrators are sometimes victims of abuse – whether this abuse is of a sexual, physical or psychological nature (Artz et al., 2016:47). Being abused as a child

increases the likelihood of becoming a sexual abuser in adulthood, although it is not a definitive fact (Cattanach, 2008:33). Complicating factors in these cases are the early age of child perpetrators and their inability to have insight and judgment into their wrongdoing, which complicates the incidents from a psycho-legal and psychosocial perspective (Pienaar, 2011).

Although there is a difference in the type of sexual abuse boys experience which is fondling, oral and anal intercourse (Kim et al., 2016:612-613), there is a profound silence among boys as they conceal sexual abuse (Lev-Wiesel & First, 2018:184). Boys have higher levels of emotional reactions with disclosures and are significantly reluctant to disclose CSA (Lev-Wiesel & First, 2018:18). They would rather report it to a known adult than a psychologist, social worker or the police (Artz et al., 2016:77). There are several reasons for boys' reluctance: feelings of weakness and failure because of social stigmatisation (of being homosexual), myths surrounding the sexual abuse of males (Pereda et al., 2009:338) and society's traditional view of men as aggressors rather than as victims (DSD, 2012:11).

CSA tend to have a higher prevalence among the female population, but the prevalence of CSA among boys tend to be higher in low-resource countries (Artz et al., 2016:38; Barth et al., 2013:469). For most male CSA victims, it takes more than 10 years before disclosing their CSA experiences, where with females, the average period is much shorter (Stoltenborgh et al., 2011:89). Boys tend to externalise their abuse by victimising others – either through aggressiveness, bullying behaviour or sexual offending. Girl victims of CSA have an inclination to internalise this behaviour through self-harming activities (Artz et al., 2016:48).

A child's vulnerability to become a victim increases as the child approaches puberty, and this vulnerability peaks during adolescence (Artz et al., 2016:54; McCoy & Keen, 2009:111). The first incidents of CSA are usually between the ages of 14 and 16 years for both boys and girls. There is a small percentage of children who experience their first abuse much earlier as there is a sharp increase from ages four to eight years (Artz et al., 2016:54; McCoy & Keen, 2009:114). Child abuse studies progressively show higher levels of reported victimisation of boys, especially of younger, pre-adolescent boys. This is not necessarily due to increased sexual victimisation, but rather an

indication that prevention, protection and reporting measures start to reveal higher prevalence rates than previously reported (Artz et al., 2016:40). It is often the sad reality that children are sexually abused by their next of kin, which will be discussed in the following section.

2.2.4 Incest

The White Paper for Social Welfare 1997 stipulates that the well-being of children is dependent on the ability of families to function effectively. Due to children's vulnerability, they need to develop in a nurturing and secure family where the child's survival, development, protection and participation in family and social life is enhanced. This is however not true for all families, as incest is the predominant form of sexual abuse seen by social workers in many settings (Mather et al., 2007:141).

Incest can be defined as any form of sexual contact that is committed between individuals who are prohibited from marrying each other on the ground of blood kinship, affinity or an adoptive relationship, but who however do engage in sexual intercourse (Minnie, 2009:229). According to Mather et al. (2007:141) and Ferree (2009) the interaction between a family member (frequently being the father or stepfather) and the child often begins as appropriate displays of physical affection and then gradually progresses to sexual behaviour. The incestuous sexual abuse is particularly damaging to the child due to the psychological trauma arising as a trusting relationship has been breached.

Incestuous families often function in isolation from other families and community activities, as the perpetrator attempts to maintain control and dominance over family members (Mash & Wolfe, 2010:476). It often happens with cases of incest that families would rather deny the abuse to protect the family from disintegrating (Spies, 2006a:48) even though members of the family (and often the non-offending mother) know about the child being sexually abused. Reasons for keeping quiet include the strong emotional reactions of denial, guilt, anger and blame that family members experienced (Mather et al., 2007:167) leading to the child victim losing the right to be protected and supported by his/her parents (Spies, 2006a:55). Secrecy is also motivated by the fear of public shaming, the male perpetrator being the breadwinner in the family, as well as

cultural beliefs pertaining men's role in society (Artz et al., 2016:58-59; Richter & Dawes, 2008:79). The problem can become much more advanced if the abuse occurs over an extended period and if upon disclosure, the child fails to receive the necessary support from the mother or other significant adults (Ferree, 2009) as family dynamics change drastically after a child discloses sexual abuse (Fourie & Van der Merwe, 2009:89). Many non-offending parents have negative emotional reactions after their child's sexual abuse disclosure. As the non-offending parent can react with either distress and/or passivity, it can interfere with their responsiveness to react effectively to their child's needs (Kim et al., 2016:612; Mather et al., 2007:165). Sexually abused children often demonstrate anger towards the non-abusive parent who did not protect them against the sexual abuse (Spies, 2006a:55). The following section will briefly refer to the role of grooming in the sexual abuse of children.

2.2.5 Grooming

The purpose of grooming is the premeditation and preparatory stage of the eventual sexual abuse of a child where the child is prepared and/or trained by the perpetrator for the purpose of sexual exploitation (Aucamp et al., 2012:3-4; Bala et al., 2007:49). The perpetrator develops complicated techniques and use various strategies and coercive methods to gain access and maintain the child victim's compliance and silence. This behaviour is of a predatory nature and where the perpetrator takes sexual advancement of a child (Mash & Wolfe, 2010:455; Paine & Hansen, 2002:277). CSA perpetrators target possible victims based on their vulnerability (Richter & Dawes, 2008:87).

The grooming process seems to involve a series of stages where the perpetrator selects a vulnerable victim, gains access to the child, develops a trusting relationship and progresses to desensitise the child to touching (Winters & Jeglic, 2016:4). Sex offenders make use of a grooming process where they engage not only the possible victim, but also the persons in the child's support system and the role players in his/her environment (Minnie, 2009:550). This grooming process can include any deliberate act that was committed by a person in order to influence, persuade and/or weaken any resistance or unwillingness of a child to ultimately engage in a sexual act. The child victim may often form the opinion during this grooming process that the sexual contact

with an adult or significantly older person is normal, acceptable and perhaps even enjoyable. Therefore, child victims might experience complicity to a certain degree which might prevent them from disclosing the sexual abuse (Minnie, 2009:551).

Although most children experience sexual abuse as unwanted or aversive, adolescent victims can sometimes perceive the sexual experiences as consensual. This usually happens in cases where the perpetrator is a known adult (such as a teacher, coach, youth leader or other trusted person) who persuades the adolescent that the relationship is exceptional or a socially unaccepted form of 'true love'. Sometimes there is no pretence of a special relationship, but rather an agreement to participate in sexual activities for simply the experience, or in exchange for rewards, such as money, or access to prohibited activities such as drinking or drugs (Berliner, 2011:220; Kisanga et al., 2010:302). In the next section, attention will be given to the stages of sexual abuse often prevalent with the sexual abuse of children.

2.2.6 Stages of child sexual abuse

CSA can either be a once-off incident or a continuous process (Artz et al., 2016:66). Fouché (2001) in Fouché (2007:75) mentions a type of sexual abuse called “grab and rape” which often occurs in rural areas in South Africa. With this form of abuse there is no preceded grooming process, and the perpetrator would call a child into a “shack” (hut), a room or long grass, where the child victim is then grabbed, stripped from his/her clothes, raped, and then threatened with death or punishment if the child would disclose the abuse. The child is then chased away, often being unable to identify the specific place of abuse and being too scared to disclose the abuse due to the threats made by the perpetrator. According to Spies (2006a:56) there is usually a progression in the sexual abuse of a child that takes place over a short or even a lengthy period, but not every case of sexual abuse progresses in the same manner. The stages of sexual abuse will be discussed below.

2.2.6.1 Engagement phase

The engagement phase occurs with the onset of abuse where the perpetrator gains access to the child, engages with the child and conveys the message that certain

behaviour is acceptable. Perpetrators often use methods that elicit the child's cooperation by taking advantage of a child's need for human contact and affection and their need for adult approval. Children's love for games and material rewards also increase their vulnerability for abuse. Due to the unequal power and status between the child and the perpetrator, the child cannot necessarily resist and protect himself/herself (Crosson-Tower, 2005 in Spies, 2006a:46).

2.2.6.2 Sexual interaction phase

During this stage, the perpetrator relies on the previously established relationship that was started with the child. The child now starts to be involved in age-inappropriate sexual contact with the perpetrator. If the child does not report or expose the abuse after the first sexual contact, the perpetrator will continue his/her plans for taking sexual advancement. It is often true that the longer the period of abuse, the more frequent and advanced it becomes. If a child should refuse the perpetrator's engagement attempt, the perpetrator would rather revert to using bribes and rewards, rather than making a forceful attempt as this is preparatory for the next possible opportunity for abuse (Crosson-Tower, 2005 in Spies, 2006a:47).

2.2.6.3 Secrecy phase

The perpetrator's objective during this phase is to ensure access and continuation of the sexual abuse by using power to dominate, bribe, threaten or blackmail the child to ensure secrecy (Crosson-Tower, 2005 in Spies, 2006a:47). Non-disclosure of sexual abuse seems to be the normative response to CSA as a large majority of both male and female sexual abuse survivors never disclose their abuse (Lev-Wiesel & First, 2018:189; Mather et al., 2007:140; Vizard, 2013:505). Excessive feelings of fear (Lev-Wiesel & First, 2018:183; McCoy & Keen, 2009:110; Spies, 2006a:47), shame and guilt (Cattanach, 2008:33; McCoy & Keen, 2009:122; Spies, 2006a:56), as well as dissociation (Kaminer & Eagle, 2010:44) are often experienced by CSA victims. The belief that no one will believe the disclosure (Fouché, 2006:211; Lev-Wiesel & First, 2018:183) and the fear of bringing family dishonour which is associated with culture and ethnicity (Fouché, 2006:214; Kisanga et al., 2010:300; Richter & Dawes, 2008:85; Stoltenborgh et al., 2011:89) contribute to the silence around sexual abuse. It is difficult

to disclose CSA irrespective of the perpetrator's identity, but the severity of sexual abuse (such as coerced intercourse) is the greatest predictor for avoidant and ineffective coping strategies (Lev-Wiesel & Markus, 2013:527). The more severe the CSA, the lower is the willingness of the victim to disclose (Lev-Wiesel & First, 2018:183), placing the child at an increased risk for repeated victimisation (Spies, 2006a:58). The delay in disclosure prevents the victimised child from receiving therapy and also subsequently increases the risk of others to be sexually victimised by the same perpetrator (Paine & Hansen, 2002:273).

Although it is believed that most child victims do not disclose their abuse, Allnock and Miller (2013:6) found that the majority of CSA victims (80%) made an attempt to disclose the abuse to at least one person before they were 18 years old, yet a child may disclose to various people before action is taken to protect or investigate the alleged abuse (Ungar, Barter, McConnell, Tutty & Fairholm, 2009:343).

2.2.6.4 Disclosure phase

Children can often find it difficult to recall and verbalise events. They also find it difficult at times to tell adults about their abuse (Townsend et al., 2014:79). At first, the child's initial statement is often that he/she was not sexually abused, which is a general response when children feel too scared, intimidated or uncertain to disclose the abuse (Sorenson & Snow, 1991 in Fouché, 2006:211-212).

During this stage, there can however be an *accidental disclosure*, rather than a deliberate effort to open up about the sexual abuse. It is usually through observations of a third party, injuries (physical or genital), the diagnosis of STIs, or because of teenage pregnancy (Fouché, 2006:212, Spies, 2006a:47) that sexual abuse becomes apparent. It might also be that the child makes a *tentative disclosure* by partially or vaguely acknowledging the sexual abuse activity, before making an active disclosure of what the sexual abuse exactly entailed (Fouché, 2006:212). A child's motivation to make a *purposeful disclosure* (by actively deciding to tell someone about the abuse) can be stimulated by a new developmental phase that the child entered as he/she could then identify the perpetrator's abusive behaviour to be inappropriate (Allnock & Miller, 2013:33; Fouché, 2006:212; Spies, 2006a:47). By the time a child accidentally

or intentionally disclose the sexual abuse, it might have occurred months or even years before (Minnie, 2009:524). The person to whom the child discloses the sexual abuse allegation has a responsibility to believe the child, as the understanding and support that he/she communicates to the child through his/her verbal and non-verbal communication, can encourage the child to feel more comfortable about revealing the problem (Spies, 2006a:48). It is however only in a perfect world that a child will be believed after making a disclosure, as children are often not believed after disclosing sexual abuse, but rather blamed for the consequences of the disclosure (Fouché, 2006:211).

2.2.6.5 Suppression phase

According to Doyle (2012:52) and confirmed by Fouché (2006:212), a child will not necessarily disclose sexual abuse immediately and the retraction of a CSA allegation does not make the allegation true, or even false. It is not unusual for children to retract a disclosure, and therefore it does not necessarily imply that the child was dishonest. It is rather an indication that something is wrong in the child's life. Children often struggle to cope with the consequences of a disclosure and might feel that a retraction has the potential to reunite the family and normalise circumstances again. According to Sorenson and Snow (1991) in Fouché (2006:212) the social worker should be aware of a child's retraction (recantation) of the original disclosure when the child:

- defends the alleged perpetrator, and is avoidant during the interview;
- focuses on sharing the positive characteristics, and cannot recognise any negative or annoying features of the alleged perpetrator;
- diminishes the behaviour of the alleged perpetrator, and takes the blame for the 'false allegation';
- takes the responsibility for 'misinterpreting' the behaviour of the perpetrator, and/or
- wants normality in life, particularly when the child was removed from his/her parents.

The retraction or altered statement should be regarded as an additional piece of information, and therefore a complete investigation must be conducted to determine the nature and the motive for the recantation (Fouché, 2006:212; Spies, 2006a:48).

It is important to not only gain understanding of CSA as a social phenomenon, but to grow in understanding with regards to the prevalence of CSA both in the international and in the South African context.

2.3 PREVALENCE OF CHILD SEXUAL ABUSE

It is a challenge to assess the incidence (number of cases per year) or prevalence (the proportion of people in a population becoming victims) of CSA on both a global and local scale as prevalence studies focus on life-time reports and capture more CSA experiences than incidence studies (McCoy & Keen, 2009:110-111; Stoltenborgh et al., 2011:80). In the following section attention will be given to the prevalence of CSA on both an international and national level.

2.3.1 International prevalence of child sexual abuse

CSA has alarming rates worldwide (Barth et al., 2013:477) and is a global problem (Pereda et al., 2009:332). CSA is not limited to a specific culture or country and presents to be a global problem which is negatively impacting the lives of millions of children (Artz et al., 2016:21-22, Stoltenborgh et al., 2011:90). As there is no international standardised method or definitions of sexual abuse to be used when reporting CSA, it is very difficult to draw meaningful international comparisons between countries and to gain a corroborative understanding on what the global extent of CSA entails (Artz et al., 2016:14, 40; Pereda et al., 2009:332; Stoltenborgh et al., 2011:79).

The global prevalence suggests that 11.8% of children worldwide are CSA victims with 18 – 20% of women and 8% of men reporting CSA (Stoltenborgh et al., 2011:87). There is a wide range of socio-economic problems, as well as diverse cultural and economic situations contributing globally to CSA (Pereda et al., 2009:336). It is important to differentiate between the types of CSA to gain better estimates. With a meta-analysis study, Barth et al. (2013:478) found that the highest prevalence for CSA

is with non-contact abuse (15% of women and 8% of men), and the lowest reported abuse is contact abuse with forced intercourse (9% for women, 3% for men). It is also important to consider the extent of sexual abuse in South Africa, which will be discussed in the following section.

2.3.2 Prevalence of child sexual abuse in South Africa

CSA is a crisis of epidemic proportion in the South African context (Artz et al., 2016:34), with over 40% of reported rapes in South Africa being committed against children (Andersen, 2018; Mbhele, 2018). It is believed that CSA is an underestimated and an underreported crime (Artz et al., 2016:34; Wilkinson, 2014). There are diverse reasons for the underreporting of CSA in South Africa. This can be due to threats or intimidation by the perpetrator and cultural values keeping family issues and discussions on sexuality silent. The payment of bribes to victims and their families can also be a strategy by perpetrators to ensure silence on the crime. The limited access to fundamental services when CSA needs to be reported (such as the police, medical services and child protection services) can also be a reason for underreporting (Artz et al., 2016:77). The high prevalence of sexual abuse in South Africa places much strain on an already overburdened social service sector (Schiller, 2017:2). Furthermore, the crime statistics of the South African Police Service (SAPS) are problematic. There were various challenges noted by the researcher from sources with regards to SAPS crime statistics:

- SAPS statistics cannot be regarded as accurate in determining the extent or trends of rape in South Africa (FACTSHEET: South Africa's crime statistics..., 2017).
- There are allegations that police or government deliberately manipulate the data for committed crimes. This can be done by either underreporting a crime or altering the crime categories as there is no independent audit on SAPS crime statistics (Brodie, 2013).
- The SAPS statistics for child rape cases in 2007 was erroneous, resulting in Solidarity (2009) publishing an inaccurate report on child rape based on flawed data (Wilkinson, 2016). A similar calculation error happened with the 2017/2018 statistics where SAPS used a higher population estimate, skewing the crime

rates for the 2017/2018 year, resulting in seemingly reduced crime rates (Dodgy stats..., 2018; Wilkinson, 2018). SAPS admitted to the error made in these crime statistics (Gous, 2018).

- The crime statistics on child rapes are not readily available, as it is currently only provided by SAPS upon request (Wilkinson, 2016).
- The data documented by SAPS focuses on the victim and fails to provide detailed information on the nature and frequency of sexual offences. The statistics also do not indicate whether it was a single event or an incident taking place over a period with several acts committed by a specific number of offender(s) (Artz et al., 2016:14).

The researcher found it difficult to corroborate crime statistics for child rape in South Africa over the past decade. Firstly, because child rape statistics are not always available in SAPS statistics, and secondly, because not all child rape could be confirmed to be accurate from various sources. Thus the child rape statistics in South Africa for the past decade is presented in the table below according to the researcher's best knowledge (Andersen, 2018; Mbhele, 2018; Republic of South Africa, 2018; South African Government, 2018:37; South African Police Service, 2012:19; Wilkinson, 2016):

Table 2: SAPS child rape statistics in South Africa

SAPS: CHILD RAPE STATISTICS IN SOUTH AFRICA			
YEAR	CHILD RAPE INCIDENTS REPORTED	YEAR	CHILD RAPE INCIDENTS REPORTED
2008/2009	20 141	2013/2014	18 524
2009/2010	27 417	2014/2015	15 520
2010/2011	28 128	2015/2016	16 389
2011/2012	25 862	2016/2017	19 017
2012/2013	20 702	2017/2018	23 488

The child rape statistics in South Africa are alarmingly high (Pereda et al., 2009:336). There are approximately 18 000 to 20 000 cases of CSA reported to the SAPS annually (Artz et al., 2016:12) with approximately 51 cases per day (Wilkinson, 2014). It is

estimated that only one in nine to one in 13 cases of CSA are being reported to the police (Artz et al., 2016:12; DSD et al., 2012:13) with 61% of the victims being under the age of 15, and over a quarter (29%) being between 0 and 10 years when becoming a victim (DSD et al., 2012:9). More than 40% of the reported rapes in South Africa are committed against children (Andersen, 2018; Mbhele, 2018) and the conviction rate for CSA perpetrators are at a low rate of 21% (Mbhele, 2018). This conviction rate is of great concern, as the finalisation of CSA court cases adds a degree of closure to the process which allows the victim and family to move forward in their lives (Fourie & Van der Merwe, 2009:91). The conviction of offenders ensures future prevention of CSA and promotes the child victim's well-being (Kwhali, Martin, Brady & Brown, 2016:2214).

The Optimus Study is the first national representative study concerning child and adolescent sexual abuse in South Africa (Artz et al., 2016:15). From this study it is estimated that a minimum of 784 967 children experience some form of sexual abuse, with 470 848 of these incidents happening in urban areas, and 314 119 incidents being reported in rural areas (Artz et al., 2016:37). More than a third of young South Africans reported exposure to some form of sexual abuse before the age of 18 years (Artz et al., 2016:36). During the Optimus Study it was found that 36,8% boy victims and 33,9% girl victims reported some form of sexual abuse. When breaking it down into urban and rural areas, 36,8% of urban males and 31,7% of rural males report sexual abuse, in comparison with 36,4% of urban females, and 27,2% of rural females reporting sexual abuse (Artz et al., 2016:37). It is also estimated that one in five cases of sexual assault in South Africa takes place in the school setting (DSD et al., 2012:21) which are all unpardonable rates raising much concern. Most CSA adolescent victims do not seek professional help, but rather speak to friends and family members about the matter (Artz et al., 2016:9). The researcher views this phenomenon of disclosing only to friends and family members as a concern as the child will not necessarily be protected when only reporting it to acquaintances as they might not report the alleged CSA to the authorities as actually stipulated within the Children's Act 38 of 2005.

CSA is a reality for many children and the consequences and impact of CSA are far-reaching: for the individual victims who are marred by its consequences, for the family systems and society who are profoundly affected (Minnie, 2009:523). The effects of CSA will be discussed in the following section.

2.4 IMPACT OF CHILD SEXUAL ABUSE

CSA is a deep violation of the self, and it affects every aspect of the victim's being (Ferree, 2009). Victims of CSA internalise certain messages from themselves and their environment, which become the perception that the child has of the world (Fouché, 2007:104). A child who has been a victim of CSA will experience negative consequences that will persist into his/her adult life (Ferreira, Ebersöhn, & Oelofsen, 2007:77, Kim et al., 2016:598, Lee, Coles, Lee & Kulkarni, 2012:905; Wilson & Van Wyk, 2009:1). The following section will focus on the impact that CSA has, not only on the CSA victim, but also on the family, and on the society.

2.4.1 Ecological effects of child sexual abuse

The effects of CSA are detrimental on all levels, including personally, systematically and financially (Artz et al., 2016:12) and can be explained through a holistic and multi-dimensional approach of Bronfenbrenner's ecological systems theory (Aucamp et al., 2014:49). This theory highlights that different systems are nested within each other, and that all these parts are connected to one another – being interdependent and bi-directionally interacting with each other (Bronfenbrenner, 1994:38-39; Doyle, 2012:17; Karakurt & Silver, 2014:81). Therefore, CSA has a long-term ripple effect on the child victim, families, community and the wider society (Aucamp et al., 2014:49).

The *microsystem* of the ecological system theory refers to the child victim and the relationships with significant others that form part of the child's daily life. The child victim is right in the centre of the microsystem and is the most affected by the CSA (Aucamp et al., 2014:51; Doyle, 2012:17) and it refers to the internal effects of CSA on the child's developmental, neurological and behavioural level (Aucamp et al., 2014:49). It is only the victim of this brutal crime that understands the impact that this experience has on his/her life (Beukes, 2012:15) which will be discussed in greater detail later in the chapter.

The *mesosystem* is the links, processes and influences that the systems have on one another. This system includes the child's school, family and often even the perpetrator as role players in this system (Aucamp et al., 2014:53-55; Doyle, 2012:17). Many victims of sexual abuse turn to friends or family members for emotional support, with only a few who seek any professional help (Artz et al., 2016:9). Parents often feel incompetent to deal with the trauma and to help their children (Fourie & Van der Merwe, 2009:91). The disclosure of CSA in a family has severe negative effects on the family system too, as parents might be too overwhelmed with their own emotions and issues to be emotionally available to their child (Ferree, 2009). The feelings of disbelief, distress and shock can impede the caregivers' ability to protect and provide in their child's emotional needs that are caused by the sexual abuse (Fourie & Van der Merwe, 2009:87). Some families might even fail to take any action and can even blame the child for the difficulties caused due to the disclosure. In such situations, the family is not acting in the best interests of the child (Artz et al., 2016:59). The more distressed a family reacts because of the CSA abuse, the more detrimental effect it will have on the child (Louw & Louw, 2014:409), with a higher likelihood of causing psychological damage to the child (Karakurt & Silver, 2014:86).

CSA victims' trauma are worsened when the victim's claims to abuse is being doubted or is exposed to repeated questioning which contributes to secondary victimisation (Schiller, 2017:9). CSA victims' trauma is also increased when they are withheld therapy until the procedures of the investigation has been finalised (Aucamp et al., 2014:57). When the family or victim of alleged CSA feel unsure of the legal processes regarding court proceedings and the progress being made in the investigation of CSA, feelings of anxiety, apprehension and uncertainty can be prevalent (Paulsen & Wilson, 2013:64). This has a negative impact on the victim, as well as on the dynamics within the family system (Fourie & Van der Merwe, 2009:90).

The *exosystem* refers to the links and processes that are taking place between two or more settings where the child victim is not directly involved, but by which the child is indirectly influenced. These settings include the child victim's parents' workplace and the family's network of friends, the extended family and the wider community (Bronfenbrenner, 1994:40).

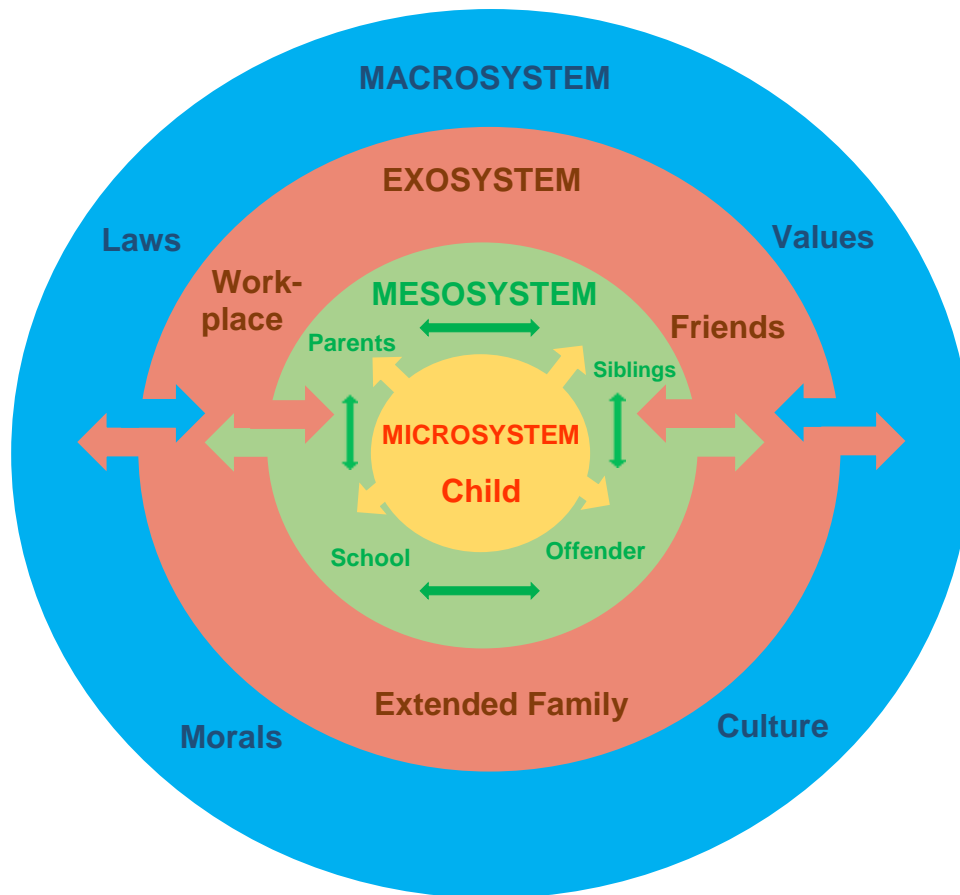


Figure 2: Ecological systems theory (Aucamp et al., 2014:50)

Parents often refrain from informing the child victim’s school, the parents’ friends, and the extended family regarding the CSA to protect their child against the stigmatisation concerning CSA. The result thereof is that the family functions in isolation, not having valuable support in this time of family crisis (Aucamp et al., 2014:56). The reactions of significant others when hearing about the CSA, have a substantial impact on the child who has experienced the abuse (Louw & Louw, 2014:409) Children will sometimes even sense or know how their parent(s) will react when hearing about the abuse, and therefore not tell the parent(s) first (Leventhal, Murphy & Asnes, 2010:291). When there is maternal support and a help-seeking tendency to address the traumatic experience that the child has disclosed, it has a positive impact on the child’s level of distress, fostering a healthy environment for healing to take place (Mash & Wolfe, 2010:481).

The child, and the systems of which he/she is part of, is functioning within a greater system called the *macrosystem* which refers to the beliefs, customs and resources within a specific culture or community. These cultures, customs and beliefs in communities and society interact and influence the *microsystem* (Aucamp et al., 2014:49). The number of children in South Africa being exposed to sexual crimes are increasing due to heightened psychosocial challenges in communities (Meüter, 2011:43). CSA causes major personal and financial implications for child victims and the broader society. This includes problems such as psychopathology, poor parenting and the possibility of criminality associated with untreated CSA victims and juvenile perpetrators (Vizard, 2013:511). Artz et al. (2016:13) write the following on the impact that CSA has on the greater society:

From a systemic level, every justice, health and welfare-related department – not to mention non-governmental service providers – are affected by high caseloads, constrained resources and the absence of any operational processes that ensure both integrated and comprehensive child protection and child care services over the short and long term.

Violence against children imposes costs on society (DSD et al., 2012:44). During a KPMG study for the year 2012/2013 it was estimated that the economic impact of violence (excluding emergency care and long-term child care and protection services) against women and children in South Africa are between R28.4 billion and R42.4 billion (Artz et al., 2016:13). Children are often not placed in places of safety due to lack of resources, and therefore they need to stay with the perpetrator (Van Westrheren et al., 2017:4). In the long run, society bears the costs of lowered productivity with workers who suffered because of a legacy of violence, as children might now believe that violence is an intrinsic part of life (DSD et al., 2012:44). As South Africa is regarded as a middle-income economy, the international funding opportunities have decreased, and the aggravating global monetary crisis leads to ongoing retrenchments and closures of non-profit organisations (NPOs), which consequently decrease the available services to vulnerable populations, including children. The Department of Social Development (DSD) is the most important duty-bearer to ensure that most of the key interventions are rendered. The DSD budget allocations for core service delivery (which include child care and protection services, as well as care and support to families) are inadequate and result in insufficient human resources and funding for

NPOs who provide services mandated by the Children's Act and other legislation (DSD et al., 2012:56). In the following section, there will be a specific and detailed focus on the impact of CSA on the child victim.

2.4.2 Impact of child sexual abuse on the child victim

CSA is a deep violation of the self, and it affects every aspect of the victim's being (Ferree, 2009) as the child does not experience his/her body as a "safe place" anymore, meaning the soul is homeless, and the body and self is regarded as worthless, weak and helpless with no hope for a better future (Lev-Wiesel & Markus, 2013:529). The child feels isolated and misunderstood (Fourie & Van der Merwe, 2009:92) with negative consequences that will persist into his/her adult life (Beukes, 2012:15; Ferreira et al., 2007:77; Kim et al., 2016:598; Wilson & Van Wyk, 2009:1). Children's reactions to sexual abuse, and their recovery thereafter depend mainly on the child's age and level of development; especially when the sexual abuse started early in the child's life (Ferreira & Read, 2006:187-189; Lieberman & Knorr, 2007:419-420). The impact of the CSA is influenced by the following factors (Beckett, 2007:102; Kaminer & Eagle, 2010:44; Lev-Wiesel & Markus, 2013:528; Lieberman & Knorr, 2007:419; Louw and Louw, 2014:409; Mather et al., 2007:144; Spies, 2006a:49-53):

- the repetition and level of pervasion of the trauma
- the nature of the sexual abuse
- the level of family (dys)functioning
- parental impairments
- the child's unique characteristics
- the child's coping strategies
- the response of significant others (especially the non-offending parent)
- the meaning the child ascribes to the event, as well as
- the relationship that the child victim had with the perpetrator

The higher the likelihood of the above-mentioned factors, the higher the risk for the child to show generalised and chronic disturbances in his cognitive, social and emotional functioning. These disturbances can later become deep-rooted in the

individual when the victim needs adult psychotherapy later in life (Lieberman & Knorr, 2007:421). It is also important to be aware of the timing of the sexual abuse, as the child’s current stage of development is negatively impacted when the sexual abuse initially occurs, and all of the child’s later stages of development will also be adversely affected (Spies, 2006a:53).

CSA victims might have various challenges during childhood and adolescence as seen in Figure 3 from Miller-Perrin (2001) in Henderson and Thompson (2007:542-543) and is also confirmed in DSD et al. (2012:43), Ferreira et al. (2007:77), Kim et al. (2016:598) and Louw and Louw (2014:409).

As research on CSA is growing, there is more substantial research evidence that stipulates the clear link between CSA and a range of detrimental effects it has on a child’s holistic health. This includes “a spectrum of adverse mental health, social, sexual, interpersonal and behavioural as well as physical health consequences” (Cashmore & Shackel, 2013:23).

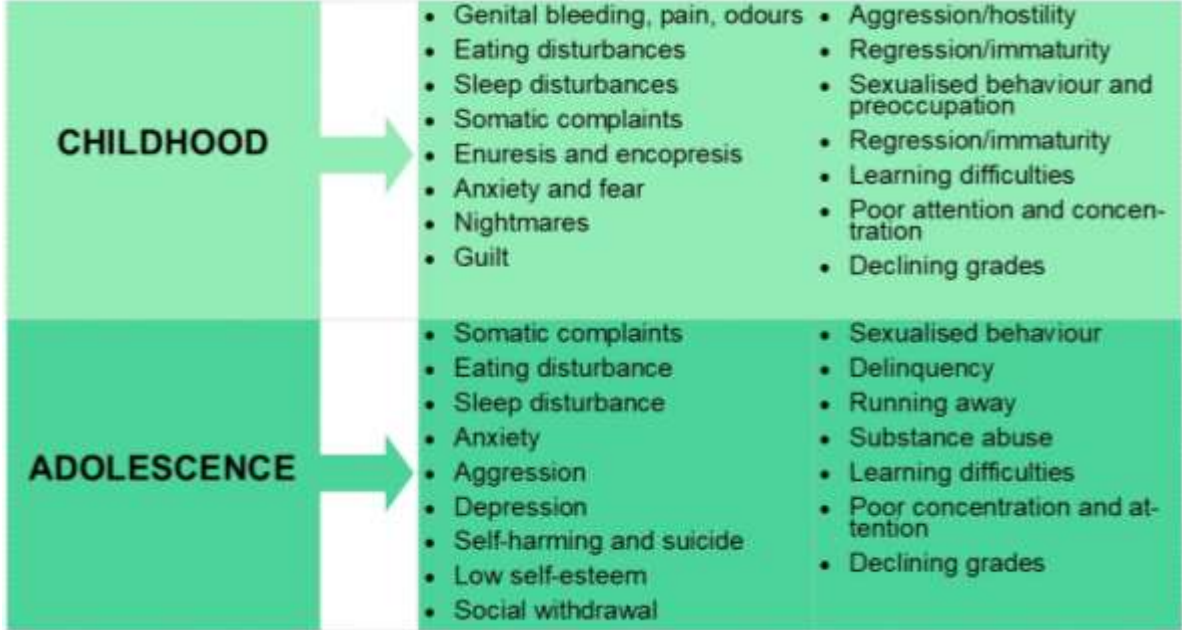


Figure 3: The effect of CSA over the lifespan of children (Miller-Perrin, 2001 in Henderson & Thompson, 2007:542-543)

Research indicates that victims of CSA face impaired cognitive, social, emotional and psychological development, which can affect their brain development as well (Artz et al., 2016:36; Fouché, 2007:87). These different effects will be briefly discussed below.

2.4.2.1 Cognitive effects

It is estimated that one fifth of CSA victims are likely to experience scholastic challenges. This includes issues such as schoolwork and/or school attendance. CSA creates a significant problem within the education and health sectors in South Africa (Artz et al., 2017:73). Children also report difficulty with concentration, with associated fluctuations in their school performance (Ferreira et al., 2007:78) resulting in learning problems (Beckett, 2007:67). The powerlessness that CSA victims experience when they cannot escape abuse can result in the child developing a chronic state of hyper arousal and vigilance. This can lead to dysregulation of the child victim's evolving body and brain (Karakurt & Silver, 2014:85).

2.4.2.2 Physical effects

The physical illnesses that can result after the sexual abuse, such as STIs, HIV and AIDS, make it difficult for the victims to find closure after the sexual abuse (Capri et al., 2012:371). Victims of CSA might experience poor general health, as well as gynaecological issues, gastrointestinal distress, frequent urinary tract infections and unexplained body pain (Beckett, 2007:67; Ferree, 2009; Lee et al., 2012:905). The child can also experience physical symptoms, including sleep disturbances, headaches and stomach aches (Henderson & Thompson, 2011:66). Psychosomatic symptoms can be prevalent as the child literally focuses the pain that they would like to inflict on others, onto themselves (Ferreira & Read, 2006:195, Kaminer & Eagle, 2010:45). Artz et al. (2016:73) found that a third of the children abused by a known adult sustain injuries, but only a third of these victims seek professional assistance.

2.4.2.3 Psychosocial effects

There are post-traumatic stress symptoms that are regarded as “normal reactions to abnormal situations” after a traumatic experience has been experienced. These difficulties can include nightmares, bedwetting (enuresis), posttraumatic play (where the child engages in repetitive play), clinging to a parent and fearing strangers, regression in developmental achievements, anger outbursts, stealing and lying, irritation, weepiness, nervousness, changes in eating and sleeping patterns, excessive fear of the dark and fear of separation (Artz, 2016:32; Ferreira et al., 2007:77-78; Ferreira & Read, 2006:184-185, Kim et al., 2016:608-609; Lieberman & Knorr, 2007:417; Louw & Louw, 2014:409; Spies, 2006a:58). These are symptoms of general stress and trauma, and not intrinsically linked to sexual abuse (Fouché, 2007:86). When social workers encounter sexual abuse, it is often disguised under other problem(s) (Mather et al., 2007:143), such as the above mentioned.

Boys tend to externalise their abuse by victimising others – either through sexual offending, bullying or aggressive behaviour, while girls who have been victims of sexual abuse tend to internalise this behaviour by engaging in self-harming activities (Artz et al., 2016:48). When children externalise their trauma, they tend to be aggressive, provoking or fierce. They might cause harm to animals, ruin property and show sexualised behaviours. Contrary to externalised behaviour, some children internalise their trauma by coping alone. These victims avoid interaction and can appear hypervigilant, fearful, depressed, and unhappy and show regressed development. In severe cases children can deliberately harm themselves or can even become suicidal (Henderson & Thompson, 2011:636).

2.4.2.4 Traumatic sexualisation

Sexualised play (with excessive masturbation), victim stigmatisation and shame are specific effects of CSA (Louw & Louw, 2014:409; Olafson, 2011:8). Young people tend to engage in sexually risky behaviour through “repetition compulsion” where the CSA victims are unconsciously compelled to repeat the trauma or place themselves in a comparable situation of the abuse to regain control. The trauma that has been experienced because of CSA leads to the child having a distorted idea of what healthy

sexual expression entails (Artz et al., 2016:84) or can even be extremely naïve with regards to sexual matters (Doyle, 2012:55). The risky sexual behaviours that adolescents tend to engage in when exposed to sexual abuse, can result in teenage pregnancy and STIs (including HIV and AIDS) causing even more trauma than the adolescent needs to cope with (Berliner, 2011:223; DSD et al., 2012:44).

2.4.2.5 Emotional effects

Children experience similar feelings than adults when facing a traumatic event. Children have however not acquired the language to verbalise these feelings, and are also unable to understand, identify and express these feelings (Ferreira & Read; 2006:183). They therefore resort to acting out through temper tantrums, outbursts, and overreactions to stimuli (Berliner, 2011:225). Victims of CSA usually find it difficult to regulate their affective reactions, especially emotions relating to anger and fear. Victims can easily overreact to small incidents with unreasonable anger. They tend to often dissociate emotionally or experience psychosomatic symptoms as they do not have the ego strength and support within themselves to express blocked emotions (Ferree, 2009; Ferreira & Read, 2006:183; Oaklander, 2006:50). Behaviour problems might follow sexual abuse, possibly as a function of emotional and cognitive responses to the abuse (Beckett, 2007:67; Berliner, 2011:225). Symptoms of self-injurious behaviour, eating disorders, depression, low self-esteem, substance abuse and suicidal thoughts and suicide attempts can also be prevalent as the child does not perceive his/her body as a safe place, and is feeling worthless, weak and helpless because of the sexual abuse (Beckett, 2007:103; Lev-Wiesel & Markus, 2013:529; McCoy & Keen, 2009:118; Spies, 2006a:57).

2.4.2.6 Relational effects

As CSA involves a serious breach of trust and physical boundaries, victims of CSA often experience issues with trust, especially when the perpetrator has been someone with whom the child has had a trusting relationship (Aucamp et al., 2013:132). Victims can be excessively critical, demanding and easily upset to protect themselves. CSA victims also find it difficult to be involved in truly emotionally intimate relationships later in their lives, as they have a distorted perception of love and relationships due to the

possibility of exposure to sexual grooming and manipulation by the perpetrator (Ferree, 2009). CSA victims can also feel betrayed by family members who may not be directly involved in the abuse, but has failed to notice the abuse, or in some cases, tolerated the abuse (Beckett, 2007:103).

2.4.2.7 Co-morbid conditions and child sexual abuse

Some of the long-term consequences of severe CSA perpetrated over a period include the development of psychological disorders that include anxiety disorders, depression, dissociative disorders, substance abuse disorders and post-traumatic stress disorder (PTSD) (Kim et al., 2016:598; Lee et al., 2012:905; Olafson, 2011:12). The probability that CSA victims will develop anxiety and depression are more than twice as likely compared to other children. CSA victims are also three times more likely to develop PTSD symptoms than other young South Africans (Artz et al., 2016:73; Vizard, 2013:511). PTSD and Attention-deficit hyperactivity disorder (ADHD) are the disorders most frequently diagnosed in sexually abused children (Lev-Wiesel, 2008:666). It is possible that some of these disorders can co-occur (being co-morbid) because of the history of CSA (Artz et al., 2016:9; Barlow & Durand, 2009:126).

Many of the symptoms that children display after their abuse, resemble typical reactions to severe stress (Louw & Louw, 2014:409). As everyone's experience and circumstances pertaining CSA are unique, each CSA victim will not develop the same long-term effects as a result of the abuse (Lieberman & Knorr, 2007:419, Olafson, 2011:8). In order to avoid the above-mentioned negative consequences of CSA as far as possible, it is important that sexually abused children should develop healthy coping strategies to deal with the abuse through timely and effective intervention (Kim et al., 2016:598; Lev-Wiesel & Markus, 2013:528). There are international and national legislative frameworks that determine the intervention with CSA, which will be discussed in the following section.

2.5 MANDATORY REPORTING OF CHILD SEXUAL ABUSE IN SOUTH AFRICA

In South Africa all children have the right to be protected against any form of harm, abuse, neglect and exploitation (Spies et al., 2015:670). South Africa took a clear stand on the protection and upholding of children's rights by signing the United Nations Convention on the Rights of the Child (hereafter referred to as CRC) in 1995 and the African Charter on the Rights and Welfare of the Child (hereafter referred to as Charter) in 2000 (Townsend et al., 2014:77). By signing these international documents, South Africa confirmed its commitment to provide legislation and institutional conditions that ensure the recognition of children's rights, as well as the inclusion of children in cases relating to their lives in accordance with their age and level of maturity (Søftestad & Toverud, 2013:1523; Van Bijleveld et al., 2015:129). Both the CRC and the Charter regard a child as important and believe in giving a child a voice: either by speaking to the child directly, or through an impartial representative (Townsend et al., 2014:77). This ensures the promotion of children's best interests and to ensure children's optimum development and wellbeing (Lansdown, 2011:154).

In response to the CRC and Charter, South Africa developed progressive legislative frameworks to protect the rights of children and to provide social welfare services to children (DSD et al., 2012:57). The Constitution of the Republic of South Africa 108 of 1996 (South Africa, 1996) (hereafter the Constitution) was developed and makes special provision in Section 28 for the rights of children in South Africa as informed by the CRC and Charter. Children are afforded the right to be protected from abuse, neglect, exploitation and humiliation (DSD et al., 2012:47; Hendricks, 2014:551; Meüter, 2011:2; Van Wyk, 2011:54-55). In compliance with the Constitution, the CRC and the Charter, the Children's Act 38 of 2005 and Children's Amendment Act 41 of 2007 (hereafter the Children's Act) was developed. Within this Act there is a full continuum of prevention, early intervention and tertiary protection services for children indicated (DSD et al., 2012:47; Spies et al., 2015:270) with Section 110 having a specific focus on the protection of children. It is also clearly stipulated that professionals should regard and consider children's points of view and allow them appropriate participation (Hendricks: 2014:551; Schiller, 2017:4). Article 7 gives a detailed outline on the principle of the "best interest of the child" (Meüter, 2011:2). In addition, the amendment to the Children's Act in 2007 provides a more detailed outline for

psychosocial, rehabilitation and therapeutic services for abused children (Artz et al., 2016:19). It is stipulated in the Children's Act that it is the DSD's responsibility to complete an assessment and assist in the situation for the best interests of the child to be met. It is the provincial department's responsibility to investigate the alleged abuse and they should also take the appropriate action to ensure the child's safety. The department needs to adhere to the legal processes should the investigation reveal that legal action is required (Hendricks, 2014:551).

The Sexual Offences Act and Related Matters Amendment Act 32 of 2007 (hereafter the Sexual Offences Act) makes provisions to avoid secondary victimisation during reporting, investigation and court proceedings (DSD et al., 2012:49) through introducing intermediaries, and making provisions to give evidence in a separate court room via closed-circuit television to uphold children's rights and ensure their protection from further psychological distress (Townsend et al., 2014:77-78). Specialised Sexual Offence Courts (providing an integrated service provision model) and Thuthuzela Care Centres (offering numerous services to victims of sexual offences) were also introduced within the Sexual Offences Act (Artz et al., 2016:19-20). These Thuthuzela Care Centres are however generally inadequately resourced, lacking human and other support systems to ensure successful investigation of CSA cases (Schiller, 2017:12).

The Sexual Offences Act as well as the Children's Act give an outline regarding the mandatory reporting (legal obligation) that obligates professionals and members of the public to report any reasonable belief and/or suspicion of sexual abuse – even if it is just a belief with substantial reason and/or suspicion of sexual abuse – to a designated child protection organisation, the provincial DSD or a police official (Artz et al., 2016:18-19; Hendricks, 2014:551; Richter & Dawes, 2008:87). There are however not clarity on the stipulations within this above-mentioned legislation on what the factors for justifying these suspicions would be (Aucamp et al., 2012:8; Kassan & Mahery, 2009:222), but if the reporting is done in 'good faith' and substantiated to the relevant authorities, the professionals responsible will not be held liable for possible civil claims as a result of them reporting. The 'good faith' principle is an internationally recognised common-law duty to be honest, open and to act conscientious and impartially (Hendricks, 2014:551). If a certain professional who is compelled to report any child abuse (as indicated in the aforementioned Acts) should fail to report such knowledge, he/she is guilty of an

offence as stipulated in Section 54 of the Sexual Offences Act, and would therefore be liable to a fine or imprisonment of up to 5 years, or even both, if the person is found guilty (Hendricks, 2014:552; Schiller, 2017:4). As designated social workers are stipulated within the Sexual Offences Act and Children's Act as role players in the investigation of alleged CSA cases (Artz. et al., 2016:18-19; Hendricks, 2014:551; Richter & Dawes, 2008:87) the role of designated social workers will be focused upon within the following section.

2.6 ROLES AND RESPONSIBILITIES OF THE DESIGNATED SOCIAL WORKER

Social work is the professional arena for child welfare services with various fields of service delivery (Mather et al., 2007:27; Van Wyk, 2011:4). As a profession it focuses on addressing social issues, as well as to assist children and families to promote their wellbeing and quality of life (Van Wyk, 2011:64), also after maltreatment (Van Westrhenen et al., 2017:3). There is a simultaneous focus on the person (the client's biological, intellectual, emotional, social, familial, spiritual, economic and community needs) and his/her environment (the client's social conditions and problems), which makes social work a unique helping profession (Van Wyk, 2011:40).

A designated social worker's work is guided by personal and professional values as underlined in the ethical code of the SACSSP (Van Wyk, 2011:64), as well as the stipulations that is given for designated child protection services as outlined in the Children's Amendment Act 41 of 2007 (South Africa, 2007b). These services included in the Children's Amendment Act that are relevant to CSA cases include:

- services aiming to support Children's Courts proceedings, as well as the implementation of court orders;
- services that relate to prevention services, early intervention services, family reunification services, placement of and the integration of children in alternative care services;
- to carry out investigations and to make assessments with cases of suspected abuse;
- to intervene by removing children in the necessary cases;

- to draw up an individual development plan and permanency plan when children are at risk to be removed, or when they have been removed from their family; and
- to provide any other relevant social work service that can be required.

The protection of children is the primary function and main responsibility of designated social workers (Luyt, 2015:2) as Section 151 in the Children's Act stipulates that any child who is suspected to be a victim of maltreatment needs to be referred to a designated social worker for an investigation. Designated social workers are often confronted with alleged CSA cases (Schiller, 2017:1).

Social work and child protection are challenging areas of work, necessitating social workers to have courage, skill and appropriate knowledge (Ferguson, 2011:193). As cases of alleged CSA are high priority cases, it creates intense experiences because of the extreme demands placed on the social workers investigating these cases (Fouché, 2007:3; Luyt, 2015:72; Van Wyk, 2011:4; Vizard, 2013:503). Because of all these high demands, is it important for designated social workers to attend to their physical, emotional, social and spiritual needs, as this can protect the worker against negative role functioning, job stress, and even burnout (Luyt, 2015:72). A good fit between the social worker's physical and emotional stamina and the expectations of the profession is important (Van Wyk, 2011:43) as capable, well-trained and skilful social workers and other professionals are required to safeguard the lives of children and families (Balen & Masson, 2008:121). It is therefore important to have robust and resilient individuals on every level within the child protection system (Richardson, 2011:15) as these role players are working in emotionally charged environments where the probability of job stress is high (Van Wyk, 2011:190).

For a designated social worker to provide professional assistance and plan effective intervention in CSA cases, it is essential that he/she has specific knowledge, values, skills and resources to provide successful service delivery that focuses on the needs of the clients (Faller, 2007:3; Morales, Sheafor & Scott, 2010:31; Van Wyk, 2011:65). The designated social worker needs to regard the victim's reality of the abusive situation as important and should also consider the broader context in which the abuse occurred (Aucamp et al., 2013:131). The designated social worker should also determine the effect that this abusive experience has had on the child victim (Aucamp

et al., 2013:133). It is therefore important that designated social workers plan effective intervention in a timely manner by obtaining accurate information (Kim et al., 2016:598; Pecora et al., 2013:144) and should therefore be skilled in critical thinking and decision-making to ensure sound professional judgement (Pecora et al., 2013:143) while serving the best interests of the child (Spies et al., 2015:671). Therefore, the social worker should have comprehensive knowledge on the principles and processes relevant to risk and safety assessments as it is important to engage in evidence-based practice from a strengths-based perspective, while having a child-centred focus. It is also important that the social worker has a holistic approach, while focusing on collateral information to ensure comprehensive understanding on the family's situation (Spies & Le Roux, 2017:202-204). It is vital that the social worker should have regular and well-managed supervision to ensure child-centred social work practice (Ministry of Social Development, 2014:17). It is also important that the social worker is culturally and diversity competent, having good knowledge of the cultural group of the client as it strengthens the professional relationship between the social worker and the client (Blom, 2006:55).

Designated social workers have certain responsibilities towards the child victim and the systems in which he/she functions with cases of alleged CSA. It is important for the designated social worker to gain understanding of the thoughts, perceptions and behaviour of the sexually abused child (Spies, 2006a:59), his/her family (Fourie & Van der Merwe, 2009:89) and all significant others in the child's context (Midgley, 2010 in Spies & Le Roux, 2017:203). It is also important that the social worker is of initial support to the child, as many family members may be in denial, or even be angry at the child for disclosing the abuse (Mather et al., 2007:167). Therefore, the social worker needs to become the voice of victims of alleged CSA (Aucamp et al., 2012:9) by creating an opportunity for the child to be listened to and empathise and appreciate the child's perspective (Doyle, 2012:1). It is only then that the child's wishes, and feelings can be determined (Richardson, 2011:4). Caregivers of sexually abused children often experience ambivalent feelings, as well as their own fears and worries because of the disclosure (Mash & Wolfe, 2010:481) and the designated social worker needs to provide support to caregivers for them to accept the reality of the situation (Mather et al., 2007:167). It is important that parents use their emotional energy to provide supportive networks for their children (Fourie & Van der Merwe, 2014:87). The

designated social worker needs to empower and strengthen the non-abusing parent who might experience feelings of loss and disbelief to ensure the protection of the child (Hooper, 1992 in Ferguson, 2011:138; Mather et al., 2007:165). This is essential as maternal stress is associated with poorer emotional adaptation of CSA victims (Kim et al., 2016:612). The social worker therefore needs to provide parental guidance to parents in order for them to understand and manage their child's behaviour, as the child victim might present regressive or sexualised behaviours because of the CSA (Mash & Wolfe, 2010:481).

Designated social workers must provide guidance, psycho-education and support to families affected by CSA for families to understand the criminal process to be followed (Fourie & Van der Merwe, 2009:91). Therefore, designated social workers need to know who the different role players involved within the criminal justice system are, and how each role is being fulfilled (Barker and Branson, 2000 in Meüter, 2011:30). Social workers should also advocate for correct procedures to be followed in the criminal justice system to ensure successful completion of cases (Meüter, 2011:31). Although designated social workers have all these roles and responsibilities, they experience various challenges when working with cases of alleged CSA, which will be discussed in the following section.

2.7 CHALLENGES IN DEALING WITH ALLEGED CHILD SEXUAL ABUSE

There are various challenges entrenched in the system that actually needs to adequately respond to the CSA-crisis in South Africa (Artz et al., 2016:16).

In South Africa, particular risk for child maltreatment is also inherent in a poorly functioning police service and criminal justice system. Combined with an overwhelmed social development service, cases of child maltreatment end up unreported, re-prioritised and delayed as a consequence of children's cases deemed more serious in nature, either un-investigated or abruptly dismissed by the criminal justice process. In most instances, maltreatment is considered a 'child welfare' issue and redirected to social development services. Perpetrators of maltreatment are rarely held accountable for their actions and, as a result, children remain vulnerable to further abuse and maltreatment, unchecked by the system.

The South African legislation, although in compliance with the international conventions to prevent child abuse and ensure children's protection, is not adequately supported or resourced by services to bring all its provisions into successful implementation (Hendricks, 2014:552; Richter & Dawes, 2008:79). The challenge that child protection services in South Africa is facing is that the number of cases that need appropriate interventions exceed the available resources to deliver interventions to families affected by CSA (Townsend & Dawes, 2004 in Fourie & Van der Merwe, 2009:83). Social workers feel frustrated when they need to deal with alleged CSA and there are not enough human and other resources and support systems to follow up on these investigations (Hendricks, 2014:552; Richter & Dawes, 2008:88; Schiller, 2017:12). Social workers experience uncertainty too as the adopted policies, conventions and legislation in South Africa often contrast another and create challenges in practice (Schiller, 2017:1).

It is unclear how cases of CSA should be approached as there is currently no official protocol for neither the safety and risk assessment of alleged CSA cases (Spies & Le Roux, 2017:203), nor for the treatment, referral and management of CSA cases (Artz et al., 2016:83). To work effectively with these cases, the social worker should have a level of skill for implementing safety and risk assessment (Spies & Le Roux, 2017:204) in order to allow the child to discuss his/her feelings about the abuse, to make important links in the case, and to make decisions in the best interests of the child (Mather et al., 2007:169; Van Wyk, 2011:212,215). There are also misunderstandings regarding the applicable legislation, a lack of knowledge regarding the phenomenon of CSA and designated social workers' previous negative working experiences also have an impact on social workers (Schiller, 2017:11).

With knowledge and skills being imperative when working with cases of alleged CSA (Mather et al., 2007:144), many social workers in South Africa feel that their undergraduate social work training did not sufficiently prepare them for statutory work, leading to incompetent workers in the statutory field of social work (Meüter, 2011:21). Martin et al. (2014:13) found that social workers in the United Kingdom experience that their social work qualification did not specifically prepare them to work effectively with CSA cases. According to Strydom (2009:333-334) there was differentiation in the undergraduate social work programme curriculum among the different tertiary

institutions in South Africa. Schiller (2017:1) also urged universities to revisit their undergraduate social work programme's curriculum.

Although South Africa has developed a very progressive legislative framework (DSD et al., 2012:57), it will only safeguard children and protect them against sexual violation and promote their overall wellbeing and safety when it is implemented correctly (Kassan & Mahery, 2009:185). As previously mentioned, the existing South African policies, conventions and legislation are not always supportive, but causing confusion in practice. There is also insufficient funding and resources available, which create additional challenges and uncertainties amongst social workers in this field (Hendricks, 2014:552; Schiller, 2017:1-2; Townsend et al., 2014:85).

The mandatory reporting of CSA as stipulated in the Children's Act and Sexual Offences Act (Aucamp et al., 2012:9; Richter & Dawes, 2008:87) has increased the demand for child protection services (Hendricks, 2014:550). In 2013, according to the Minister of Social Development, there are 66 329 social workers required to fulfil the obligations arising from the implementation of the Children's Act. There were by the end of 2012 however only 13 590 designated social workers registered and employed by the government or NPOs, giving a social worker/population ratio of 1:3 187 (Republic of South Africa, 2013). Designated social workers have an average social worker/caseload ratio of 1:150 cases per annum (Dlamini & Sewpaul, 2015:470). The Framework of Social Welfare Services (Department of Social Development, 2013:24) recommends that 80% of a social worker's workload should be allocated for case work. The caseload of a social worker should be 1:19 cases per month and/or 1:134 cases per year. The cases where designated social workers need to intervene tend to be complex in nature and require much work experience and expertise (Dlamini & Sewpaul, 2015:470). With such demanding caseloads, it creates a challenge for social workers who find it difficult in building relationships with children and families (Martin et al., 2014:26).

South Africa is a multicultural society, with eleven official languages and diversity across ethnic, cultural, religious and socio-economic realms (Van Westrheren et al., 2017:3). The different traditions, values and norms of various cultures can be confusing and lead to uncertainty for social workers as they do not have enough knowledge

regarding culture and language differences during investigations of sexual abuse (Capri et al., 2013:373; Luyt, 2015:62). Furthermore, there are not always trained, multilingual interviewers in diverse cultures readily available to ensure that every child is interviewed in his/her home language (Fouché, 2006:214) as social workers find it very difficult to have interviews with a traumatised child in a language other than his/her mother tongue. The use of translators during interviews with culturally diverse clients can lead to uncertainty as the confidentiality of very sensitive information is in jeopardy (Luyt, 2015:64). Children who are very young or mentally delayed may even lack the necessary language skills to convey what has happened, and others may not even realise that what is happening, is wrong (McCoy & Keen, 2009:110).

Due to the unpredictable nature of this work, social workers experience constant alertness, and limited time to come to terms with the emotional impact of their work (Capri et al., 2012:373). They furthermore experience other work-related challenges which include weighty and a comprehensive workload with manifold of challenges within every case (Paulsen & Wilson, 2013:61; Søftestad & Toverud, 2013:1516). The challenge of being short-staffed with a high turn-over of workers (Paulsen & Wilson, 2013:61), feelings of isolation (Richardson, 2011:4) and feeling physically unsafe (Luyt, 2015:55) create challenges for social workers. Social workers are harassed, they feel powerless and have low status while experiencing system fatigue and vicarious traumatisation (Capri et al., 2012:371-373). There is a lack of clarity on social workers' role within investigations as there are differing priorities and power dynamics between social workers and police which impacts the social worker's ability to pay attention to the emotional well-being of the child (Martin et al., 2014:26). Designated social workers have lower levels of work satisfaction because of their elevated levels of work-related stress and the nature of their work, which include alleged CSA investigations (Luyt, 2015:2). Social workers need emotional as well as professional support, such as debriefing and supervision (Søftestad & Toverud, 2013:1516) to prevent burn-out and compassion fatigue (Richardson, 2011:9-10) which has a serious negative effect on social workers.

2.8 SUMMARY

CSA is considered the worst possible trauma that can be inflicted on a child. CSA was conceptualised within this chapter in order to gain better understanding of what this complex phenomenon entails. The demography of sexual abuse perpetrators and victims were presented and a focus on the role of incest and grooming in the sexual abuse of children. The stages of CSA were also briefly discussed in this chapter.

Although there are various legislation and policies put in place to combat the abuse of children, CSA is still being reported at an alarming rate in South Africa. The prevalence of CSA in South Africa is high, even though there are various statistical issues inherent in the compilation of SAPS crime statistics in South Africa. CSA is a complex phenomenon requiring mandatory reporting due to the devastating effects that CSA has on the child victim, the child's family, the child's direct community, as well as the greater system in which the child functions. The involvement of designated social workers in CSA cases are crucial as they are obliged to report, investigate and intervene when allegations of CSA are reported. There are however various challenges present when dealing with the complexity of alleged CSA cases. It is therefore essential that designated social workers have the required knowledge base, as well as the necessary guidance and support to fulfil their roles and responsibilities effectively. This will enable the designated social worker to intervene appropriately, while serving the best interests of the child throughout the investigation of the alleged abuse.

CHAPTER 3

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

The goal of the study was to explore and describe the experiences of designated social workers working with cases of alleged CSA in the South African context as there is currently not much known on what their experiences entail during these reported cases. This chapter is divided into three sections: Firstly, an outline of the research methodology applicable to the study is discussed. Secondly, an outline of the ethical considerations relevant to the study is outlined, and the chapter will finally conclude with a presentation of and discussion on the empirical findings of the study.

3.2 RESEARCH METHODOLOGY

Research methodology refers to the specific research process that the researcher followed to ensure a logical and well documented process with regards to the methods, strategies, data analysis and the criteria that was used to judge the data quality of the study (Fouché & Delpont, 2011:63). In this section the research methodology that was used to achieve the research goal is discussed. This include a specific focus on the research question, the research approach, the type of research and the research design. The chapter will then continue with a discussion on the sampling, pilot study, the data collection, as well as the data analysis of the study to ensure the study's trustworthiness. Lastly attention will be focused on the ethical considerations applicable to the study.

3.2.1 Research question

The research study was guided by the following research question: "What are the experiences of designated social workers when working with cases of alleged CSA in the South African context?"

The research question was essential as it formed the foundation of the study (Mason, 2002 in Fouché & Schurink, 2011:323). The researcher had to ensure that every part

of the study is being guided and directed to answer the posed research question (Nieuwenhuis, 2016b:73). The research question assisted the researcher to maintain focus throughout the research process (Jansen, 2016:13). The research approach that was regarded as the most suitable for the study will be discussed below.

3.2.2 Research approach

The research study followed a qualitative research approach. A qualitative approach aims to answer a research question that focuses on providing extensive understanding on a specific problem. This is possible through following an intensive study of a few people (Fouché & De Vos, 2011:91). The researcher aimed to have an interpretive understanding of the subjective meaning that designated social workers have when working with cases of alleged CSA (Fouché & Schurink, 2011:309-310). Thus, the researcher wanted to gain understanding (*verstehen*) of this phenomenon through the subjective reality of the participants' experiences (Nieuwenhuis, 2016a:53) through retrieving rich and thick descriptions from a small sample size (Creswell, 2014:202; Wagner et al., 2012:88).

The researcher had to use strategies (see section 3.2.8) to ensure that the findings of the study provide credible information that is a true reflection of the participants' experiences, rather than an outsider's perspective (Nieuwenhuis, 2016a:53). Therefore the researcher had to be aware of the possible influence that her own personal background, possible biases and personal values might have had on her interpretations of the study, as the researcher had to interpret the participants' experiences during the research study (Creswell, 2014:817).

3.2.3 Type of research

The type of research that this study followed was applied research. In applied research there is a focus on addressing challenges experienced in practice (Sarantakos, 2005:10). The focus of the study was to provide data that could improve the current practice of designated social workers working with cases of alleged CSA (Fouché & De Vos, 2011:95; Nieuwenhuis, 2016b:9).

There can be many purposes that social research can serve, with most studies having more than one research purpose (Babbie, 2014:94) which was also the case for this study. As the purpose of the study was to explore and describe designated social workers' experiences when working with alleged CSA cases in the South African context, the study had both an exploratory and a descriptive research purpose. This twofold research purpose was required as the researcher wanted to gain insight into the experiences of designated social workers working with alleged CSA cases through an exploratory research purpose. This was necessary as there is not much known on what these experiences of designated social workers working with CSA cases in the South African context entail. Therefore the study aimed to fulfil the purpose of building new understanding on the CSA phenomenon in South Africa (Fouché & De Vos, 2011:95; Nieuwenhuis, 2016a:55). The study also had a descriptive research purpose where the researcher attempted to describe, provide analysis and give specific details regarding designated social workers' experiences when working with alleged CSA cases (Fouché & De Vos, 2011:96; Fouché & Schurink, 2011:321; Nieuwenhuis, 2016a:54). This enabled the researcher to determine the deeper meanings that participants ascribed to their experiences of working with alleged CSA in the South African context (Fouché & De Vos, 2011:96; Nieuwenhuis, 2016a:55). The research design of the study will be discussed in more detail below.

3.2.4 Research design

A research design refers to the plan that a researcher used to address the posed research problem (Nieuwenhuis, 2016c:72). The study followed a case study research design as the purpose was to explore and describe the real-life context of designated social workers working with alleged CSA in the South African context (Rubin & Babbie, 2011:425). The study was an instrumental case study as the focus was not primarily on the designated social workers participating in the study, but on the context of their experiences when working with the complexity of alleged CSA. The participants' insights facilitated a more comprehensive understanding of what the context of CSA in South Africa entailed. The participants' input was explored in depth, their contexts were analysed, and ordinary activities were given detail as it contributed to understanding designated social workers' experience when working with alleged CSA in the South African context (Nieuwenhuis, 2016c:82-83).

According to Nieuwenhuis (2016a:55) the case study research design fitted particularly well with the exploratory research purpose, as the experiences of designated social workers were analysed and studied in detail to explore and gain better understanding on alleged CSA and the intervention thereof. As the case was bound by the context in which designated social workers are employed, the study scope was not too broad, thus the research purposes could be fulfilled (Creswell, 2013:101; Nieuwenhuis, 2016c:81).

3.2.5 Study population and sampling

Research mostly involve the study of a group of people, known as the population. The population in this study were all designated social workers working with cases of alleged CSA in South Africa. The researcher then selected a sample of 11 participants from the population which can be regarded as a subgroup of the population (Leacock, Warrican & Rose, 2009:78). As it is difficult to have access to the exact population of designated social workers working with alleged CSA in the South African context, this research study focused on the Mpumalanga province, specifically Nelspruit and surrounding areas where the researcher made use of non-probability sampling as a sampling approach during the study (Maree & Pietersen, 2016:197; Strydom & Delpont, 2011:391). The researcher had to identify sampling techniques that could collect wide and diverse information from designated social workers working with alleged CSA in the South African context, and therefore decided to make use of a combination of sampling methods. First the researcher used purposive sampling as a strategy, and thereafter used snowball-sampling. These sampling methods allowed rich and detailed descriptions from participants during the interviews, resulting in rich data to be retrieved during the study (Strydom & Delpont, 2011:391-392).

The reason for beginning the sampling process with purposive sampling was because the researcher had a specific purpose for the study in mind (Maree & Pietersen, 2016:198) and the purposive sampling method enabled the researcher to have common criteria for all possible participants that could be included in the study (Wagner et al., 2012:93).

The initial sampling criteria that was applicable to identify participants for the study were:

- Participants had to be qualified social workers who work at a provincial DSD or at a designated child protection organisation in terms of the Children's Act.
- Participants had to have at least two years' work experience as a designated social worker.
- Participants had to be based in Nelspruit (Mpumalanga province) or surrounding areas.
- Participants had to be able to converse in Afrikaans and/or English.

As the target population of designated social workers working with alleged CSA was difficult to access, the researcher used snowball sampling as the consecutive sampling method during the study. Snowball sampling is a method using the analogy of a snowball, which is starting small, but picks up in size as it is rolling and picking up in size due to additional snow gathered while it is rolling. This sampling technique thus begins with a single case(s) (person or persons) who then spread out based on the links that are provided from the initial cases (Neuman, 2014:275). The researcher therefore requested the participants during the study to provide particulars of other possible participants based on the purposive sampling criteria as mentioned earlier (Maree & Pietersen, 2016:198). The researcher conducted interviews with 11 suitable participants until data saturation has been reached and no new insights, themes and categories were revealed through the interviewing process. The sample size was not too small that it became difficult to reach data saturation, or too large that thick and rich data could not be extracted (Nieuwenhuis, 2016c:84). Within this sample, descriptive data was retrieved, a thorough representation of the studied phenomenon and its context could be made, which increased the trustworthiness of the study (Lietz & Zayas, 2010:198).

3.2.6 Pilot study

The pilot study is a prerequisite in any research study as it enables the researcher to successfully execute and complete a planned research project and is an integral part

of the research process (Strydom, 2011a:236). The pilot study should be executed in the same manner in which the main investigation is planned (Strydom, 2011a:241). Before any research study formally commences, the research procedures should be tested before commencing with the actual data gathering and data analysis. As the researcher conducted a pilot study, it assisted her in familiarising herself with the planned research study and to identify possible problems with the design and data collection method (Strydom, 2011a:236). The testing of the interview schedule allowed the researcher to determine whether the relevant data could be obtained through the data collection tool (Strydom & Delpont, 2011:395). The researcher also focused on specific areas that could cause uncertainty and could test specific questions. The pilot study assisted in estimating the length of the planned interviews (Strydom & Delpont, 2011:395). The researcher tested the interview schedule with a participant who complied to the set criteria for participants to be included in the data collection phase (Strydom & Delpont, 2011:394).

The researcher completed the pilot study and drafted the transcript of the interview. No amendments were made to the proposed semi-structured interview schedule, although the researcher became aware of the fact that she needed to employ better time-management during the next interviews as her pilot interview took more time than what was established in the informed consent letter.

3.2.7 Data collection

A predominant mode of data collection during qualitative research is interviewing where information is obtained through direct interchange with an individual (Greeff, 2011:342). This was also the data-collection method that the researcher used during the study.

Kvale, 1996 in Sewell (2001) purports that interviewing is a data collection method in qualitative research which "attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations." During this study the researcher used semi-structured interviewing as a data collection method (Greeff, 2011:351) and an interview schedule (which is a more systematic and pre-planned method of interviewing) was used as a

data collection tool (Rubin & Babbie, 2011:463). The interview schedule was formulated by focusing on broad questions first and progressing to more sensitive questions later in the interview (Greeff, 2011:352). The interview schedule contained intentionally formulated open-ended questions which gave an outline of topics and issues that formed part of the study (Nieuwenhuis, 2016c:93; Rubin & Babbie, 2011:463). The researcher had the opportunity to adjust the wording and question sequencing during the interviews in a manner that still allowed comprehensive and comparable data collection (Greeff, 2011:348).

During the data collection process, the researcher contacted suitable participants through a purposive and snowball sampling process. The researcher first made telephonic contact with possible participants; explaining the reason for making contact with them and briefly introducing the research study. Some participants already gave voluntary consent during the phone call. The researcher then sent through an informed consent letter via e-mail as additional information on what the study entailed. If a suitable participant voluntarily consented to participate, the researcher scheduled an appointment with the suitable candidate. There were 11 semi-structured interviews conducted with 11 participants while following the above mentioned process. The researcher asked permission from the participants to do audio recordings of the interviews for transcribing purposes, and also took notes during the interviews for possible probing, clarification and follow-up questions during the interviews (Nieuwenhuis, 2016c:93-94).

As the participants were perceived as the experts on the subject of working with cases of alleged CSA, they were allowed to do most of the talking during the interviews and could elaborate on specific topics relevant to the study (Rubin & Babbie, 2011:463). The researcher was guided by the PCA framework while engaging with the participants during the study. This framework allowed the researcher to be attentive of the participants' views and to show approval of the participants' experiences in a non-judgemental manner (Corey, 2009:184). Through the use of an interview schedule, an opportunity was created for conversational interviewing, and the participants' responses could be probed and clarified by the researcher whenever needed (Greeff, 2011:352; Nieuwenhuis, 2016c:93). This ensured thick and rich data collection (Creswell, 2014:202; Wagner et al., 2012:88). The researcher had to observe the

participants' non-verbal cues attentively as it enabled the researcher to gain a broad understanding of the context contributing to the various participants' experiences (Creswell, 2014:18; Wagner et al., 2012:231). A reflection on the data collected during the interviews were included in the researcher's field notes (Schurink, Fouché & De Vos, 2011:406). The semi-structured interviews lasted between 45 minutes to 90 minutes per interview. The length of the interview was firstly depending on the contracted time that the participant had available for the interview. Secondly, the length of the interview was also influenced by the manner in which the participant shared his/her personal and subjective experiences when working with alleged CSA cases in the South African context (Hasselberger & Hutterer, 2013:323).

Nieuwenhuis (2016c:93) and Greeff (2011:360) are of opinion that the interviewing process allows participants to share large amounts of information in a short period of time which might not be retrieved in any other way. These benefits can however depend on whether the participants perceive the research topic as important, and whether the participants trust the researcher. Greeff (2011:343) mentions that the researcher might find it challenging to establish rapport with the participants in order to gain the detailed and descriptive information that is needed for this study.

As social workers experience that CSA cases are impacting them on a personal and emotional level (Capri et al., 2013:378; Luyt, 2015:72; Mather et al., 2007:162; Richardson, 2011:4-5; Van Wyk, 2011:231), the research topic is thus of a sensitive nature. Therefore the researcher had to be cautious of changing the interview relationship into a therapeutic relationship, as the researcher was conducting the interview to learn from the participant as the expert in the field, and not to fulfil a therapist's role in treating the participant's possible distress. If a participant would have reported that he/she experienced the interviewing process as emotionally troubling, the researcher had the responsibility to refer the participant for professional assistance (Greeff, 2011:360). There were however no participants during the study that reported such a need.

Although the researcher was still busy with data-collection, she started with the transcription of the completed interviews as it is not good practice to first "stack" interviews before starting with the synthesis thereof (Greeff, 2011:360). The researcher

continued with the data-collection process until data saturation has been reached where there were no new insights, themes and categories revealed through the interviewing process (Nieuwenhuis, 2016c:84). The researcher then started with the formal process of data analysis (Clarke et al., 2015:229-330) which will be discussed in the following section.

3.2.8 Data analysis

Data analysis is an important function of the research process as it allows the reader to make an informed decision about the quality and usefulness of the findings (Wagner et al., 2012:231), thus it should demonstrate transparency and rigour through applying a systematic approach (Simons, 2009). As qualitative data consists of words and observations, the aim for the researcher during data analysis was to interpret and assign meaning to the data through utilising creativity, being disciplined and by following a systematic approach (Nieuwenhuis, 2016d:110). Therefore, the researcher thematically analysed the collected data by moving back and forth in the process of establishing patterns, categories and themes prevalent in the research study. In order to produce findings and an overall understanding of the case, data was broken down into segments through formal inductive processes, which created categorised data sets (Simons, 2009) as qualitative studies draw inferences from specific observations and apply it to “larger and more general phenomena” (Fouché & Delpont, 2011:64). This process was continued until a comprehensive set of themes for the study were established (Creswell, 2014:186; Wagner et al., 2012:231). The six phases involved in the process of thematic analysis will be discussed below as each phase provided the foundation for the next phase in the data analysis process (Clarke et al., 2015:231).

3.2.8.1 Phase 1: Familiarisation of data

The researcher had to spend a considerable amount of time reading through the transcriptions of the interviews in a curious manner, questioning what was said to allow greater insight into what the participants shared (Clarke et al., 2015:232). It was through each interview’s transcript that the researcher could gain insight into the participants’ shared experiences and non-verbal communication cues. The transcribed

interviews were continuously read by the researcher in order to identify patterns that were relevant to the posed research question (Wagner et al., 2012:231).

3.2.8.2 Phase 2: Coding

It is through a rigorous coding process that a solid foundation for theme development was established (Clarke et al., 2015:234). A code (which is a short phrase that clearly captures the key aspect in the piece of data) was assigned to sections of data in the transcripts. This systematic process of coding labelled features of data which was relevant to the research question (Clarke et al., 2015:234-235; Nieuwenhuis, 2016d:116). The researcher did not need to put any limits on the number of codes in each data set (Clarke et al., 2015:236).

3.2.8.3 Phase 3: Search for themes

As saturation took place in the coding of information, the researcher started to organise the codes into categories (Nieuwenhuis, 2016d:119) and meaningful units (Nieuwenhuis, 2016d:116). During the process of theme development, similar codes were clustered together so they "...identify a coherent aspect of the data and tells you something about it, relevant to your research question" (Clarke et al., 2015:236). It was important that the codes and clusters allowed good description of the data for the essence of the information to be understood (Nieuwenhuis, 2016d:116).

During this process, the researcher had to reflect on the relationships between the possible themes, and she also had to organise the codes into three theme levels, creating a hierarchical category system (Clarke et al., 2015:236; Nieuwenhuis, 2016d:119).

Table 3: Hierarchical category system for thematic analysis (Clarke et al., 2015:236; Nieuwenhuis, 2016d:119)

Level 1:	Overarching themes Creating the foundation for lower level themes.
Level 2:	Themes Providing detail on fundamental organizing concepts.
Level 3:	Sub-themes Representing and developing important facets relevant to upper level themes.

Through this hierarchical category system, the different theme categories were placed into different subsets (Nieuwenhuis, 2016d:119). It was important that the researcher established themes that were neither too narrow nor restricted, nor too broad that it lacked a clear focus. It is through a thematic map that the researcher could make a visual representation of the relationships between the codes and potential themes (Clarke et al., 2015:238).

3.2.8.4 Phase 4: Reviewing the themes

The researcher reviewed the themes by determining whether the individual themes fit well in relation to the coded data and whether the key meanings and patterns in the data were captured. The researcher needed to refer to the complete data set to do a final check on whether the analysis addressed the research question and truly reflected the content of the data in an authentic way (Clarke et al., 2015:238).

3.2.8.5 Phase 5: Defining and naming themes

Once the researcher felt that she understood the scope of each theme and how themes fitted together, she could start the process of elaborating on each theme through establishing theme definitions. These definitions were brief summaries of each theme forming part of the study. It was important that these definitions were clearly defined in scope and coverage, as well as the determined boundaries. These themes will provide

the framework from which the report of the study is assembled (Clarke et al., 2015:240).

3.2.8.6 Phase 6: Writing up findings

As the purpose of data analysis is to get to the essence of the phenomenon that is studied, the researcher needed to arrange the findings in a logical and well-organised structure (Nieuwenhuis, 2016d:120). Although the write up in thematic analysis starts during the initial phases of this process, the formal 'write up' involved the compilation and editing of existing analytic writing and producing new content. A key point in this process was the order in which the researcher chose to present the themes, as the 'main theme' contextualised the consecutive themes. The researcher had to be cautious of not over-presenting certain participants who were articulating themselves well, but rather to "quote a wide sample of [the] data items to provide strong evidence of patterning across data" (Clarke et al., 2015:241-242). The researcher had to critically analyse the write up of findings by giving verbatim examples from the study and link it with existing literature to create a meaningful whole (Clarke et al., 2015:243-244). It is through linking the analysed data with existing literature that it became evident on how the study is both corroborating with existing knowledge, but also bringing new understanding to a body of knowledge – which will be the essence of the researcher's contribution to knowledge development (Nieuwenhuis, 2016d:120). It is of utmost importance to assess the trustworthiness of the data analysis, which will be discussed in the following section.

3.2.9 Trustworthiness of qualitative research

The quality of the conducted study is determined by the systematic approach that the researcher followed by implementing a carefully designed research project. It is important to not only consider the clarity of the data analysis within the research study, but also the manner in which the findings of the study have been interpreted and presented in the research report, as all of these factors have an impact on the rigor of a qualitative research study (Hays, Wood, Dahl & Kirk-Jenkins, 2016:173). The rigor of qualitative research study poses to be an ethical issue, as laxly designed research

studies can lead to misinterpretations which is affecting client treatment or can pose a risk in harming participants (Wester et al., 2013:288).

Although there are diverse methods and paradigms that can be incorporated to consider the rigor of qualitative research, there is a general agreement that the rigor of qualitative research can be evaluated by assessing the study's trustworthiness (Rubin & Babbie, 2011:451). Guba's four constructs to establish the true value of qualitative research include credibility, transferability, dependability and confirmability as it determines the rigor of qualitative research (Shenton, 2004:63). Although Creswell (2012) in Hays et al. (2016:174) states that researchers must employ at least two of these strategies in qualitative research studies, the applicable procedures and strategies employed to ensure the trustworthiness of the study will be discussed below.

3.2.9.1 Credibility

The credibility of a study refers to the degree to which a study's findings are a representation of the research participants' views (Lietz & Zayas, 2010:191). The following strategies were used to ensure that the study's findings were credible:

Table 4: Strategies used to ensure credibility of the study (Lietz & Zayas, 2010:198)

Strategies to ensure the credibility of the study	Application during the research study
<ul style="list-style-type: none"> • Reflexivity: To be thoughtful of how the researcher’s point of view can influence the research. 	<p>The researcher was aware of how her frame of reference could influence the study by reflecting on the transcripts of each interview.</p>
<ul style="list-style-type: none"> • Observer triangulation: To use more than one researcher for data analysis. 	<p>The research supervisor gave input through supervision to ensure credible data analysis.</p>
<ul style="list-style-type: none"> • Audit trail: To keep detailed written substantiation of the research procedures. 	<p>All research procedures that were followed during the research study are clearly documented.</p>
<ul style="list-style-type: none"> • Thick descriptions: A representation of the phenomenon and its context as perceived and experienced by participants are given during the study. 	<p>The participants were allowed to give detailed feedback during the study to ensure thick and rich data during the study.</p>

3.2.9.2 Transferability

The transferability of a research study refers to the degree that a study’s findings are useful to be applied to another setting (Shenton, 2004:63). Transferability invites the readers to make connections between their own experience or conducted research and the elements of the study (Nieuwenhuis, 2016d:124). This determines whether the findings of the study are transferrable from one situation to another (Schurink et al., 2011:420). The strategies that the researcher used to ensure the transferability of the findings are outlined in Table 5 below.

Table 5: Strategies used to ensure transferability of the study (Lietz & Zayas, 2010:195, 198; Nieuwenhuis, 2016d:124; Schurink et al., 2011:420)

Strategies to ensure the transferability of the study	Application during the research study
<ul style="list-style-type: none"> • Thick descriptions: To represent the phenomenon and its context as perceived and experienced by participants in the study. 	<p>The detailed descriptions of the study, as well as the comprehensive feedback that is provided in the research report, allows the reader to have thorough descriptions available on the sample, the participants, the followed procedures and the context of the study that was conducted. These thick descriptions allow possible transferability of the study's findings to other settings/theories/practices and future research.</p>
<ul style="list-style-type: none"> • Audit trail: To keep detailed written substantiation of the research procedures. 	<p>The researcher followed a strong theoretical framework throughout the research process. She also kept written records of the research procedures that were followed.</p>

3.2.9.3 Dependability

The dependability of a study relies on the extent to which a research process has a logical flow, whether the study is well documented and whether it has been reviewed (Schurink et al., 2011:420). The following strategies were used to ensure that the study is dependable:

Table 6: Strategies used to ensure dependability of the study (Lietz & Zayas, 2010:196, 198; (Nieuwenhuis, 2016d:124; Schurink et al., 2011:420)

Strategies to increase the dependability of the study	Application during research study
<ul style="list-style-type: none"> • Reflexivity: To be thoughtful of how the researcher's point of view can influence the research. 	<p>The researcher needed to be aware of how her own bias can influence the research findings, therefore she was cautious and triangulated findings with literature.</p>

<ul style="list-style-type: none"> • <u>Audit trail:</u> To keep detailed written substantiation of the research procedures. 	<p>Dependability was demonstrated through implementing a research process that followed a logical, and well documented process. This was incorporated with the planning, data collection and data analysis of the study as it had to fit into a structured and well documented process.</p>
<ul style="list-style-type: none"> • <u>Peer debriefing:</u> To meet and dialogue with a mentor in qualitative research regarding the research decisions. 	<p>The researcher had contact and regular input from her research supervisor. This allowed peer debriefing where research decisions and procedures were discussed. The student also received important input from her research supervisor, which enhanced the quality of the research study.</p>

3.2.9.4 Confirmability

The confirmability of a study refers to the extent that a research study's findings is an accurate reflection on the experiences and ideas of the participants, rather than the preferences of the researcher (Shenton, 2004:72). The confirmability is also related to the extent that the findings are either confirmed or corroborated by others (Schurink et al., 2011:421).

Table 7: Strategies used to ensure confirmability of the study (Lietz & Zayas, 2010:196-198; Nieuwenhuis, 2016d:125)

Strategies to increase the confirmability of the study	Application during research study
<ul style="list-style-type: none"> • <u>Audit trail:</u> To keep detailed written substantiation of the research procedures. 	<p>Detailed documentation were kept throughout the research project (notes on supervision, information on literature resources, research proposal, literature review, interview recordings, transcripts, themes & sub-themes) and there is a clear audit trail which allows the observer to trace the course of the research. The researcher had to be aware of the manner in which quotes of participants are incorporated to substantiate findings, as it should not be used out of context or edited to prove a specific point out of context from what the participant originally shared.</p>

<ul style="list-style-type: none"> • Peer debriefing: To meet and dialogue with a mentor in qualitative research regarding the research decisions. 	<p>The researcher's contact and input from her research supervisor allowed for peer debriefing. Research decisions and procedures could be discussed, and important feedback could be given that enhanced the quality of the research study.</p>
<ul style="list-style-type: none"> • Negative case analysis: To seek contrasting evidence during the sampling and the analysis of the study. 	<p>The researcher was aware of contrasting evidence during the study and included the feedback from participants that did not fit with the majority of participants' responses.</p>

3.2.10 ETHICAL CONSIDERATIONS

Ethical issues are unavoidable and multifaceted when conducting research in the social sciences, as the data should never be gathered while tormenting the participants (Strydom, 2011b:113). The researcher adhered to the University of Pretoria's code of ethics for research. The relevant ethical guidelines that led the researcher's study will be discussed in the subsequent section.

3.2.10.1 Avoidance of harm

It is the primary responsibility of the researcher to ensure that no research participant experiences harm due to their participation in the research study (Wagner et al., 2012:65). The researcher had to be aware of possible dangers that could cause harm to participants and had to guard against them (Rubin & Babbie, 2011:78). As sensitive and personal information could have been shared by participants, the researcher needed to ensure firm scientific grounds for including questions during the interviewing process (Strydom, 2011b:116). The researcher is of opinion that she had to be cautious when probing detailed feedback from the participants, as she had to retrieve detailed information, but not at the expense of participants who showed resistance with specific questions during the data collection phase. If a participant would have reported that they experienced the interviewing process as emotionally troubling, the researcher had the responsibility to refer the participant for therapy or counselling (Greeff, 2011:360).

3.2.10.2 Voluntary participation

All participants were aware of the purpose of the study, and they were informed of the possible consequences when participating. Each participant was allowed to decide whether he/she wanted to participate in the study after they received detailed information on the nature of the study and what would be required of them. All participants were comfortable to sign a written consent letter as confirmation of voluntarily participating (Rubin & Babbie, 2011:77).

3.2.10.3 Informed consent

The participants gave informed consent through a written agreement (Neuman, 2014:151). This agreement included important details relevant to the study, such as the participants' freedom to withdraw from the research at any time, that participants were voluntarily participating and that the participants would be referred for counselling to a registered social worker should they experience any emotional distress during or after the interview (Wagner et al., 2012:68-69).

3.2.10.4 Debriefing

Since the research topic was of a sensitive nature, the researcher had to be cautious of changing the interview relationship into a therapeutic relationship, as the researcher was conducting the interview to learn from the participant as the expert in the field, and not to fulfil a therapist's role in treating the participant's distress (Greeff, 2011:360). The researcher conducted debriefing after every interview. Should there have been participants who experienced discomfort, the researcher would have referred the participant(s) for appropriate professional assistance (Greeff, 2012:350).

3.2.10.5 Right to privacy and confidentiality

The participants had the right to privacy (an element of personal privacy), and confidentiality (with regards to the handling of information in a confidential manner) during the study (Strydom, 2011b:119). It was important that the researcher regarded the importance of safeguarding the privacy and identity of the participants (Rubin &

Babbie, 2011:83), therefore no direct identifying information was made known to neither the student's research supervisor, nor any other person.

3.2.10.6 Actions and competence of researcher

The researcher had to ensure that the whole research project was completed in an ethically sound manner, from the planning of the project, throughout until the completion of the research report. The researcher had to be constantly aware of her ethical responsibility throughout the research process (Strydom, 2011b:123) – to both the participants of the study, as well as a responsibility towards the discipline of science to ensure honest and accurate reportage of research findings (Gravetter & Forzano, 2003:97).

According to Walliman (2006:148) the researcher had the ethical responsibility to be well-informed, honest and sufficiently trained before undertaking the research study. It was possible for the researcher to be competent in her actions and skills as she previously completed her BSW (Bachelor of Social Work) training where she had to complete a research study. The researcher also completed a module on research methodology as part of her master's studies' course work. Therefore, she had the required skills to conduct this research in an ethically sound manner.

3.2.10.7 Publication of findings

The researcher had to ensure that the findings of the study were introduced to the public in a written form, as the research findings will otherwise be of little value. The research report had to be formulated in an objective and accurate manner without any intention to publish biased findings, and the limitations of the study also had to be clearly indicated (Strydom, 2011b:126). All research documents will be safely stored at the Department of Social Work and Criminology at the University of Pretoria for a period of 15 years, while honouring confidentiality of participants' information.

3.3 RESEARCH FINDINGS

It is important to compare the reviewed literature and the findings of the empirical research with each other in order to determine the essence of the research study (Strydom & Delport, 2011:289). In the following section the research findings from the study will be presented. Section A will provide the biographical information of the participants that partook in the study. This will provide the reader with the needed context to have a clearer picture of what is to follow in Section B, when the researcher will reflect on the research findings through a hierarchical category presentation.

3.3.1 Section A: Biographical information of participants

The sample of 11 participants was selected according to the sampling criteria of the study. From the sample of 11 participants, the gender distribution of the participants was eight female and three males between the age of 31 years and 65 years old. The participants had a combined average of 13 years' work experience as a social worker, of which 10 years of this combined average was work experience in the child protection field. The race distribution of the participants was four white participants and seven black participants. This sample included eight participants who work in non-governmental organisations as designated social workers (five participants being social workers, two participants being supervisors and one participant being an area manager) and three participants who left the child protection field a maximum of two years ago. One of these participants had a Diploma in Social Work, with seven participants being qualified with a BSW-degree, two participants completing an MSW-degree and one participant having a PhD in Forensic Social Work. These degrees were obtained from various tertiary institutions in South Africa. All participants had experience of rendering child protection services in urban, semi-urban and/or rural areas in Nelspruit and surrounding towns (including White River, Hazyview, Lydenburg, Burgersfort) in Mpumalanga. The biographical details of the participants in the study are summarised in Table 8 on the following page.

Table 8: Biographical information of participants

Participant information								
Participant	Gender	Age	Race	Highest tertiary qualification	Institution and year of graduation	Years experience		Employer and participant's position
						Overall	Child Protection	
1	Female	58	White	BSW	University of Pretoria (1983)	30	20	NGO (Social worker)
2	Female	65	White	Diploma	Huguenot College (1977)	38	30	NGO (Social worker)
3	Female	33	Black	BSW	University of Limpopo (2013)	4	4	NGO (Social worker)
4	Female	44	Black	BSW	University of Zululand (2000)	17	15	NGO (Supervisor)
5	Female	36	White	BSW	University of North West (2003)	15	7	NGO (Supervisor)
6	Female	50	Black	BSW	UNISA (2016)	2	2	NGO (Social worker)
7	Male	31	Black	MSW (Monitoring and Evaluation)	University of Fort Hare (2010)	7	7	NGO (Social worker)
8	Female	32	Black	BSW	University of Western Cape (2012)	4	4	NGO (Social worker)
9	Male	31	Black	BSW	University of Fort Hare (2010)	7	7	NGO (Social worker)
10	Female	41	White	PhD (Forensic Social Work)	University of North West (2001)	12	11	NGO (Social worker)
11	Male	33	Black	MSW (Social Behaviour Studies)	University of Fort Hare (2009)	9	6	NGO (Area manager)
		M = 40				M = 13	M = 10	

The following section will focus on the empirical findings as it originated during the conducted study.

3.3.2 Section B: Empirical findings

During the data collection phase, the researcher explored the experiences of designated social workers working with alleged CSA through semi-structured interviewing. During the data analysis process, there were six main themes and consecutive sub-themes identified which are presented in Table 9 below.

Table 9: Themes and sub-themes for the study

THEME 1 - APPROPRIATE TRAINING AND EXPERIENCE FOR DESIGNATED SOCIAL WORKERS	
Main theme 1: The undergraduate training of designated social workers prepared participants for generic social work practice	
Sub-theme 1.1	Undergraduate training in BSW programmes prepared participants in general skills and knowledge required in the social work field
Sub-theme 1.2	Undergraduate training in BSW programmes do not sufficiently prepare participants to deal with CSA
Sub-theme 1.3	Practical placements during undergraduate training can be a resource in training student social workers in child protection work
Main theme 2: Continuous professional development is essential in equipping designated social workers to work confidently with alleged CSA cases	
Sub-theme 2.1	Continuous professional development courses are essential in equipping designated social workers to work with alleged CSA cases
Sub-theme 2.2	Participants' efforts for self-enrichment through reading up on topics/issues are valuable as it allow the participants to render an improved service
Main theme 3: Work experience in the child protection field adds to the participants' confidence	
Sub-theme 3.1	Participants feel more confident as they gain experience in dealing with cases of alleged CSA
THEME 2 - ROLES AND RESPONSIBILITIES OF A DESIGNATED SOCIAL WORKER	
Main theme 1: The designated social worker has professional and ethical responsibilities during the process of CSA allegations	
Sub-theme 1.1	The designated social worker has to regard the child's rights as paramount importance and should act in the best interests of the child
Sub-theme 1.2	The designated social worker's role is governed by legislation and policies to ensure professional conduct and service delivery
Sub-theme 1.3	The designated social worker should be adequately trained with knowledge and skills in order to work effectively with alleged CSA cases
Sub-theme 1.4	The designated social worker has an extensive managing role within cases of alleged CSA

Main theme 2: A designated social worker has specific roles and responsibilities towards the child victim and the child's family	
Sub-theme 2.1	The designated social worker has the responsibility to assess whether a child is in need of care and protection, and has the responsibility to safeguard and protect the child without delay
Sub-theme 2.2	The designated social worker has the responsibility to ensure that a criminal case is opened and a medical examination is done
Sub-theme 2.3	The designated social worker needs to establish a trusting relationship with the child and the family as it is essential to ensure successful intervention
Sub-theme 2.4	The designated social worker needs to educate and support the child victim's family members to establish cooperation throughout the process
Sub-theme 2.5	The designated social worker has the responsibility to provide a spectrum of services to the child victim and the family
Sub-theme 2.6	There are certain boundaries and limitations in being a designated social worker due to the lack of clarity on the designated social worker's role within CSA investigations
THEME 3 - CHALLENGES THAT DESIGNATED SOCIAL WORKERS EXPERIENCE	
Main theme 1: A designated social worker has specific roles and responsibilities towards the child victim and the child's family	
Sub-theme 1.1	CSA is a complex phenomenon that takes place in a multifaceted environment
Sub-theme 1.2	Familial factors have an impact on the incidence and reporting of alleged CSA cases
Sub-theme 1.3	Alleged CSA cases are dynamic and require individualised intervention
Main theme 2: Participants do not have clarity on the process to be followed when dealing with alleged CSA	
Sub-theme 2.1	There is no clear process to be followed by role players when dealing with alleged CSA reports, therefore CSA victims are re-victimised
Sub-theme 2.2	Although emotional support and therapy to the child victim is essential, there is ambiguity regarding the provision of these services
Main theme 3: The criminal justice system creates severe challenges with alleged CSA cases	
Sub-theme 3.1	Participants experience the legal system as dysfunctional and failing to serve the best interests of the child
Sub-theme 3.2	Lack of evidence in CSA cases creates a major challenge
Sub-theme 3.3	Participants experience the legal system as dysfunctional and failing to serve the best interests of the child

Main theme 4: Working as a designated social worker create various negative experiences for the social worker	
Sub-theme 4.1	Participants are emotionally impacted when working with cases of alleged CSA and experience stress, burnout and secondary trauma
Sub-theme 4.2	Participants experience that they are often excluded, uninformed and disregarded during cases of alleged CSA in spite of their responsibility to provide emotional support to child victims and their families
Main theme 5: Structural challenges hinders the required interventions in alleged CSA cases	
Sub-theme 5.1	Caseload management and intervention are difficult for participants due to limited resources
Sub-theme 5.2	Lack of proper supervision hinders social workers to deliver quality services
THEME 4 - SUPPORTIVE FACTORS THAT DESIGNATED SOCIAL WORKERS EXPERIENCE	
Main theme 1: The support from various role players enables the designated social worker to deal with cases of alleged CSA	
Sub-theme 1.1	Participants receive support in their work context which creates a positive office culture
Sub-theme 1.2	Participants regard the support from individual colleagues as a supportive factor in their work
Sub-theme 1.3	Supervision and debriefing are essential to participants
Sub-theme 1.4	Participants regard the involvement of schools as important in the identification of possible abuse
Main theme 2: Participants have personal factors that support them in dealing with cases of CSA	
Sub-theme 2.1	Participants identified self-care and spirituality as factors that contribute to personal wellbeing
Sub-theme 2.2	A strong internal motivation to make a difference is encourages participants to continue with child protection work, despite all the challenges
THEME 5 – RECOMMENDATIONS FOR CHILD PROTECTION IN ALLEGED CSA CASES	
Main theme 1: Participants made recommendations regarding training and resources relevant in dealing with cases of CSA	
Sub-theme 1.1	BSW programmes should include specific content and practical work focusing on statutory work, with a definite focus on CSA
Sub-theme 1.2	Participants recommend continuous development trainings to capacitate designated social workers in rendering professional services to clients
Sub-theme 1.3	Participants recommend training for all role players involved in CSA cases to ensure an integrated and specialised interdisciplinary process
Sub-theme 1.4	Participants recommend the development and implementation of a standardised CSA procedure when working with CSA
Sub-theme 1.5	Amendments to legislation and the criminal justice system will serve the best interests of the child better

Main theme 2: Programmes for prevention and early intervention should precede statutory intervention	
Sub-theme 2.1	Programmes for prevention and early intervention should precede statutory intervention
Sub-theme 2.2	Parenting programmes to protect children from all forms of abuse are necessary
Main theme 3: Employee assistance programmes can lighten the burden for role players involved in dealing with alleged CSA cases	
Sub-theme 3.1	Psychometric testing and pre-employment screening can be beneficial in the selection process of students and designated social workers' suitability for certain positions
Sub-theme 3.2	Supervision and debriefing opportunities should be readily available

3.3.3 Discussion of findings

The researcher had to correlate the analysed data with the context of existing theory in order to reveal how the data corroborates with existing knowledge or highlight how it contributes to a new understanding of a certain body of knowledge (Nieuwenhuis, 2016d:120). The data were categorised into a logical and organised structure and main themes and sub-themes were identified. The verbatim quotes of the participants were linked to existing literature (Clarke et al., 2015:243-244) as it is through these linkages that the essence of the study can be determined (Nieuwenhuis, 2016d:120). There were five main themes established from the study which will be discussed below.

Theme 1: Appropriate training and experience for designated social workers

Main theme 1: The undergraduate training of designated social workers prepared participants for generic social work practice

Sub-theme 1.1: Undergraduate training in BSW programmes prepared participants in general skills and knowledge required in the social work field

Participants experience that their BSW training prepared them with general skills and knowledge, which created the foundation for their work as a designated social worker:

“Social work was more focused, if I remember correctly, on how to conduct an interview, the techniques that you should use... Your principles and values that you should know... and the – the group work and community work and individual work and... everything relevant to that...” (Participant 1)

“It did prepare me in terms of counselling and uhm... also... with the holistic approach... Not only focusing on a child, but the environment: the school, the family and their surroundings.” (Participant 3)

“I wouldn’t expect the curriculum to teach you everything, you know. Definitely the foundation is there...” (Participant 7)

The above quotes from the participants corroborate with Stevenson (2014) who state the goal of undergraduate training to produce generic social workers who have general skills and knowledge that can be used in a generalist social work setting. This includes service delivery to a wide spectrum of cases. Simpson (2015:573) highlights that the goal of social work training is to develop social workers with a strong sense of duty, workers who can identify with the fundamental social work values, as well as workers who can critically think and who are able to be self-reflective practitioners. Social work graduates also need to be skilled to intervene on multiple levels (including micro, mezzo and macro-level) to ensure that clients can resolve their problems in order to create a healthier society. According to Ludwig (2007:13) statutory social work is a generic task of designated social workers. BSW studies at universities are generic in nature (Weyers, 2001:25) and enable social workers to learn theory that will underpin their future long-term practice (Kwhali et al., 2016:2227).

One participant also shared the knowledge he gained regarding transference and countertransference during his BSW training was of significant value:

“It is ... valuable in the aspect of transference and countertransference: that emotional involvement in a case. I think my training is very, very much valuable in that regard in that I’m able to differentiate between what is work and what is not work.” (Participant 9)

The above links with Capri et al. (2013:79) who state that it is important for social workers to be cognisant of over-identification with clients, as it can be detrimental to the worker, resulting in negative coping, high stress levels and negative countertransference. It is important to have the ability to differentiate between your own needs as a social worker, and that of your clients (Shlomo, Levy & Itzhaky, 2012:243). It is however true that not all tertiary institutions are following the same curriculum, and therefore there is much differentiation between the various social work programmes at the different tertiary institutions in South Africa (Strydom, 2009:333-334).

Sub-theme 1.2: Undergraduate training in BSW programmes do not sufficiently prepare participants to deal with CSA

Although the abovementioned sub-theme reiterates the importance of undergraduate training to provide basic knowledge and skills for all social workers, eight participants mentioned that they do not feel adequately prepared after their undergraduate training to work with alleged CSA as a designated social worker, although statutory social work is regarded as a generic social work function (Ludwig, 2007:13). Some of the responses are as follows:

“The first time you deal with such cases you feel in the dark... you do not know... it is like... you do the things in practical training... but these things [CSA] were not taught in your practical training.” (Participant 1)

“When I started, to be honest, when I started it was, it was tough, because I honestly feel our curriculum can't... Social work is too broad, that's the other thing, like it's a very broad subject... we are all social workers, but we play so many different roles.” (Participant 7)

“I think our curriculum wasn't covering much of those issues, especially looking at what you need to bring into dealing with the issue of CSA, the Acts that you need to come... the Laws you need to bring into play... I don't remember going through step-by-step in terms of these kind of cases. So maybe it was the failure of the lecturer in terms of giving guidelines and stressing the important issues in case work. But I don't really remember going through thoroughly, because I would say, if it was me, I would actually invest time, because it is a specialised thing. It involves a lot of other professionals, like your lawyers and everything. You need to deal with them and as social workers we are very poor in dealing with other professionals - most of us. So I think in this case, that is when we... that is why we sometimes lose these cases, because we're not really thoroughly trained in forensic intervention.” (Participant 11)

When considering the feedback received from participants during the study, it substantiated the findings reported by Meüter (2011:21) that a vast majority of social workers in South Africa feel that their undergraduate social work training did not sufficiently prepare them for statutory work, as they lacked practical skills, knowledge and confidence (Van Westrheren et al., 2017:7). This might be because of participants having limited knowledge regarding sexual abuse and how to deal with these cases, rather than having detailed understanding on this multifaceted phenomenon (Spies, 2006a:45) as undergraduate training in the social work field is so broad (Kwhali et al., 2016:2217). According to Britz (2003:2) social workers will only be able to identify and

provide effective treatment for CSA when the social worker has specialised knowledge and skills. Kwhali et al. (2016:222) highlight that it is debatable to determine the level of knowledge that should be acquired from undergraduate training with regards to the more complex fields of child protection, such as interventions with CSA cases. Ludwig (2007:10) is of opinion that a forensic social work introduction should form part of BSW programmes as all statutory social workers have court responsibilities, especially towards the Children’s Court. The participants also voiced the important function of practical placements during undergraduate social work training, which will now be discussed.

Sub-theme 1.3: Practical placements during undergraduate training can be a resource in training student social workers in child protection work

The teaching and learning of social work takes place in two key contexts: in the classroom and in the field (Simpson, 2015:568). BSW degrees are possible through a partnership between universities and non-governmental organisations who provide potential placements for students. It is in these placements where the student’s practice capabilities are developed and learnt theory gets applied (Kwhali et al., 2016:2219):

“I did my practical module at a statutory organisation, or a non-profit organisation focusing on child protection. And that is the most experience that I have acquired, because you get into contact with all types of cases, and then you also get an idea of what kind of work you enjoy the most. Because now... I had a social worker employee who could not cope with her work, but she never had that practical experience and she has chosen this career, but it has nearly broken her down completely on an emotional level.” (Participant 5)

“When you go like do practicals within the NGO’s or wherever you want to do practicals they don’t... the supervisors usually don’t... won’t give you difficult cases... I think possibly supervise it will be better because they will guide you in terms of: “this is what you do; this is what you’re not supposed to do; this is how you’re supposed to handle... Because some of... of... some of the people just break down. Ja, they just break down. So in terms of possibly equipping [them] in terms of practically difficult cases.” (Participant 6)

“I was fortunate to, when I was doing my prac [practical module], then I did it at [an NGO]. So I got to put that in practice... So, they would normally give you the easy one [case] – foster care, maybe physical abuse ones, should be like “Okay, just give skills, parental guidance”, you know. I came here [as a full-time

employee feeling] very confident, I could write professional reports... Now I came back [after finishing my studies] as a professional and then I got to do the real thing and not what I was doing as a student. I was... it felt like "Okay, I'm back to where I was." So, it really built me when I got here." (Participant 8)

"I think the training, most of it was more practical. Especially looking at the practical experiences... internships that we got from second year level where we would be tasked to deal with communities. That gave me confidence when I eventually graduated." (Participant 11)

When considering the above-mentioned feedback from the participants, the practical placements of students can be a valuable asset in equipping social work students with a better idea of where they see themselves working after graduating, as the quality in students' practical experiences varies (Kwhali et al., 2016:2219). As the statutory component of social work is not comprehensively covered during the BSW programmes, it results in social workers being incompetent to render adequate statutory services (Meüter, 2011:21). Søftestad and Toverud (2013:1514) highlight that child protection social workers lack training, knowledge and experience in CSA, with little to none practical experience with alleged CSA cases prior to their current cases. Although CSA cases are of a sensitive nature and it might be difficult to get shadowing opportunities due to the personal and confidential nature of these cases (Stevenson, 2014), it is very important that social work students gain practical experience on the subject matter, even though they might become distressed, shocked or upset. It is vital that students should rather be guided with sensitive support, rather than removing any potentially disturbing material from their training (Collins, Coffey & Morris, 2010:979-980; Handley & Doyle, 2012:451). Simpson (2015:568) reiterates this matter by stating that social work educators should help students to develop their academic knowledge and skills as it is through the professional modelling of behaviour and the nurturing of personal and professional growth that students will grow in their competence. The following section will focus on the continuous professional development of designated social workers.

Main theme 2: Continuous professional development is essential in equipping designated social workers to work confidently with alleged CSA cases

Sub-theme 2.1: Continuous professional development courses are essential in equipping designated social workers to work with alleged CSA cases

Lombard, Pruis, Grobbelaar and Mhalanga (2010:107) explain that the premise of continuous professional development (CPD) training is that no qualification or professional registration is a guarantee that a social worker will maintain his/her proficiency, which was also voiced by the participants:

“... [The] training [from the Justice College] was very important, and it laid a strong foundation for my statutory work... Their training was very relevant, and I was not scared of the court anymore, because you now knew how to approach them. That training gave me much authority and knowledge.”
(Participant 2)

“...’cause in 2014 when I was first employed, I wasn’t as confident as I was today. So, from 2014 up to now 2018, I have learned a lot and I’ve grown professionally, from the trainings that I’ve attended.” (Participant 3)

“So at the end of the day I had to attend extra courses like the play therapy to empower myself a bit more, because your university training give you much information, but the moment you start to work you need to allow yourself to be trained a bit more and to acquire more knowledge to make it easier for yourself... The risk and safety assessment tools have been a wonderful thing for me, because you don’t feel unsure (Participant starts to laugh) on what the next step should be, and that I enjoyed... But these tools we haven’t learnt at university, I have only done the training at the second organisation where I did statutory work.” (Participant 5)

“...this module “Interpretation of Statutes”, it helped me a lot. Now I am able to read and act and understand what it entails, what it says, and when you make a recommendation, you are able to defend yourself. Most of the time when we are put on the stand [in court], we fail dismally, because all we know is what our supervisor when we were being mentored said... And when they push you in a box [in court], they rip you into pieces. So one must be prepared.”
(Participant 9)

When reflecting on the information that the participants shared with regards to CPD training, it is becoming clear that designated social workers experience that they need to be skilled and trained on a variety of subjects, including training on the legal system (Schiller, 2017:10), knowing how to work effectively with children through play therapy

(Van Westrhenen et al., 2017:5), as well as skills to do proper risk and safety assessments (Pecora et al., 2013:44; Spies & Le Roux, 2017:204).

Sub-theme 2.2: Participants' efforts for self-enrichment through reading up on topics/issues are valuable as it allow the participants to render an improved service

There were participants who highlighted the importance of taking responsibility for one's own professional development through self-enriching activities:

“Even though you did not go to a training of a particular thing, when you learned about something and then you research yourself about that particular aspect... We have slots in Ligwalagwala FM, so it also motivate us to research, because we have to talk about topics that are associated with children.”
(Participant 3)

“And then you get to work with these children and it gets you to even explore more because you cannot say “Okay, I got this, I learned this in Varsity.” So it's an environment where you need to teach yourself now and again...”
(Participant 8)

“...It was an issue of using whatever I found in my research [to employ in my assessments], I personally used that as best practice material...” (Participant 11)

According to Schiller (2017:13) it is the responsibility of designated social workers to stay well-informed on the latest research pertaining CSA. Munro (2011:93) also highlights the importance of using evidence-based approaches to inform the worker's practice in combination with the worker's values and preferences. This however requires a combination of training, critical analyses and developing skills through observation and understanding. Lombard et al. (2010:119) however state that although professionals have an ethical responsibility in self-directing their learning, it can never be their sole responsibility, as it remains an ethical and a statutory obligation. The value of work experience in the child protection field will now be discussed.

Main theme 3: Work experience in the child protection field adds to the participants' confidence

Sub-theme 3.1: Participants feel more confident as they gain more experience in dealing with cases of alleged CSA

Two male participants shared that their intuitive expertise that developed with experience had been valuable to them:

"It's not really easy, because people usually, they will bring a lot of other issues that have nothing to do with a dispute... So, once you investigate and with experience you are able to push away all the other stuff and go to exactly what the problem is." (Participant 7)

"I have managed to keep a clean bill of mind set where I don't get involved emotionally at all but be objective all the time. Usually when you are new in this thing, you get sensitive, because you've got emotions, isn't it, and that is then where most mistakes will happen, 'cause now you become biased. But over the years you learn that these [alleged CSA] cases, though they are different in dynamic, right, but then they've got this similar pattern, sort of." (Participant 9)

Other participants shared that their work experience when working with cases of alleged CSA equipped them:

"So, every time I worked with such a case, I felt stronger. Uh... I felt more empowered." (Participant 1)

"I think the longer I worked with it and as I had more contact with [CSA], my knowledge increased. I can also see how, based on the nature of my position, how my knowledge has developed and every time you get into contact with it, you know better. Because one do make mistakes, and sometimes, I want to say, one deals with the case "the wrong side around". As you work with these cases, you learn, so it also guides your future interventions." (Participant 5)

"The experience for me is far much more important, like it's played a much more important role for me in terms of the role that I fulfil as a social worker... The experience that I've gained over the years, is for me far much valuable, compared to what I learned...With experience, you sort of learn what's appropriate and... I know you're guided by your ethics and values and stuff like that." (Participant 7)

"You need to consider the complete picture before you can say whether the CSA happened or not. And I believe it is with experience that one start to

regard such matters. With experience you realise that your book knowledge is important, but with experience you gain extra resources. (Participant 10)

Literature focuses extensively on social workers that need to have specific knowledge and skills when working with cases of alleged CSA (Luyt, 2015:37). This includes having clinical skills to understand how the abuse impacts the child and the family (Kuehnle & Connell, 2010:556-557). Social workers should also be knowledgeable on forensic skills (Kuehnle & Connell, 2010:557) and should have skills and knowledge to ensure child-centred interventions (Handley & Doyle, 2014:448). Stevenson (2012) highlights the importance of ensuring that social workers are fit to fulfil their purpose and their roles adequately. The roles and responsibilities of a designated social worker will be discussed in the following theme.

Theme 2: Roles and responsibilities of a designated social worker

Although the researcher aimed to discuss the different roles and responsibilities that a designated social worker has during cases of alleged CSA, the multi-faceted involvement of the designated social worker became apparent. Therefore a clear-cut distinction between the various roles and responsibilities was not always possible, but the researcher aimed to analyse it as clearly as possible. The involvement of the designated social worker in summary was well versed by one participant that stated the following:

“The role and responsibility [of the designated social worker] in the first place is to protect the child through the Children’s Act provisions, through the court, by reporting it at the police, by doing a place of safety placement and then also your statutory responsibilities towards the Department [of Social Development].” (Participant 2)

There is however more detail to what the involvement of a designated social worker entails. The following themes and sub-themes will therefore discuss the roles and responsibilities of a designated social worker when dealing with alleged CSA cases.

Main theme 1: The designated social worker has professional and ethical responsibilities during the process of CSA allegations

The researcher is of opinion that it is important to view the participants' feedback on their professional and ethical responsibilities during CSA allegation investigations against the backdrop of their work being guided by personal and professional values as underlined in the ethical code of the SACSSP (Van Wyk, 2011:64).

Sub-theme 1.1: The designated social worker has to regard the child's rights as paramount importance and should act in the best interests of the child

It is important that designated social workers regard the child's rights and their best interests when dealing with cases of alleged CSA:

"What is paramount and what is key is the best interest of the child and the safety of that child. So, my role then will be to safeguard the child in his/her interest, from the onset of allegation and investigate the case, recommend what is the best, not solution to say, but the best option that can be the best path to utilise to help that child. So, my role will be to investigate, number one and safeguard the child..." (Participant 9)

"Advocate for their [children's] rights, to ensure that they exist in an environment where they are protected and also to help them, to say when everyone is doubting their story... that I [the social worker] should be the one that should not have to question that to believe whatever the child is saying." (Participant 8)

"And that also as a designated social worker, the child's rights are of paramount importance that everything a child tells you, you are supposed to believe that, and you are supposed to act on that, because failure to do that you are also on the other side, on the perpetrator's side." (Participant 9)

"A statutory social worker's biggest responsibility is to determine whether a child is in need of care and protection in terms of Article 150 of the Children's Act and whether it is needed to protect the child. Further should Article 7 of the Children's Act be regarded as important." (Participant 10)

From the above quotes, it can be determined that designated social workers are guided mainly in his/her responsibility to protect and safeguard children according to the child's best interests as stipulated in Section 7 of the Children's Act. The designated social worker needs to consider whether a child needs care and protection according

to Section 150 of this Act where the criteria for a child in need of care and protection is stipulated. According to Dausab (2015:147) the best interest-principle (which is an overarching common law principle) has been valuable in the decision-making process regarding children. It is important to consider a child's best interests from a social developmental welfare approach, as this can only be determined by first establishing the context of the child's family, household and community context, as well as allowing the child to reach a sense of self-determination and being empowered (Schiller, 2017:11). This is possible through allowing the child to participate to a certain extent in the decision-making regarding his/her life (Van Bijleveld et al., 2015:130). It is important that designated social workers uphold the White Paper for Social Welfare 1997 by protecting the individual rights of clients receiving social work services by rendering non-discriminatory and non-oppressive services (Van Wyk, 2011:54). By allowing the child's right in participating during decision-making, the accuracy of the social worker's understanding regarding the thoughts, feelings and hopes that a child has for the future can be more accurately determined through assessment. It is important to try and understand a child's point of view, his/her developmental needs, and to strive towards making sense of how the child perceives his/her world through listening and attempting to see it through the child's eyes (Kruger & Spies, 2006:175). Van Bijleveld et al. (2015:137) warn that social workers should guard against making decisions on the child's behalf, as these procedural barriers and the barriers of creating a relationship do not enable children to feel heard. It rather creates a lowered sense of self, feelings of powerlessness, frustration and desperation in children. The following sub-theme will focus on the applicable legislation and policies forming part of the responsibilities of designated social workers when intervening with alleged CSA cases.

Sub-theme 1.2: The designated social worker's role is governed by legislation and policies to ensure professional conduct and service delivery

There are certain legislation and policies that govern the involvement and responsibilities of the designated social worker within cases of alleged CSA. Participants regarded the Children's Act as fulfilling a very important role in how they approach cases of alleged CSA:

“Number one when you are doing statutory work, then you should be guided by the Children’s Act, and you need to work according to the Children’s Act. You cannot what is stipulated in the Act, then you will experience big problems... If you work strictly according to the Act’s guidelines, you will protect yourself and also the child.” (Participant 10)

“I think what highlight the social worker here, is that you have a specific type of power which is governed by the Children’s Act. I have this task and role and this is what the Children’s Act require of me...” (Participant 1)

Designated social workers have certain responsibilities towards the Children’s Court which is the court handling all matters pertaining to children. According to Luyt (2015:29) designated social workers are legally responsible to bring cases of alleged CSA to the Children’s Court according to the Children’s Act as it is the responsibility of these social workers to protect children:

“And once you get that [allegation of CSA], then you need to compile your preliminary report, do an opening, take it to court, and then if the court makes a finding that the child is in need, you place the child.” (Participant 9)

“And the moment you refer the case to us, we obviously have to investigate, but before you investigate things like that, you might have to go to [Children’s] court, get an order to investigate to cover yourself.” (Participant 7)

“But usually once from the moment it’s reported, you have three months to write your report as a child protection social worker then the rest is left to other organisations or whoever that you referred the case to.” (Participant 7)

It seems as if the designated social worker has simultaneous and abrupt responsibilities towards the Children’s Court, as well as to the DSD. It is stipulated in the Children’s Act that it is the DSD’s responsibility to complete an assessment and to manage the situation in the best interests of the child. It is the provincial department’s task to investigate the alleged abuse and appropriate measures should be taken to ensure the safety of the child. The department should also follow the legal processes if the investigation reveals that further legal action is required (Hendricks, 2014:551):

“To say that immediately when you receive such a case, you must write down, you must submit to the Department [of Social Development]. Now the reason to submit to the Department is so that they can track you: how far are you with this case. We report using the Form 22 that you submit to the department and then obviously they will look at how far are you with this report to give now a Form 23 on the court proceedings.” (Participant 9)

Participants regarded it as important to know the jurisdiction of a designated social worker and the Children's Court in which the worker functions:

“So, the Children's Court is where we usually do our things. Where we go to for our cases as social workers are the Children's Court - that's what we are limited to. And it is a far inferior court when compared to the criminal courts. So whatever you're doing at the Children's Court stand still, gets postponed on a monthly basis, depending on the criminal court as to how they progress through the whole case. So, it takes its toll on you. The time is just too much.” (Participant 9)

“Keep your boundaries. Jurisdiction is key. You can only go as far as your position allows you to go, that is your jurisdiction.” (Participant 9)

The statements above link with Ludwig (2007:21) who highlights that it is important for social workers to have knowledge regarding the court structures in South Africa. Participants also stated that it is important for designated social workers to be adequately trained on knowledge and skills relevant to alleged CSA which will be discussed below.

Sub-theme 1.3: The designated social worker should be adequately trained with knowledge and skills in order to work effectively with alleged CSA cases

It is important that designated social workers should have adequate knowledge and skills for successful intervention with alleged CSA cases:

“Our job is usually to investigate and try ascertain what's true and what's not, and as you can imagine it's not really easy.” (Participant 7)

“[My forensic training] taught me to double check everything and that I should not just believe whatever I am told, but to repeatedly look at the whole picture: not to only consider the child, or speak to the parent, but to consider other sources as well. I think when you only had general training as a social worker, then you don't double check everything. I think you go with what people say and with your forensic training you have been trained somewhat like an investigator – you double check everything and do not only believe what you have been told.” (Participant 3)

“[The investigative interview] refers to the way in which you have been forensically trained to do interviews with children in a correct manner, to ensure that you don't ask leading questions, and that you don't ask questions with a 'yes' or 'no' answer. This ensure that you can compile your report in a manner

which you know you did not influence the child in any way... It is during this interview where you are being taught which correct tools to use during what stage of your interview with the child.” (Participant 10)

“For me it was an issue of using whatever I found in my research [for assessments], personally used that as best practice material that I would get in my research... That’s what I used, and then align it with the provisions of the Act and the requirements of the court.” (Participant 11).

From the above quotes, the researcher is of opinion that it is through specialised knowledge and training that participants seemed to be more comfortable and confident to engage with CSA cases. Fouché (2007:371) states that social workers should use their knowledge, skills and objective attitude to interview children in a developmentally sensitive manner, which can include play-related communication techniques. These strategies should be evidence-based practice with a holistic approach in assessment, as well as collateral information from various sources. It is important to follow a strength-based perspective, while having a child-centred focus during the process (Spies & Le Roux, 2017:202-204). This allows the child to discuss his/her feelings about the abuse, the worker can make important links in the case, resulting in decisions being made in the best interests of the child (Mather et al., 2007:169; Van Wyk, 2011:212, 215). It is through the social worker’s assessment that a description of the nature of the offence can be made, which will assist the state prosecutor or police official in the decision-making process (Fouché, 2007:368).

The researcher could only establish from one participant that she has a specific tool/protocol that she uses, which is the risk and safety assessment tool. Another participant (Participant 11) referred to “own researched best practice” when doing his assessments, although he did not refer to using a specific tool/protocol. There were various participants who made recommendations regarding a possible protocol when dealing with alleged CSA cases (See the discussion on Theme five).

From the interviews with the participants, it seemed as if referrals to a psychologist or forensic social worker were only made when the participant felt unsure of whether the CSA allegation was true. This can also result in the re-victimisation of child victims because of multiple interviews to determine whether the sexual abuse took place (Schiller, 2017:12).

The researcher is of opinion that it seems as if participants engage in a forensic interviewing process with child victims, but not necessarily in a scientific manner which reflects good practice. There was also no clear indication given on the strategy that participants use in this important process. The researcher is of opinion that this malpractice can also result in insufficient evidence with alleged CSA cases.

The responsibility of designated social workers to coordinate and manage CSA cases will be discussed below.

Sub-theme 1.4: The designated social worker has an extensive managing role within cases of alleged CSA

The designated social worker needs to take on a coordinating and managing role within cases of alleged CSA:

“You manage the case, because if you get involved in everything during the case, then the lawyer would say that you became subjectively involved...”
(Participant 1)

“There’s a lot of [a managing role]. Like you need to co-ordinate and follow up...” (Participant 7)

“But find a way to deal with the whole case, making sure that there is that referral system where you also involve other role players and stakeholders then you’ve got a whole case that is running smoothly, because every party is involved. You can’t do everything on your own and say “we are the judge and jury and everything”. (Participant 9)

According to Mather et al. (2007:168) the social worker needs to ensure that the required services are coordinated between the involved professionals in order to reach a successful outcome with the case. This entails that both the legal and social developmental welfare approach in these cases should be reached (Schiller, 2007:11). It is therefore essential to have good interdisciplinary relations with the various role players (Luyt, 2015:44) where the required short term and long term interventions are in place (Mather et al., 2007:166). It is however the reality that being case managers restrict the therapeutic involvement of social workers as their role is more focused on the administration relevant to these cases (Ferguson, 2011:187): communicating to everyone involved, preparing the child and family during the process and to normalise

and validate their feelings for them to regain more control in the situation (Mather et al., 2007:149-150). Based on Kwhali et al. (2016:2211), social workers can experience the management of CSA cases as stressful and complex, but it is a core aspect of a social worker's safeguarding duties. The roles and responsibilities that the designated social worker has towards the child victim and the child's family will now be discussed.

Main theme 2: A designated social worker has specific roles and responsibilities towards the child victim and the child's family

Sub-theme 2.1: The designated social worker has the responsibility to assess whether a child is in need of care and protection, and has the responsibility to safeguard and protect the child without delay

The protection of children is the primary function and main responsibility of designated social workers (Luyt, 2015:2). When there is suspicion that a child was sexually abused, people often report such matters to a welfare organisation (Fouché, 2007:367). According to Voss et al. (2017:209) children, families, as well as professionals from statutory agencies need to navigate through complex processes when CSA is reported:

“The social worker really needs to act promptly and should get involved with the family, and should do a proper investigation, because if the allegation is true and the child is not assisted, it can cause much harm. So, I think it is important to be actively involved and to make the case highest priority. First you need to assess, you need to determine the intervention areas and then you need to finalise your court case before you can start with your intervention...” (Participant 5)

“If you are a designated social worker, you are dealing with the ... with the legal part and all the welfare part... We protect the children from re-victimization, like if the abuse it's in the household, it's either we request the court for an order to remove the child in the household, or else the perpetrator if the circumstances are not posing to be a risk to the child...” (Participant 3)

“Usually when you get the report, all you do is to investigate, that is you doing a preliminary inquiry. And when you enquire, you look at the form of information that you get. ... if it is on your Children's Act, does it qualify to be deemed as finding a child in need of care and protection?” (Participant 9)

“Often cases are not being reported as sexual abuse, but as other problems and then when you start to investigate, you realise “but here is sexual abuse as well”. Especially when you start to work with a child who has already been removed and placed in an alternative placement, and you start to work with the child, then you realise there was sexual abuse as well.” (Participant 10)

Although CSA often exists in multi-problem families where the initial contact that the designated social worker has with the family is not because of a CSA allegation (Ferree, 2009; Mather et al., 2007:162), it is important that workers always act on the principle of serving the best interests of the child by completing a thorough assessment in order to make a verified decision (Spies et al., 2015:671). It is important that workers prioritise CSA allegations and should ensure that these cases receive immediate attention (Luyt, 2015:27). Søftestad and Toverud (2013:1511) highlight that it is the responsibility of designated social workers to complete the direct administration required for child protection work, which among other things, include the conducting of investigations and completion of assessments with alleged CSA cases.

The responsibility of a designated social worker to ensure that a criminal case and a medical examination is completed will be discussed in the following sub-theme.

Sub-theme 2.2: The designated social worker has the responsibility to ensure that a criminal case is opened, and a medical examination is done

The following feedback from participants made it clear that designated social workers have an important role in the opening of a criminal case and to ensure that a medical examination is done:

“Firstly, it is to ensure that the child is safe and secure. And then reporting the case to the law enforcement so that the necessary procedures are taken in terms of opening a docket, taking the child together with the police to a medical centre for, what do they call it... medical examination for evidence.”
(Participant 11)

“And so, ja, it starts there, it starts with investigating, you know, taking the child to your CPU, Child Protection Unit... taking the child to Rob Ferreira [hospital] to do a J88...” (Participant 7)

“The outcome of the J88, you know if it comes out that the child was sexually abused or assaulted or whatever, you obviously then take it further. You open

a case with the police, so they will deal with the criminal part and you have to continue with the child. It's either you're referring the child for psychological help and support." (Participant 7)

"So, and we are also mandated that if we receive a case of sexual abuse we must report ASAP [as soon as possible] and then have that child taken for medical attention." (Participant 8)

"When you're reporting the case, it's pretty much simple and standard, 'cause as long as I do my Form 22 [for the Department], as long as I take the child to the CPU. After my reporting, [the police] will open a docket immediately. But the investigation part is the one that can take its time, 'cause [the police] needs to do everything..." (Participant 9)

From the participants' feedback, it is clear that they understand the importance of mandatory reporting with alleged CSA, as stipulated in the Children's Act and the Sexual Offences Act. According to Luyt (2015:35) the social worker's responsibility include opening a criminal case at SAPS, as the case can then be investigated by the SAPS Child Protection Unit. The researcher gathered from the participants' feedback that there still seems to be ambiguity on whether the police case should first be opened on the allegation, or only after the J88 investigation confirmed the sexual abuse allegation, as there does not seem to be a clear indication on when exactly in the process of the investigation this examination should be completed. Hendricks (2014:552) however highlights that it is the responsibility of the DSD to ensure that social workers who deal with child abuse should be adequately trained on the correct reporting procedure pertaining to alleged CSA.

The importance of establishing a trusting relationship as a designated social worker with the child victim and family will be discussed below.

Sub-theme 2.3: The designated social worker needs to establish a trusting relationship with the child and the family as it is essential to ensure successful intervention

As it is known that CSA has a far-reaching impact on the involved child victim, family, and even the wider society (Minnie, 2009:523), the researcher is of opinion that it is important that the designated social worker not only establish some form of a trusting relationship with the child, but also with the involved family. It is the social worker's

responsibility to determine whether the child will receive the needed support from the family (Mather et al., 2007:167). It is through enabling a help-seeking tendency in families that the trauma that a child experienced can be addressed for healing to be possible (Mash & Wolfe, 2010:481):

“...And we say that you should speak as quickly as possible to all the involved parties, and you should get the cooperation of the parents, rather than to make them angry by going behind their backs. Rather talk to them on the same day by calling them into the office, or do a home visit, or whatever options there might be. And have a conversation with them, and explain that you have received this report and that it is your role to investigate, and that you will support the family as far as it is possible... It might be that this is something that started in the parents’ childhood, and they might not necessarily know of doing things differently.” (Participant 5)

Designated social workers need to be aware of the high non-disclosure of CSA, where the sexual abuse “is the secret in the family’s difficulties” (Mather et al., 2007:140). CSA is often difficult to identify, especially when the reasons for referral are for matters such as child neglect or other problems (Martin et al., 2014:12):

“A person might come [to get assistance from a social worker] for one issue... but when you build a relationship and you do home visit and all that, then you would find other issues within that. So, it’s very important for us with our client system that we establish that rapport, that we build that relationship...” (Participant 8)

“You render prevention services when you suspect that there is something, then you will use the training that you have, and do some assessments. Or build a relationship with the child... You cannot always get the disclosure the first time. Often it is through play therapy that you build relationship with the child, until the child feels safe and starts to open up. You do not always get the disclosure the first time.” (Participant 1)

Participants stressed the importance for designated social workers to develop a safe and trusting environment for children through their level of skill, for children to share their feelings regarding the abuse (Mather et al., 2007:169). Søftestad and Toverud (2013:1522) highlight that more direct interaction between the designated social worker and the child is required when a suspicion of CSA is raised: it is through a trusting child-professional relationship that the likelihood of possible disclosures of abuse or other problems that the child might experience are possible. It is however not always easy to build this trusting relationship with children who were sexually abused:

“[There is] lack of trust from the children.” (Participant 9)

“If I find that a child is a female and there is that fear from her to disclose to a male social worker, I would include a colleague of mine which is a female colleague. And they will need to create rapport with the child...” (Participant 9)

“You see now, and remember another thing is over time information gets blocked, depending on the child’s defence mechanism. Now, I went there and said “You know what, I am here to help you”. Next thing, I am put out of the picture, this child is not helped anymore. Do they have trust on anyone? No! That trust just diffuses and dies out completely.” (Participant 9)

“I think the biggest challenge as a designated social worker is the time that you require to do these type of investigations, because it takes time to build relationship with the child. It is only when a child is trusting you that you can really start to understand what the situation is and when you can start to ask questions about the alleged sexual abuse...” (Participant 10)

From the above feedback from participants it becomes clear that the time-restrictions in child protection work can pose many challenges (Schiller, 2017:10). The process of relationship-building can also be a challenging task in practice, as it is essential for the social worker to build good relationships with the concerned child(ren) by listening to them in order to protect the child(ren) (Kwhali et al., 2016:2215). This is important as child victims have experienced a serious breach of trust and a disregard for his/her physical boundaries (Aucamp et al., 2013:132). The use of appropriate interviewing skills that consistently reflect empathy, warmth, genuineness, and positive regard will enable the social worker to be an empowering force for the child and family members (Mather et al., 2007:165). The importance of providing education and support to the child victim and the family members will be discussed in the following sub-theme.

Sub-theme 2.4: The designated social worker needs to educate and support the child victim’s family members to establish cooperation throughout the process

The provision of family support to the CSA survivor is essential to promote the healthy recovery for CSA survivors. This is because the entire family unit is connected and impacts all aspects of the child’s recovery (Karakurt & Silver, 2014:82). As caregivers often experience ambivalent feelings, as well as their own fears and worries as a result of the child’s disclosure (Mash & Wolfe, 2010:481) it is important that the family should

be supported to accept the reality of the situation (Mather et al., 2007:167). The family's negative reactions can escalate the child victim's feelings of betrayal. This is especially true when family members are unable or unwilling to protect the child from the abuse, or if family member(s) changed their attitude towards the child victim after disclosing the abuse (Karakurt & Silver, 2014:82):

“And then also to work with the family, because most of these cases, especially the ones that we get here, the sexual abuse you find that the perpetrator stays in the same house and then they don't want to go and open a case so the perpetrator man still stays in that house. So, we need to go and teach.”
(Participant 8)

“My role is to go to the family even to educate that mother and to tell that mother “if you continue saying that this child is lying, we're going to open a case against you”. We've done that before.” (Participant 8)

As family members often know about the abuse, but may have tolerated it (Beckett, 2007:103), it is critical that the designated social worker work towards preventing the abuse from re-occurring (Artz et al., 2016:58-59) by enabling parents to use their emotional energy for the provision of supportive networks for their children (Fourie & Van der Merwe, 2014:87). This is possible by spending adequate time empowering the child and other members of the family. By focusing on the empowerment of the family in the beginning of the case, the likelihood of establishing some control in the lives of the family can become a greater reality (Mather et al., 2007:167).

There is also a variety of other responsibilities that can be regarded as a spectrum of services that a designated social worker should render to the child victim and family, which will follow below.

Sub-theme 2.5: The designated social worker has the responsibility to provide a spectrum of services to the child victim and the family

Participants shared that the involvement of a designated social worker within a case of alleged CSA include various responsibilities:

“If a child is in need of care & protection, and the perpetrator is in the same house as the child, I will usually safeguard the child by placing the child in a

place of safety while the Children's Court investigation is pending to determine what the child's needs are and what the child's best interest is." (Participant 10)

"It's either you're referring the child for psychological help and support. It could be placing the child in foster care for the next two years or 6 months or whatever the dynamic of that case. You are then supposed to come up with a recommendation... And then the family, you know, if there are other children there obviously, they obviously also need support. So you also need to [investigate] further whilst you are providing aftercare services to the child that was initially removed." (Participant 7)

"An intervention plan is being compiled and that intervention plan is then followed after the placement of the child. It is there to help the child and parents to work towards re-unification if it is an option, and if everyone gives their cooperation, then you walk that road with the family." (Participant 6)

"The role I think is to investigate and support. You have to investigate thoroughly and follow-up, to refer, to follow all the processes in terms of supporting the family, because it is not only affecting the child, it involves everyone: the father, the mother, whoever is living in the [family]... them all." (Participant 6)

"...Because my experience is with sexual abuse cases, you know it does not only affect the victim – yes, the focus is on the victim, but there are other children within the family, there are other adults within the family as well that have, that are also victims of that. So it's like a ripple effect, so ja, that support... you need to support them, you need to refer them for support and you also need to make sure that the child gets whatever help they need in order to deal with it." (Participant 7)

"And that's then when you need to go back to the family to see if ever there is anything that you can help them with, trying to find solutions because now also, separating the child from the... trying to make sure that whole system functions. Those that are not perpetrators or assumed culprits, they must have regular contact with the child." (Participant 9)

Keeping a child safe from harm is priority of social work practice. Decisions about the protection of children are among the most challenging that any professional has to make, and often involve social workers making difficult judgement calls (Bywater, 2012:48). The social worker should ensure that the intervention with the child and family should be based on all information available, as well as the external contextual information which was carefully assessed (Doyle, 2012:15). The social worker should provide guidance, psycho-education and support to families affected by CSA (Fourie & Van der Merwe, 2009:91). This ongoing monitoring and support as determined by the intervention plan is very important as it ensures the protection of the child (Mather

et al., 2007:167) and the effective assistance to child victims (Doyle, 2012:244). There are however boundaries and limitations that designated social workers experience in fulfilling all their responsibilities. These restrictions will be discussed below.

Sub-theme 2.6: There are certain boundaries and limitations in being a designated social worker due to the lack of clarity on the designated social worker's role within CSA investigations

The designated social worker is restricted in his/her involvement during cases of alleged CSA:

"I think there are certain limitations when dealing with sexual abuse cases as a social worker, because at a point you need to transfer the case to a probation officer and meaning you cannot have... there are certain limitations in terms of talking to the child, what issues you need to talk to the child in... to say you don't need to influence their answers and how they give their testimony and all that stuff. So it becomes a bit of a challenge in that regard because those limitations, you are not sure where exactly do I stand: who prepares a child? Especially I think our South African system is a bit of a confusion. Who prepares the child: is it the case worker? Is it the probation officer? Is it the interpreter? There's so many ... (Participant 11)

"Cause now with social work you can do as far as your arm can reach professionally a social worker, but then the other problems come in, like if it is a case of sexual abuse, somebody is criminal, and it goes to the criminal court. So the Children's Court where we usually do our things, where we go to for our cases as social workers are the Children's Court, that's what we are limited to. And it is a far inferior court when compared to the criminal courts. So whatever you're doing at the Children's Court stand still, gets postponed on a monthly basis, depending on the criminal court as to how they progress through the whole case. So, it takes its toll on you. The time is just too much." (Participant 9)

"But a person should be careful: if you are the statutory social worker on a case, then you will not be the forensic social worker on the same case. Because you will write the statutory report for the court stating the best interest of the child, so you will not be the person doing the forensic investigation. You will find someone else to do that, otherwise you will be caught up in a conflict of interest. A forensic social worker's task is to write a report for the court – the court is this forensic social worker's client, the child is not her client. And if you are a statutory social worker, then you should act in the child's best interest. The child is your client, and not the court. So you should be very careful when you are the designated social worker and your task is to determine the child's best interest, so you are not involved in the forensic interview as well, because then you might get yourself caught up in a conflict of interest." (Participant 10).

There is a lack of clarity on the social workers' role within investigations as there are differing priorities and power dynamics (Martin et al., 2014:26). From the above quotes, Schiller (2017:12) is being affirmed for stating a need for ongoing cooperative policy making, planning and budgeting to ensure that all role players in every sector are clear on their boundaries and responsibilities within cases of alleged CSA.

The challenges that designated social workers experience when working with alleged CSA cases will be discussed in the following theme.

Theme 3: Challenges that designated social workers experience

Main theme 1: A designated social worker has specific roles and responsibilities towards the child victim and the child's family

Sub-theme 1.1: CSA is a complex phenomenon that takes place in a multifaceted environment

Various participants shared that they experience community and cultural factors as causes for some of the challenges experienced in the reporting and intervention of alleged CSA cases as CSA does not occur in a vacuum (Morrison, Quadara & Boyd, 2007:2). The participants' feedback links with literature stating that CSA are underreported due to the nature and dynamics of CSA that hinders children to disclose (Artz et al., 2016:34; Mather et al., 2007:140; Paine & Jansen, 2002:289; Wilkinson, 2014). There are often various cultural and community challenges that pose threats to children:

“There is just a few of these cases being reported in the rural areas. The families often deal with it themselves, whether they talk about it... or they pay damages when it comes to the lobola system. So little of these cases are being considered as sexual abuse, it is 'permitted' within this lobola system. And these things often happened in the rural areas where a young girl is abused. And initially the parents are very upset, until the damages are being paid, then they seem to accept it. They will come to report it in a way, but in the end, they would not want you to continue with the court case, and when the child needs to testify, and it is actually statutory rape, then there is no evidence... Then the

case ends up going nowhere... There doesn't happen anything, because no one wants to testify, because they have resolved it as a family... and then the case dies away." (Participant 2)

"So, when you as the social worker don't have [the community leaders'] permission to work in their areas, and you do things that are not acceptable to them, then they will *subpoena* you to come to the council. So, these are the kind of things that hinder your role as a statutory social worker in a specific area, because when the community leader did not give his approval, then they will not give you permission to work there." (Participant 2)

From the above quotes, the intervention and involvement of the designated social worker is often challenged due to the cultural practices in families who avoid the intervention of the State, as they reach their own form of justice by "talking as a family" (Kisanga et al., 2010:300-301). This is done by including traditional authorities for the payment of damages to settle the matter, resulting in the child's best interests not being served (Artz et al., 2016:59). CSA is a complex problem including social, psychological and legal considerations, where cultural intervention alone is not deemed enough to settle such a matter (Minnie, 2009:523). Other traditional beliefs – such as a practice of having sex with a virgin or a young girl that can "cure" STI's and HIV – also pose risks to children (DSD et al., 2012:12):

"...Just because the person learned that maybe their HIV status... I think that one has also contributed to a number of sexual abuse cases. Especially in rural areas." (Participant 3)

When considering other responses from the participants, it seems that customs, beliefs and social issues within communities inhibit positive momentum in curbing and reporting CSA, as communities can either mitigate or exacerbate the effect of CSA (Aucamp, 2015:106). Some participants voiced their concerns about communities that worsen children's position in society:

"I think, what the most challenging part is that, whenever there's abuse, the community members will know something. One or two will know, but they will tell you that – 'Eh, we don't want to be involved'. They don't want to be involved because of their own reasons. So, it becomes difficult for you to get the information that you need from the community as sources of information." (Participant 3)

"And the fact that those [immigrants] are not educated, because once you are educated, you have light... They come this side to work, they still have that

mentality... Maybe in their cultures or where they're coming from, it's not such a big thing." (Participant 4)

"Poverty as well, like if I find in very poor communities there's a lot of sexual abuse, there's a lot of sexual abuse in Mataffin [area]. One, maybe because the children prostitute themselves for food. Teenagers – 14 [years], 15 [years] – they are already sexually active and it's for material gain. That plays quite a big role in influencing the dynamics of sexual abuse... of sexual activity and sexual abuse." (Participant 7)

From the quotes above, poverty can be regarded as an additional burden creating challenges in communities. Poverty as a risk factor in communities, creates various vulnerabilities for children (DSD et al., 2012:11). Adolescent victims can sometimes perceive the sexual experiences as consensual, and not necessarily as sexual abuse, but rather as an exchange for certain rewards (Berliner, 2011:220). There are also familial factors that influence the reporting of alleged CSA, which will be discussed in the following sub-section.

Sub-theme 1.2: Familial factors have an impact on the incidence and reporting of alleged CSA cases

Various familial factors have an influence on the reporting and intervention with CSA. The first factor that impacts families' decision to report CSA is when the perpetrator is either part of, or known by the family:

"Or the mother will know of everything, but because she is not skilled, she is unemployed, she doesn't have a driver's licence, so she cannot move out of the situation. So, she is actually co-accused at the end of the day..." (Participant 5)

"I can say it's not that much of a big number [of CSA cases being reported], you know, because there is a problem in reporting of sexual abuse, because most of the time it happens within the family. So, you find that it does not get reported, because now people are protecting the one member of the family." (Participant 8)

"Sexual abuse cases were not so common. I think a part of it is because it is not really... in the communities where I worked it is not really things that were reported. Families believe they can deal with it within the family, because mainly it is the breadwinner, incest issues and all those things. So, they keep it under carpet which becomes a problem in terms of having the cases on your desk as a social worker." (Participant 11)

“And it is a trend: you realise that all the sexual abuse cases, its people who know... who are known to the victims... it’s rare that it is strangers. Especially at a young age, it’s usually a known person.” (Participant 11)

What the participants have shared, link with Artz et al. (2016:9) and Louw and Louw (2014:409) who state that there is a 30% to 80% likelihood that the perpetrator of CSA is a known adult. This would be someone the child knows, such as an acquaintance, an adult relative, a biological father, a boyfriend/girlfriend, a caregiver, a neighbour, a stepfather or even a teacher (Kim et al., 2016:601). The influence of culture in families about the actual reporting of alleged CSA will receive attention in a later discussion. Participants shared that the dynamics within families are determining factors during the investigation of alleged CSA cases:

“And if I want to get to the root of all these things, then it is all about the mother and the father and how they were raised: what is their experiences, what is their integrity, what has happened in their lives and when they became parents – what were acceptable and what was unacceptable. And how do they live: what is their lifestyle, their cultural views... And if there is somewhere a problem in these areas, then you can start to wonder where the danger zones are? It is actually a vicious cycle: you have a problem and because you are a parent, your child also has a problem...” (Participant 2)

“...And when you get deeper to the thing, you find that the mother as well was molested by this grandfather that is molesting this child now, so it’s just a thing of the family, they... they don’t see any problem with it.” (Participant 4)

“And you know, it’s kept from the other children. If it happened to one, it’s kept from the other ones, that are also vulnerable for the same thing and nobody talks to these ones about what happened to this one, just to equip them, so they know that ‘No, this is not supposed to happen to me. He’s an adult; he’s not supposed to touch here, here, here and there’. So, nobody goes to equip the others and you go back, same household, second child – it’s happening again.” (Participant 8)

“But most of the cases that have come through... or these allegations that have come up, they come up on parties that are separating, especially like parents that are not married or in the middle of divorcing. Then that is what they want, they just come up... So that is the trend that I have discovered that usually when they are fighting, that’s just when they bring up these things and it gets more complicated and difficult.” (Participant 9)

Incestuous families often function in isolation (Mash & Wolfe, 2010:476). CSA frequently occurs in multi-problem and dysfunctional families who have experienced

serious long-term issues (Mather et al., 2007:162). It is however also true that parties caught up in divorce, separation and custody proceedings may also voice CSA allegations (Lubaale, 2016:77) with a significant portion of these allegations being true, but a reasonably high proportion are unfounded allegations (Bala et al., 2007:26). Robinson (2015:16) states that false CSA allegations during parental divorce and separation are complicated and multi-faceted and requires critical consideration.

Although the fabrication of alleged sexual abuse is a possibility (Bala et al., 2007:42), participants voiced the unfortunate reality that families often do not believe the child victim, but rather choose to side with the perpetrator in cases of alleged CSA. Some of the responses confirm this point:

“And then she went to tell her mom, and her mom said you are talking nonsense. And if she goes to her grandmother, then she said the child is talking nonsense. And at the end of the day I had to remove the children, because I realised... the mother is taking the side of the father, she is not going to protect her children.” (Participant 1)

“I think it’s often very difficult for family members to accept that someone they love is capable of abusing a child... usually the first, the first reaction is [the child is] lying, that’s my experience.” (Participant 7)

“I don’t want to say that stepparent (pondering). But it happens hey, it happens a lot. Actually, mothers’ boyfriend, they meet, he moves in and the living conditions are not so good in the house... The mother would know that something like this is happening, but because they are giving her something and then she would keep quiet. She finds out, she knows and then they [family] come and say ‘No, let’s talk about this on the side’ and then it happens and then also that thing of ‘Let’s not, let’s not put dirty laundry in public’. That it happens, she knows that someone in the house is doing it, but now this is our dirt, we are going to sit on it and things like that...” (Participant 8)

“I think when you are talking to a child, you can pick a possibility of abuse. It may not be obviously clear that it is sexual abuse, but when you start engaging the family, then that is when you realise there is... they are hiding something. Things like a family will say ‘this child always want to cause trouble. She is doing this... She is always saying these funny things’. Then you realise that there could be something hidden here and the child is not really telling a story. They portray a behaviour, but they can’t tell you exactly what it is. That tells you there could be possible sexual abuse.” (Participant 11)

Lupondo (2016:70) states that when a child is sexually abused in a family, it places immense strain on family relationships, as some family members find it difficult to

believe that a “loved” perpetrator can be capable of such a horrendous deed, which can also be seen from the feedback received from participants in this study. It is however true that CSA may be perpetrated by a new partner of a parent when the partner starts to reside with the family and has more regular contact with the child (Artz et al., 2016:58; Bala et al., 2007:28). Fourie and Van der Merwe (2009:89) mention that the family dynamics change drastically after a child discloses the sexual abuse. It however often happens with incestuous families that they would rather deny the abuse to protect the family from disintegrating (Spies, 2006a:48). Reasons for keeping quiet are the strong emotional reactions of denial, guilt, anger, and blame (Mather et al., 2007:167), as well as the fear of public shaming, the male perpetrator being the breadwinner in the family and cultural beliefs pertaining to men’s role in society (Artz et al. 2016:58-59; Richter & Dawes, 2008:79). From the participants’ experiences, this seems to contribute to the retraction of child victims’ initial disclosures of CSA:

“The Children’s Act make provision for the removal of the perpetrator from the house, but it is not actually effective, because when you sit with a mother who cannot believe that [the sexual abuse] is the truth, then she influences the children a lot, and the mother will say ‘but the Act says that I can keep the children if the perpetrator is not in the house anymore’, but then she is the one who gets the children to change their mind, and retract the case, or to retract their disclosure, because the mother has influenced them such a lot because she doesn’t believe them.” (Participant 5)

“A stepfather and then this mother is the one that tells the child that ‘What you’re saying is nonsense’ and then you’ll find that when we continue with the investigation and then you find one day that the child is saying something different: ‘Nothing has happened’, especially the 4, 5, 6 years [old], they’ll tell you ‘no, nothing happened to me’ and then when you want to say ‘But no, this is what you told me’, so now it looks like you are the one that is telling the child that ‘I [the child] have been sexually abused’, like me [the social worker] telling this child say this”, you see. But I know that initially when there was no influence when this child wanted to report, this is what the child said.” (Participant 7)

When considering Section 153(6) of the Children’s Act the Children’s Court may issue a written notice prohibiting the alleged offender of entering the house or from having any contact with the child. Although this provision can be beneficial, it become clear from the responses that such a provision does not entirely ensure a child’s protection as the child can still be influenced by other family members, ultimately resulting in the retraction of a sexual abuse allegation. Sorenson and Snow (1991) in Fouché

(2006:212) warns that social workers need to be aware of the recanting of a child's original disclosure when the alleged perpetrator's abuse is diminished, and the child starts to take the blame for the "false allegation" or for "misinterpreting" the behaviour of the perpetrator. According to Doyle (2012:52) and confirmed by Fouché (2006:212) the retraction of an allegation neither makes the allegation true, nor does it make it even false. It is not unusual for children to retract a disclosure, and therefore it does not necessarily imply that the child was dishonest. It is rather an indication that something is wrong in the child's life as children often struggle to cope with the consequences of a disclosure. Fouché (2006:212) and Spies (2006a:48) state that it is important that the social worker should rather regard the retraction or changed statement from the child as an additional piece of information. Therefore, the social worker needs to do a complete investigation to determine the nature and motive for the recantation while considering the family in an individualised manner. This aspect will be discussed in the following sub-section.

Sub-theme 1.3: Alleged CSA cases are dynamic and require individualised intervention

From the responses below, participants regard dealing with each CSA case individually by assessing every case on its particular facts as important:

"People are not the same and they're not dealing with the situation the same..." (Participant 4)

"There is not a winning recipe for each family: what works for the one family will not necessarily work for the next. So, adaptability is very important..." (Participant 5)

"With cases of sexual abuse, they are so dynamic, so you almost need to be very sharp and pick up... [CSA] is not really in your face, so there are red flags here and there and you almost need to be attentive, you need to be very attentive to the dynamics of the case." (Participant 7)

"What will work with one case, will not necessarily work with another... and because children's developmental phases are also different..." (Participant 10)

The above quotes link with Aucamp (2015:106) and Bala et al. (2007:32) who highlight the importance of individual case-to-case assessment and evaluation. Webb (2011:5)

highlights the importance to consider the complex interplay between the child and his/her social environments: the child's developmental stage, the temperament of the child, the cultural context of the child's physical and social environment, the child's family context, as well as the risk and protective factors within the child's environment.

The following theme will discuss the unclear processes currently overshadowing the intervention with alleged CSA cases.

Main theme 2: Participants do not have clarity on the process to be followed when dealing with alleged CSA

Sub-theme 2.1: As there is no clear process to be followed by role players when dealing with alleged CSA allegations, it contributes to the re-victimisation of CSA victims

There were serious concerns raised by the participants on the unclear process in dealing with alleged CSA cases:

“Where do you report it? Where do you start? It is easy if it is in a place where all the systems is in place. But if I need to report it in Bushbuckridge, at which counter [in the police station] do I stand? Where do I start? Do I walk in and say what happened in front of everybody? Or do I bring the child all crying in there and everyone want to know ‘Therefore, ag shame, what has happened to the child?’, or do I bring the father in there while pulling him at his ear...?”
(Participant 2)

“And you know what, the other thing is repetition which is just too much. The police will get a statement... Look I am a social worker, I'll get a statement or a report from the child, so that I do find the act that is being reported constituting that this child must be removed. This child talks to me, I am the first person that they talk to. Or... Let me say... They speak to the neighbour, or they speak to their parent, or the class teacher, then it comes to the social worker who will be the second person. Then the police are involved, will take a statement, and then the CPU to do their investigations, that's the fourth person. Then the intermediary, right, who gets the story down. And yes, let's say the child is ready to give testimony, because whatever I was given, qualifies as evidence for the court. Then the magistrate in the court ask the child through a television or through a speaker about this whole thing. So, the child will recite this whole incident six times, at the least, I think... At the least I think it would be six times of saying the very – same – thing. And the time is moving.”
(Participant 9)

“I think currently are the different professional [role players] not knowing the what, where, who or what should be done by who [with alleged CSA cases] ... So, at the end no one is really doing anything, because what if I do something wrong, or maybe this one does it wrong...” (Participant 10)

“I think what lacks in South Africa is we work in an open, general, generic approach – we don’t have structures, and set procedures in place. I know we have our guidelines and them... those guidelines are also open to manipulation whenever it’s necessary... We never had a protocol that we used specifically for sexual abuse cases. I would only use the provisions of the Act and other Laws that are there and the guidelines... the generic guidelines on interventions. So, I think it is a loophole, a gap that is there in our practice...” (Participant 11)

From the above quotes, it becomes evident that participants experience uncertainty regarding the fulfilment of their role in cases of alleged CSA (Kwhali et al., 2016:2212). There are various agencies and professionals involved with alleged CSA cases, but their responsibilities within the forensic process are not clearly defined. This results in overlapping responsibilities that create confusion and conflicting opinions that can hinder the resolution of CSA cases and intensify the trauma that the child experiences due to repeated questioning that increases the child’s secondary victimisation (Aucamp et al., 2014:57; Bala et al., 2007:26; Schiller, 2017:11) which can also contribute to the contamination of evidence (Fouché & Le Roux, 2018:28). Artz et al. (2016:83) and Luyt (2015:71) highlight the need for South Africa to develop an official protocol which provides an exact procedure for the referral, investigation, management and treatment of CSA cases between the different agencies. There should also be consistent legislation guidelines and departmental policies developed that can stipulate the reporting requirements with these cases.

The ambiguity regarding the provision of emotional support and therapy to child victims will be discussed in the following sub-theme.

Sub-theme 2.2: Although emotional support and therapy to the child victim is essential, there is ambiguity regarding the provision of these services

Participants shared diverse information on issues concerning therapy and emotional support to child victims, and when a suitable time for these services would be:

“What I have understood from the supervisor at my previous employment is that you do not do any therapy while the investigation is still executed, as that is the phase where information is being collected for the Children’s Court case and the criminal court case. So, it is not the right time yet to start with therapy... Only later, when the case is finalised, are you allowed to empower the child, which is actually the only thing you can do...” (Participant 1)

“You can’t really start with therapy before the case is finalised, as you will influence the client not to objectively testify in court. So, you can’t really start with therapy. And those cases can drag for a year or two. And at the end you can’t really involve a child in therapy so they rarely benefit as they should.” (Participant 5)

“And remember, they do not get counselling in between the trial. They only get the counselling after the trial. Even if it goes for three years, they will only get counselling after three years, which is the downfall of this whole profession. It is sad that only the justice part deals with all these things. The emotional part is never dealt with. And I am also not allowed to deal with that. I can only go there and say, “Are you okay, are you fine?” and just leave it like that. Because now, if one does that, if the child goes for counselling or the child is given counselling, the attorneys will use that as contaminating the whole case. So it must stay as it is, uncontaminated. And then it drags, and drags, and drags...” (Participant 9)

“...If you [are the worker] doing the investigation, then you will not be the social worker giving the therapy. You first need to persuade [social workers and psychologists] to give therapy to children who have been sexually abused, because as soon as you tell them that there are allegations of sexual abuse, they will say that “I am not allowed to give therapy” ... And you will only give therapy to build the child’s self-esteem, but you will not give therapy to talk about what has happened... In our forensic training we were told that CSA victims cannot receive therapy, which is a misconception... We were also not trained correctly.” (Participant 10)

As the participants’ perspectives were regarded as trustworthy and resourceful (Corey, 2009:169), the main reason for child victims not receiving therapy seems to be because of the fear of contamination of evidence, which links with Fouché and Le Roux (2018:27) and Fouché and Le Roux (2014:211). There appears to be ambiguity pertaining to the provision of emotional support and therapy to child victims due to fear

of possible contamination of evidence (Kwhali et al., 2016:2215). There are a variety of other sources that can contaminate a child's evidence as well – such as the systems in which the child functions and the legal processes of the criminal procedures (Fouché & Le Roux, 2018:28-29). Artz et al. (2016:83) state that there is a serious lack of adequate psycho-social support to CSA victims during the reporting and investigation process.

Participants voiced that the practices of legal professionals requiring the delay of therapy is not unique to South Africa and literature can confirm the current ambiguity of whether pre-trial therapy should be allowed or not (Fouché & Le Roux, 2014:207). Luyt (2015:46) states that an alleged CSA victim cannot receive therapy until the criminal case has been finalised. Fouché (2007:106) however argues the contrary, saying that therapy for the CSA victim is allowed, but that the focus of the therapy should be on empowering the CSA victim and developing healthy coping skills. This links with Bond and Sandhu (2005:85) who classify therapeutic interventions that are aimed at improving the child victim's self-esteem, developing the child's self-confidence, and performing court preparation with the child as not having much of a contamination risk. Fouché and Yssel (2006:264) mention the importance for the therapist to plan and structure the child's therapeutic process according to the process of the trial and the court case, the reason being that CSA victims experience emotional scars that threaten their physical and emotional wellbeing, their development, as well as their right to health and happiness (Wilson & Van Wyk, 2009:8).

There is however a concern from legal professionals that therapy prior to or during the trial can create a conflict of interest between the rights of the child victim and that of the alleged perpetrator (Fouché & Le Roux, 2014:210; Lubaale, 2016:81). Such practices enforce legal principles, such as the cautionary rule (where a child's risk of suggestibility when receiving therapy prior to the child's testimony is acknowledged), as well as the onus that lies on the prosecutor to prove each case of CSA beyond reasonable doubt (Fouché & Le Roux, 2014:210). Contaminated evidence can therefore lead to the wrongful convictions or release of offenders that should be avoided at all cost (Fouché & Le Roux, 2014:211). Fouché and Le Roux (2018:30) however make it clear that there is no proof that pre-trial therapy is the leading source for the contamination of evidence with CSA cases (Fouché & Le Roux, 2018:30).

These unfounded practice standards of providing limited therapy and emotional support to CSA victims cause a serious dilemma for designated social workers who have an obligation to support children in the child protection setting (Fouché & Le Roux, 2018:27), especially since CSA victims' trauma is exacerbated when therapy is postponed only until the procedures regarding the investigation is completed (Aucamp et al., 2014:57; Kwhali et al., 2016:2212). The challenges that the criminal justice system creates when dealing with alleged CSA cases will be discussed below.

Main theme 3: The criminal justice system creates challenges with alleged CSA

Sub-theme 3.1: Participants experience the legal system as dysfunctional and failing to serve the best interests of the child

With the researcher's use of a person-centred approach, participants felt free to share their negative feelings and experiences regarding the criminal justice system whose role is to assist with the interventions pertaining to CSA cases (Corey, 2009:174):

"Because when [the case] reach you, the matters have escalated drastically, and then there are lawyers and extended court cases. And thereafter can you only begin with your intervention... These cases are more time-consuming can I say." (Participant 5)

"[The criminal procedures] affects the child and you're basically putting the child in a cage and they will live in that cage for five years and you know, sometimes they even forget the details of the case, you know. And now they are on the stand [in court], it's five years later and they are being asked questions, being cross examined and they say one thing and then like 'Ah-ah, no, it happened this way' [by legal professionals] and it's not really [the child's] fault, it's been five years..." (Participant 7)

"...I know everyone, everyone has rights, but the bail thing it goes to a point where when the guy has been given bail and comes back to the community and starts to threaten... That's where you find now there's change in the statements that were given, because now this person is back... And you find that because if it was trailed quick and there won't be a need for bail, cause then it will happen quick and he will just go away, but now he comes back [to the community] because it's going to take five years [before the court case is finalised] ..." (Participant 8)

"The powers of the Children's Court are limited... Cases of child abuse, sexual abuse and etc. they are at the criminal court. And the criminal court is flooded with cases. People do things that are criminal on a daily basis. And with that,

the attorneys, the prosecutors, never ever hesitate to postpone a matter, because they have got a backlog that is on them. So, to them postponing is another day at work. Yet you as a social worker is sitting with a child in this office or at some other house, right. Three months passes, you extend another three months. And then you go to the court and you go “You know what, for permanency sake, can we get a more permanent or a longer court order that will go for a year or two?” – depending as to what the criminal court will do.” (Participant 9)

“And then I really want to know: if us as adults are not able to recall what has happened four years back on a specific day, how should a child that is five or six [years old] ... It is impossible for that child to remember. Yes, it was traumatic, but he has moved on with his life. He can maybe remember that ‘there was something that happened to me when I was five years old’, but he will not be able to remember the detail... Now the alleged offender’s attorney state that the child is lying since the child cannot recall the exact detail.” (Participant 10)

“And some [professional] people are not trained to even talk to children. And their questioning is not appropriate, and the child feels like ‘Okay, this person does not even believe me, so, why should I even tell the story?’ Then that is when the child starts keeping these stories to themselves, they would withdraw, they don’t talk anymore. They go to the evidence room they don’t talk, because already the interpreter who’s supposed to be talking the child’s story is... doesn’t believe... It’s sad... For the child to give evidence or testify in court, it’s a struggle.” (Participant 11)

When considering the above quotes, it becomes clear that there are challenges entrenched within the criminal justice system that needs to ensure the protection of children. The participants experience the system as unhelpful, which is aggravating their already difficult work as there is no sense of urgency with these cases. The court procedures also seem to be distressful and when it is continuously delayed, the victim’s experienced trauma increases (Capri et al., 2013:372; Kwhali et al., 2016:2212; Paulsen & Wilson, 2013:64). The negative implications of such delays imply that the quality of the child victim’s testimony is negatively influenced, it has a negative impact on the child’s memory of the event, it increases the child’s level of anxiety and it forces the child to be repeatedly exposed to the trauma, also because the child is left uninformed about the reasons for all these postponements (Müller & Hollely, 2011:1 in Jiya, 2015:3).

Participants experience high levels of frustration during this legal process as the focus seems to be more on the criminal procedures than on the emotional protection and

empowerment of the CSA victim (Schiller, 2017:8; Van Westrhenen, 2017:6). This becomes evident through practices where child victims often need to retell the incident during various stages of the investigation to various professionals working in this system (Townsend et al., 2014:75).

The child victim's exposure to cross-examination, even though it is done through intermediaries, can also lead to emotional distress (Fouché & Le Roux, 2014:20) as cross-examination is often employed as a technique to coerce, intimidate and confuse child witnesses with difficult language, rather than to test the quality of the child witness' evidence (Lubaale, 2016:87). According to Townsend et al. (2014:86) court role players can be insensitive during their engagement with children.

It has also become known that the granting of bail to alleged offenders, lead to threats and intimidation, which needs to be urgently addressed and improved according to Van Westrhenen (2017:6). Child victims experience the criminal justice system as adverse and having a negative impact on the effectiveness of their testimony and their emotional well-being (Paulsen & Wilson, 2013:63). Therefore, it is important that the different professions involved within this system (including social workers, medical professionals, law enforcement officials, legal professionals and probation officers) should join in a combined effort to protect children who are involved in the criminal justice system (Kreston, 2007:89-90). Chetty (2006:45) highlights that the rights of the alleged offender are not supposed to outweigh the CSA victim's rights as the best interests of the child must continue to be of paramount importance.

The challenge of insufficient evidence in alleged CSA cases will be discussed in the following sub-theme.

Sub-theme 3.2: Lack of evidence in CSA cases creates a challenge

Participants gave the following responses to voice their frustration with CSA cases that often do not have enough evidence to ensure a successful trial that will lead to prosecution:

“Some of the cases they don’t go to court in terms of not enough evidence... there are children... those children who can like briefly explain what has happened, but there is that child who could collapse, so for them they don’t exactly know whether the child is telling the truth because there is no evidence that concurred with what the child is saying.” (Participant 6)

“But if it is something that happened two years ago and there is literally no evidence, it’s the child’s word against the perpetrator’s word. Then it gets a bit tricky. So how then does the criminal court reach that conclusion to say, ‘You are guilty?’” (Participant 7)

“So, it gets frustrating, it gets frustrating for the child because, number one: they won’t get justice, it gets frustrating for us, because, you know, you had evidence at the beginning and now it’s five years later and it’s based on what the child says. Because usually, remember, abuse doesn’t happen... it’s never in a public setting, so you’ve got the child that’s the only victim and the only person who’s there to tell you the story, so it’s not like there’s another person that said, “I saw, you know I can actually second that.” (Participant 7)

“And that’s the one evidence (clapping on table) that’s going to determine if perpetrators are going to prison or not – that medical report. So, if it says nothing happened and you know that there’s playing with the child, there’s doing this and that without even penetration and that’s still sexual abuse, but...there’s no evidence on that, there’s no case.” (Participant 8)

“Most [professional] people are afraid to testify. That is justice for the kids who are victims of sexual abuse being tainted. Credibility comes from all these other stakeholders and if some of them pull out or they give you a false report that is ‘inconclusive’ and an attorney who is trying to make bread and butter for his family, who’ll find that this is an advantage to him. He is being given a case on a silver platter.” (Participant 9)

“Coming from a situation where you get cases reported five years after, there is delay in reporting these issues. And they come out years later, or months later and my experience with that was you would hit the ceiling, because there is no evidence. And these cases are thrown out of court, because there is no evidence. It’s the word of the child, which is... we believe the child, but if there is no evidence to support it, it is thrown out of court, and you find that the family and the child would say you have failed them.” (Participant 11)

The above quotes indicate challenges with regards to enough evidence for CSA cases, but also general misconceptions pertaining to what adequate evidence for such cases would be. As stated in Van Westrhenen et al. (2017:6) most CSA cases are withdrawn due to lack of evidence. According to Chetty (2006:25) the prosecution of a guilty offender is mostly determined by a reliable statement and testimony from the child victim, any eyewitness’ reports, a guilty plea from the perpetrator, and/or a medical

report that has evidence linking the perpetrator with this specific crime. These aforementioned forms of evidence are however sparse due to the following reasons:

- CSA is often a secret between the perpetrator and the child (Karakurt & Silver, 2014:86),
- there are rarely any eyewitnesses except for the child who can confirm the abuse (Bertel, 2012:346),
- perpetrators seldom admit guilt to such a crime (Goodman-Delahunty, Cossins & O'Brien, 2010:770), and
- the physical examination rarely provides conclusive evidence on the alleged abuse (Bala et al., 2007:27).

When considering what the participants have shared during the study, there is an exaggerated dependency in the court system on the physical evidence to be provided by a medical examination. Without such medical evidence, alleged CSA cases seem to be deemed as having “no evidence” and there seems to be no regard for the statement and testimony of the child victim. This malpractice is confirmed by Kreston (2007:81) who states that there is a misconception that the medical evidence of a physical examination will definitively validate the child’s statement. Medical examinations rarely confirm sexual abuse (Voss et al., 2018:209) as there is often no physical evidence of the alleged CSA abuse (Bala et al., 2007:27). According to Chetty (2006:25) the child victim’s statement should form the core of the case. Professionals should therefore aim to retrieve the most accurate information when interviewing the child victim without suggesting any inaccurate information (McCoy & Keen, 2009:128). It is important to remember that a child is not a “miniature adult” (Chetty, 2006:30), and therefore experiences certain limitations due to his/her developmental level. This can easily cause difficulty in the child’s ability to present clear and reliable evidence, especially when the child experiences pressure or guilt to recant the allegation (Bala et al., 2007:28; Townsend et al., 2014:79). A forensic interview is therefore of great importance to retrieve the victim’s testimony as other evidence is typically unavailable (Bertel, 2009:346, Lamb & Brown, 2006:216) and the quality and correctness of the child’s testimony is vital in order to prove the perpetrator guilty beyond reasonable doubt, which will confirm a successful prosecution (Bala et al., 2007:33; Townsend et al., 2014:79).

The following theme will focus on the negative experiences that designated social workers have when working with cases of alleged CSA.

Main theme 4: Working as a designated social worker creates various negative experiences for the social worker

Sub-theme 4.1: Participants are emotionally impacted when working with cases of alleged CSA and experience stress, burnout and secondary trauma

Participants acknowledged that they experience intense emotions as a designated social worker – and even more so when it comes to cases of alleged CSA:

“I did not sleep [after having my first CSA case]. It was terrible... No, you become overwhelmed when you start working.” (Participant 6)

“I think [CSA] is of the worst things that social workers get to deal with. From the beginning, without even considering the trauma that comes with it. There is also conflict, because it is the cases that have the most conflict.” (Participant 5)

“What I’ve experienced is that [CSA cases are] very emotional draining to deal with... After your intervention with a child, you remove the child to ensure the child is in a safe place... You are [then] left with all the emotions on your own and you don’t have any support system to maybe vent out.” (Participant 3)

“Then I have to bring myself being here with the child I am crying inside, but she cannot see my tears. So usually you must prepare yourself mentally in terms of dealing with sexual abuse cases... I’m coping (not in a very assured voice), but, again, you put your stuff there at the back... Ja, but again, when you go back again and reflect, it is where it hit you... it did affect me more than I can handle, but ja, eventually you have to...” (Interrupt herself by giving a big sigh). (Participant 6)

“You go home, and you don’t talk about it, it builds up and up and up and eventually you start having nightmares about these types of things if you don’t debrief. And later you write reports and that’s where [the built-up emotion] comes out, in the report, but it is not debriefing.” (Participant 10)

“At a point you wake up frightened with anxiety attacks and you can’t sleep again... and the whole time I found myself having a tight stomach as you are stressed. You just can’t relax... These things sometimes suck you in hey... that you later can’t see anymore, although you are an experienced social worker. You can’t see anymore, because your brain is shut...” (Participant 1)

“Hey, sometimes you feel ‘Okay, I am really scared’ and say you supposed to go and remove a child, say it’s a sexual abuse alleged case. They don’t want you to take that child, because they want to feed that child with what they want to feed that child and you feel so threatened. And then at the time you can’t do anything because you’re scared, you have to leave that child, have to come back to the office, go to the police station and ask for manpower. So, when we go alone, especially in these cases, hey, it’s a risky business. We don’t feel safe at all.” (Participant 4)

Social work is a profession known for its high levels of stress (Van Wyk, 2011:103) and CSA cases create the most intense experiences for workers (Van Wyk, 2011:63). As a social worker deals with the intimate details of traumatising events, he/she often needs to postpone expression of his/her feelings or need to control his/her expression of own feelings in order to fulfil the required work responsibilities (Richardson, 2011:5). According to Luyt (2015:72) CSA cases lead to intense emotional reactions for the worker that builds up into stress and anxiety in the worker. Van Wyk (2011:210) also states that social workers can find all the information shared by clients as emotionally draining, without any possibility to escape the details as they need to listen to these stories continuously. Ferguson (2011:165) reiterates that it is not uncommon for social workers to be obstructed by clients who use various methods to prevent the worker from intervening, often through intimidation and violence to confuse the social worker. This causes the social workers to experience fear for their physical safety due to their experienced trauma and these dangerous situations (Ferguson, 2014:3; Van Westrhenen et al., 2017:4). Participants voiced that they do not feel supported by the system, which adds to their negative experiences:

“You realise a child is not... is kept on victimised or traumatised in the process. And you are sometimes helpless because it’s justice in process. You see a case goes through and is thrown out of court, stress comes up and you burn out, definitely. Because you are helpless. You can’t do anything. All you can do is support.” (Participant 11)

“It frustrates the hell out of me. So, it has become a norm, [the parents] start with attorneys, then they move attorneys, next thing they fire their attorneys, there is a new attorney. And when there is a new attorney it’s like going back to zero... Because I did my part and everything (hit table with hand) and I think everything is complete. Three months, then we are having a trial, because you trial with a three-month-old report. Everything has changed.” (Participant 6)

Richardson (2011:4) states that a social worker can feel responsible for the vulnerable child, but he/she is not always supported by the systems that should protect the child, which include the courts and other role players. This causes isolation and frustration for social workers. The poor inter-disciplinary collaboration when dealing with these cases also cause stress to social workers (Luyt, 2015:31) as it is often not easy to work with other organisations and other professions (Doyle, 2012:23). The participants shared that they are personally impacted as a parent, feeling burnt-out and experiencing intense negative emotions:

“Then *ke*, if you have a girl child as well, you become so... (hesitating) ... you are scared and you are paranoid, because you just feel you know what, I can't... So, as a parent, as a social worker that is working with child abuse, you become paranoid.” (Participant 4)

“You are a young parent and you come across these kinds of issues. You're thinking 'Are my children safe?' and you start stressing and sometimes you hit a brick wall.” (Participant 11)

“I think that social workers in South Africa already face many challenges and they are overburdened with all the work, and if you are already close to burn-out and you already experience stress and suddenly you get one or two of these cases, then it can maybe be the last thing that pushes you over the edge... I don't think it is the cause for social workers being overburdened, burnt out or stressed. I think it is one of the things that make it worse.” (Participant 10)

“You get burned out. Like you get tired... That you wish one day you just wake up and you come to the office and do, like in the movies, 'I quit'. But you can't.” (Participant 9)

All these intense experiences lead to social workers being overprotective as parents who want to monitor every movement of their children, as they are scared that something could happen to their children (Van Westrhenen, 2017:4). Social workers are prone to developing secondary trauma stress (Mather et al., 2007:28) which can eventually result in compassion fatigue and burn-out (Richardson, 2011:15). This can create a dysfunctional cycle where the social worker's psychosocial functioning is negatively impacted (Luyt, 2015:72).

The negative experiences that the participants had pertaining other role players will be discussed below.

Sub-theme 4.2: Participants experience that they are often excluded, uninformed and disregarded during cases of alleged CSA in spite of their responsibility to provide emotional support to child victims and their families

The following responses were shared by participants pertaining to the lack of positive regard they experience during the CSA investigation and intervention process:

“We have [a] limited role in terms of participating in cases of CSA.” (Participant 3)

“The social worker’s recommendations are sometimes being overruled, just to realise at a later stage that she was actually correct.” (Participant 5)

“And you are never involved, you are never told as to what is going on. All you need to do is to focus on the safety of the child.” (Participant 9)

“[To] other professions, we are inexistent. We are like that nagging fly on their ears...” (Participant 9)

“To be honest with you, if it’s a case of sexual abuse, anyone who finds out, be it a doctor, psychologist, a teacher, a nurse, it’s a whole list of professionals... must make that report. But what do they do...? They tell the parents to go to the social workers. And now if it is coming from the parent, via the doctor, or from the doctor via the parent to me, I am the third person in this whole thing. With what am I making this report? They don’t recognise this whole profession, they don’t. They think we are the dustbin of any social issue...” (Participant 9)

“There is still a widespread perception that social workers remove children as they want to or that social workers only hand out food parcels and that we are not really professional persons who know what we are doing... One time you are regarded as an expert and the next moment you are with other people who don’t regard you at all.” (Participant 10)

“Maybe it’s because of our lack of forensic understanding and also **us** being too soft at times when dealing with other professionals. Because as a child protection officer my role is to ensure that the child is protected and get the services necessary and I need to fight for the child. And social workers go with some sort of leniency in asking with your begging knee. So some professionals will take that as you don’t know what you’re doing... So there is that softness and social workers – we are too nice sometimes.” (Laugh) (Participant 11)

Participants voiced their frustration on how other professional persons disregard them during CSA cases. This links with Capri et al. (2013:372) and Mather et al. (2007:29) who touched on the issue of social workers having a poor public image and that professional politics and the limited status that social workers have can negatively

impact their involvement in cases. This is also true for Van Wyk (2011:63) and Schiller (2017:9) who found that social workers experience powerlessness as they feel that they cannot really influence the outcome of service delivery. This also seems to be aggravated due to role uncertainty that social workers have when supporting children and families with alleged CSA cases (Kwhali et al. 2016:2212). The designated social worker is often excluded from knowing what will happen to the child after the social worker reported the matter to authorities and the worker will also not be informed of the progress that the case is making. This contributes to the child victim not having enough support throughout this daunting process (Schiller, 2017:9, 12). Mather et al. (2007:148-149) highlight the importance for a child to identify with a primary social worker when forming part of the child welfare system, as this influences how a child can build sustaining relationships with others later in his/her life, which is not the case when considering the participants' responses.

Role players, such as psychologists and doctors, are sometimes unwilling to get involved in CSA cases, and therefore are reluctant to testify in court, or even resist putting any evidence in writing (Cussons, 2011:4). This might contribute to these role players' unwillingness to report cases of CSA, but rather revert to referring these cases to designated social workers although they were initially aware of the sexual abuse. This can link with the experience that Participant 9 had of professionals who consider social workers as the "dustbin of any social issue" and resonates with Schenck (2004:166-167). Schenck (2004:167) referred to this phenomenon as the "dustbin" experience where rural social workers reported that they often felt like the dustbin for issues. From what Participant 9 shared during this study, this experience also seems to be true for social workers who are working in urban and semi-urban areas as well and this is not an isolated experience for social workers who are working in rural areas alone. In conclusion, Kwhali et al. (2016:2215) state the importance of social workers to be regarded on "equal footing" within the multi-disciplinary setting.

The structural challenges that are creating challenges with alleged CSA interventions will be discussed in the following theme.

Main theme 5: Structural challenges hinder the required interventions in alleged CSA cases

Sub-theme 5.1: Caseload management and intervention are difficult for participants due to limited resources

The participants shared various challenges pertaining to their ability to render effective interventions due to restrictions in resources:

“Social workers don’t have the time to do in-depth work with all the demands being placed on them.” (Participant 2)

“When you least expect it and then you have to run around, finding [alternative] placement, that’s another problem, because here in Nelspruit, sometimes we have to place in Belfast. You see how far it is and then when the child is there, because that was the only place you had... I will have to find a place that will be closer.” (Participant 4)

“Organisations need to spend much time on fundraising to cover their budget shortages. And it takes a lot of time away from a social worker to be really effective, even to render prevention services... And even because there is such a big difference in salary between NGO’s and the Department, is there a high turnover in staff. So then you often sit with a case, but because the lawyers are dragging the case or the criminal case hasn’t been finalised yet, can’t the Children’s Court case be finalised. And then a new social worker needs to come in and need to nearly start the investigation afresh, as she cannot speak on behalf of another social worker.” (Participant 5)

“It becomes too much and again I have to do fundraising, of which they will complain that I am not doing anything, there is no money. So, ja...” (Participant 6)

“We don’t have enough support... Actually, I am supposed to go to leave next week, but I can’t (sigh). I’ve got reports that need to go out...” (Participant 6)

“The only challenge that we have is time. Now if there is no time, then the quality becomes poor. We are so understaffed that we do a lot, and we do it haphazardly. We need to get it done. You hardly have time to apply all that you have learnt into that piece of a report. Then it becomes what: a standardised report. Sometimes it’s mediocre. Less than average I believe, because you know what – I must do it, out of my desk, done. And you can say: I did my part. But when you look at the quality: how far did you go, did you give your all? No.” (Participant 9)

What the participants shared resonate with research that found that South Africa is not adequately resourced to deliver the required interventions for CSA cases. This is because of the demand that far exceeds the availability of resources required to render such services (Fourie & Van der Merwe, 2009:83; Hendricks, 2014:552, Richter & Dawes, 2008:79). This was also stated in Bala et al. (2007:31) who reported that child protection organisations are challenged with resource limitations, which is negatively impacting social workers' ability to render prevention and early intervention services, but rather services of a remedial nature (Sibanda & Lombard, 2015:344).

The participants in this study (who are all employed by non-governmental organisations) are facing serious resource constraints. The long list of issues which include high caseloads, workers having various role responsibilities, understaffed offices (Alpaslan & Schenck, 2012:376), high administrative responsibilities, poor salaries, inadequate resources, workers feeling undervalued and having insufficient supervision are of great concern (Mather et al., 2007:29). The criticality of paper work in child protection processes leaves little time for social workers to engage in long-term work or advocacy in support of the child and the family (Kwhali et al., 2016:2213). The time constraints and bureaucracies with CSA cases cause frustration for the participants as it negatively influences their role functioning (Schiller, 2017:10). Luyt (2015:32-33) mentions the important fact that these restricted resources are inevitably negatively impacting the child as the social worker's investigations cannot be conducted comprehensively as there is limited chance for complete and detailed reports compiled in a professional manner. Van Wyk (2011:65) therefore reiterates the importance of workers having adequate knowledge, skills and resources in order to provide effective service delivery. The challenge of inadequate provision of supervision to designated social workers will be discussed below.

Sub-theme 5.2: Lack of proper supervision hinders social workers to deliver quality services

The SACSSP and DSD have initiated a process of developing a supervision framework which includes a conceptual and contextual framework, while also including certain norms and standards for the compulsory supervision of workers within the social work

profession (DSD & SACSSP, 2012:12). Social work supervision according to DSD and SACSSP (2012:10) can be defined as:

...an interactional interminable process within the context of a positive, anti-discriminatory relationship, based on distinct theories, models and perspectives on supervision whereby a social work supervisor supervises a social work practitioner by performing educational, supportive and administrative function in order to promote efficient and professional rendering of social work services.

From the above-mentioned definition it can be derived that supervision fulfils various functions including education, support and administrative support to social workers. Some of the participants however shared negative experiences regarding being a supervisee as a designated social worker:

"I sometimes had the experience that you are left on your own: you are an experienced social worker; you are supposed to know what you are doing. [Supervision] was a very bad experience for me as it felt as if someone is coming into my office to check my work. It is so controlling. But no emotional support..." (Participant 1)

"Most things in NGO's are about productivity, so when [your supervisor] approach you, then she approaches you with three minutes: 'O, okay... How is it going with your children? Okay, let's work...' And actually, she did not hear how you are doing. Because to spend a day to hear how you are doing, what is your fears and if you are okay, is something they cannot afford. And then another fact that is a given, many supervisors are great social workers, but they treat you as a client and not as a colleague..." (Participant 2)

"When you as the social worker has gone through this process with the child and the family then it is a necessity that this social worker should get the correct support, and that there is someone who move with them, like a supervisor, or an office manager, or whoever. Because to carry those things alone is so difficult... Someone with whom you can share your emotions, and that is often not the case. Often supervisors don't have the ability to do that." (Participant 2)

"I had one or two supportive supervisors in my lifetime... Some people are good social workers, but they are not well supportive supervisors. So, it depends on your type of personality, and if you have that ability as a supervisor... Because there is an expectation being placed on social workers to be super human beings, but we are not." (Participant 2)

"When you are a supervisor, there is the assumption that I can cope with these things and that I can function completely on my own. I get support from my

support system, my church group, my family, my friends. Not necessarily from my supervisor.” (Participant 5)

“You remember the last time I was talking about my supervision... And I said ‘Exactly what is supervision?’ Because for me to have supervision it is to have support and everything [which isn’t what I receive now].” (Participant 6)

Participants’ responses indicate a lack of reflective supervision as discussed in Engelbrecht (2013:462) where the focus needs to be on providing leadership, focus on administration and providing education, as well as support. Participant 11 reiterates the important role of the supervisor as a mentor and coach to supervisees especially towards newly qualified social workers:

“We need to bring back proper supervision in our practice and it’s not there. To be honest in South Africa, we are not doing proper supervision... Especially the young social workers that come in. They need support. They need coaching in terms of how you deal with this. You’ll find a social worker with three months of experience thrown into the deep end of sexual abuse case and no-one is running with the social worker... Which is not ideal... So, we need that step by step support, you need the coaching, you need the mentoring, you need your goals set as a social worker so that you do things professionally... ‘Cause there should be targets and timeframes as well... So ja, it’s lacking in South Africa to be honest.” (Participant 11)

Supervision is an external source of support that enables workers to make sense of their work and their experiences when working with CSA (Goddard & Hunt, 2011:422; Munro, 2011:90). The reality is that social workers have extremely high caseloads and counter-productive working environments, and without supervision and support, they experience additional pressure (Engelbrecht, 2013:465; Søftestad & Toverud, 2013:1516). Supervisors do not always get the required training in order to be competent supervisors (Engelbrecht, 2013:460; Manthosi & Makhubele, 2016:53). Unfortunately, many organisations developed a culture where the provision of professional supervision is of low importance (Munro, 2008:157). Another challenge is that managers do not provide supervision and support which is of a developmental nature as their focus is on the quick processing of cases (Balen & Masson, 2008:130). Due to the nature of social workers’ work, they need emotional and professional support, as well as debriefing and opportunities to express their feelings (Søftestad & Toverud, 2013:1516).

Through supervision, social workers are granted the opportunity to reflect and review their work with clients while objectively distancing them and having an opportunity to critically review the services that have been provided (Munro, 2008:136,151). It is vital for organisations to create healthy working conditions for their workers as it assists employees to render effective services to clients (Stevenson, 2014). This enables social workers to deliver child-centred services because of regular and well-managed supervision (Ministry of Social Development, 2014:17). Effective supervision can be vital in the motivation and retention of practitioners who are otherwise doubting their abilities and who might consider leaving the social work profession (Calitz, Roux & Strydom, 2014:163; Doyle, 2012:241; DSD & SACSSP, 2012:11; Manthosi & Makhubele, 2016:53). Depanfilis and Zlotnik (2008:1007) found that an organisational factor positively affecting the retention of workers is the supervisory support that social workers receive. Engelbrecht (2013:464) reiterates the need for academic institutions to partner with the social welfare sector for supervisors to develop as academically competent and strong leaders in their working environment.

For social workers to deal effectively with all the above mentioned challenges, is it important to ensure that there are supportive factors in their workplace to address these challenges, such as support, supervision, knowledge and skills improvements to keep social workers excited about and interested in the social work profession (Calitz et al., 2014:164). Therefore, the following theme will focus on the supportive factors that participants experience in their work as a designated social worker working with alleged CSA cases. The supportive factors that designated social workers experience in their work will be discussed below.

Theme 4: Supportive factors that designated social workers experience

When considering the literature and the challenges that the participants shared during the study, is it clear that there are various daunting and challenging aspects involved in dealing with CSA cases. The supportive factors that the participants shared during the study are not as wide-ranging as the challenges they shared. Thus this section is briefer than the previous thematic discussion. This can be linked with literature stating that the fields of child protection and intervention with sexual abuse cases are entrenched with challenges with limited supportive factors that enable their role and

functioning (Artz et al., 2016:16; Hendricks, 2014:552; Minnie, 2009:523; Richardson, 2011:15; Richter & Dawes, 2008:88; Schiller, 2017:12; Van Wyk, 2011:4; Voss et al., 2018:209).

Main theme 1: The support from various role players enables the designated social worker to deal with cases of alleged CSA

Sub-theme 1.1: Participants receive support in their work context which creates a positive office culture

Munro (2008:131) reiterates the importance of the physical environment in which social workers work as it has a direct impact on their functioning ability. The following responses from participants shed some light on the importance of a supportive work context, whether on an emotional or concrete level through having the required resources to fulfil their role as a designated social worker:

“Something that can really assist is often those people who are working close to your office, like let’s say your office is based at a [church]. Just those people there... Like you see the Reverend who will ask you how you are doing, or he will say that ‘I am planning to come to you tomorrow. I just want to pray with you’, or ‘I don’t want to keep you out of the work, but I just quickly came to drink tea to hear how you are doing?’ Just that. Because sometimes you feel like you are on an island, so alone. And everyone else is running around...” (Participant 1)

“The Department, they don’t always have computers, or proper offices, or a vehicle... But the NGO’s, there we are luckily looked after.” (Participant 2)

“Luckily in my office, we’ve got a very... it’s a very healthy working environment to be honest... It’s never “Handle it yourself, it’s your cases, handle it or it’s in town, that’s your area, do it.” ...We’ve got a very cool office, maybe it’s because we’re all young, all the same age. All in our thirties, mid-thirties, early thirties. It makes it nice to work here.” (Participant 7)

When social workers work in a supportive, physically secure and respecting working environment, it can create a relief from the accompanying stress when working with CSA cases (Bonach & Heckert, 2012:309-310; Calitz et al., 2014:164; Mather et al., 2007:26). Participant 1 shared that the supportive context at her organisation where they are sharing an office space with a church gives her a sense of support as she can

share her experiences with a colleague in a related field, such as the reverend (Capri et al., 2013:371). According to Manthosi and Makhubele (2016:55) it is crucial that social workers have working conditions that provide the required support and resources. If this is not provided, the service delivery to their clients is debilitated due to a lack of adequate support to workers which also negatively affects the retention of social workers (Depanfilis & Zlotnik, 2008:1007). The support from individual colleagues are also important, which will be discussed in the following sub-theme.

Sub-theme 1.2: Participants regard the support from individual colleagues as a supportive factor in their work

The help, support and guidance provided by colleagues are valuable when dealing with CSA cases (Søftestad & Toverud, 2013:1516) as it mediates the stress that workers can experience (Collins, 2008:1179) and improves the retention of social workers (Depanfilis & Zlotnik, 2008:1007). The following responses from participants confirm the value of such support:

“The support of colleagues and the employer’s support are very important...”
(Participant 2)

“Luckily in my office, we’ve got a very... it’s a very healthy working environment to be honest.” (Participant 7)

“Colleagues are very much supportive, I’m working with a crazy bunch of social workers. And they are very vibrant... And they make the whole working relationship so easy.” (Participant 9)

What the participants shared, links with Mather et al. (2007:26) who state that a supportive work environment is of importance as there is stress involved with child welfare work and the support from colleagues is essential for the worker when dealing with CSA cases (Van Wyk, 2011:187). These good relations create a sense of security for the worker (Luyt, 2015:44) and can assist in the prevention of secondary trauma to develop in the social worker (Bonach & Heckert, 2012:310). This enable the social worker to work more effectively as there are positive working relationships (Van Wyk, 2011:2-3). Another supportive function in the work of a designated social worker was identified as the importance of supervision and debriefing, which will now be discussed.

Sub-theme 1.3: Supervision and debriefing are essential to participants

Although some participants had negative experiences with supervisors and supervision, other participants shared their positive experiences regarding supervision and debriefing. Ferguson (2011:205) highlights the value of workers being assured that they will be organisationally and emotionally 'held' by their managers and colleagues when returning to the office. Because CSA places the highest demands and most intense experiences for social workers who investigate these cases (Van Wyk, 2011:62), participants shared the importance of receiving emotional and professional support through supervision and debriefing (Søftestad & Toverud, 2013:1516):

"The moment that you are employed and are confronted with such a [CSA] case, then you rely heavily on your supervisor who gives you guidance. And who go with you through the process, step by step... You rely heavily on your supervisor... because she is the expert who needs to guide you..." (Participant 1)

"And often when you have emotionally verbalised [your feelings], you start to feel better..." (Participant 1)

"If you feel that you... you are carrying too much, you... you're always welcome to go to our manager's office and if need be, you talk to someone else." (Participant 3)

"In the first place, you need to know that there is someone who is covering for you, a supervisor, and that you are not standing alone." (Participant 5)

"We do group supervision every Thursday... So if you've got a case that's challenging, you bring it – I bring three, this one brings three or whatever, but we sit and we discuss it and instead of you just happen to come up with solutions and recommendations, you have all five social workers and a supervisor all sitting around a table and helping each other to come up with the best recommendations and whatever is needed for the child." (Participant 7)

"My supervisor makes it a point that we have group supervision - all the time... And my supervisor is very, very calm, collected and easy to go with a person. The supervisor is in the centre of this whole organisation and they get informed by individual social workers on different issues or different cases or even similar cases. Now, they [supervisors] become rich in information and in giving advice as to how to handle it, how to deal with it." (Participant 9)

According to the responses of the participants, social workers require their supervisor's assistance to ensure they are objective in their work (Munro, 2008:136). Through

supervision and debriefing, burnout and compassion fatigue in workers are prevented (Richardson, 2011:9-10). Support can however also be through office team meetings that is not formal supervision where the worker has an opportunity to talk, share and process his/her feelings (Ferguson, 2011:198; Munro, 2008:137). The participants shared the value of debriefing to a designated social worker:

“Debriefing (repeat four times) with other social workers. Share it. Share the success stories. Share the difficult cases. So that’s how we cope.” (Participant 4)

“We have a debriefing session here like every morning... So if you have anything that are heavy on your heart... every morning actually, we have a good debrief and on our office meetings on Thursdays... we get to talk about difficult cases, share from other social workers, how am I supposed to tackle this, so we kind of do that and it works for us.” (Participant 8)

“...As horrible as we might be looking, and as tired as we are, [the office] will braai outside... You get to unwind with people who understand what you go through, rather than you going home and try to find someone to assist you or someone who is clueless about what is really, really going down.” (Participant 9)

It is through team support and quality supervision that social workers can do their work well (Ferguson, 2011:199). Families and friends do not necessarily comprehend what their career and career realities entail (Van Wyk, 2011:230). The immediate debriefing of a social worker is vital as it assists the worker to regain his/her perspective (Luyt, 2015:47). The need for debriefing during CSA investigations is particularly strong (Luyt, 2015:41) and should therefore be motivated by organisations and the worker’s colleagues (Van Wyk, 2011:233). Participants shared valuable information regarding the importance of having a supportive supervisor when working as a designated social worker:

“If you feel that you... are carrying too much, you’re always welcome to go to our manager’s office and if need be, you talk to someone else.” (Participant 3)

“In the first place, you need to know that there is someone who is covering for you, a supervisor, and that you are not standing alone.” (Participant 5)

“My supervisor makes it a point that we have group supervision - all the time... And my supervisor is very, very calm, collected and easy to go with a person. The supervisor is in the centre of this whole organisation and they get informed by individual social workers on different issues or different cases or even

similar cases. Now, they [supervisors] become rich in information and in giving advice as to how to handle it, how to deal with it.” (Participant 9)

Participants value the support and guidance they receive from supervisors (Manthosi & Makhubele, 2016:53). Supervisors need to support workers in distancing themselves to review and evaluate their interventions (Munro, 2008:137). This is essential as there is evidence that workers are disposed to treating their clients in a similar manner in which they are being treated by their supervisors (Ferguson, 2011:205; Munro, 2011:107). Supervisors should receive adequate training to ensure they have the required skills set and leadership abilities to perform the functions that are required of supervisors, which includes tasks such as planning and budgeting, monitoring and evaluation, as well as advocating for programs (Engelbrecht, 2013:464; Manthosi & Makhubele, 2016:49; Mather et al., 2007:28).

The role of schools in the identification of possible CSA will now be discussed.

Sub-theme 1.4: Participants regard the involvement of schools as important in the identification of possible abuse

Schools are often regarded as “loco parentis” (to be in the place of parents) as most of a child’s day is spent in the school environment amid teachers and peers (Webb, 2011:199). Participants shared that schools are a strong supportive factor and role player in identifying CSA victims:

“Do you know where [CSA] was often revealed? You work with this family and they keep this a secret... But do you know where it cannot stay a secret? Many times at [the child’s] school...” (Participant 1)

“[Schools] are of our major sources of information in cases, because they can see how the child’s progress have changed over time and they can see what the parents’ involvement entails. And often a child will disclose towards a teacher that they have been molested or abused. So, we really have good collaboration with teachers.” (Participant 5)

“Reporting wise, it would be next to impossible to discover it, if it wasn’t for the school.” (Participant 7)

“But we do get cases of abuse a lot from the schools, they are the big reporters on cases of abuse.” (Participant 8)

Luyt (2015:59) reiterates the importance of good collaboration with schools during investigations of possible CSA. Schools have an important influence on a child's life, adjacent to the influence of the child's parents (Webb, 2011:199). As CSA influences a child's functioning, it leads to impaired mental energy and emotional instability. Therefore, the possibility of CSA becoming evident in the school system is present, as there can be changes in the child's development and behaviour after becoming a victim of sexual abuse (Spies, 2006:53-58; Webb, 2011:200). There were also personal factors that support participants to fulfil their role as a designated social worker, which will now be discussed.

Main theme 2: Participants have personal factors that support them in dealing with cases of CSA

Sub-theme 2.1: Participants identified self-care and spirituality as factors that contribute to personal wellbeing

Van Wyk (2011:152) highlights the importance for social workers to take responsibility for their own self-care in order to function effectively within their workplace. Luyt (2015:72) also emphasises the importance of designated social workers dealing with CSA cases to attend to their physical, emotional, social and spiritual needs as it can protect them against negative role functioning, job stress and burnout. The participants shared the following experiences regarding the importance of self-care as a designated social worker:

"I know I should create balance for myself... Get enough sleep, get enough rest. You need to make time for relaxation... You need to have some holiday. You need to take breaks and to recharge your batteries in a way, otherwise you will not make it. You won't." (Participant 1)

"So I think the emotional strain of such a [CSA] case is high on the social worker and the worker needs to make effort to keep to her working hours, not to work overtime unnecessarily... To build into her life during the time of the investigation to ensure good energy: get enough sleep, eat healthily, to exercise ... To build relaxation techniques. And to make use of supervision and debriefing to discuss these cases so it becomes easier." (Participant 5)

"Burn-out is there, even with support, burn-out is there... because sometimes it's easy for you to turn into a god and think you can save everyone and you

can do everything and unfortunately that's not a reality, that's not possible. It's important to do self-reflection as well, self-care, take leave if you have to take leave, which I'm not good at, but I'm working on it (Laugh). But take leave, take care of yourself. Do fun things, like we do fun things together as an office – we go out as a family, play sports, whatever. So, it helps, it helps. Just to be able to do a mind shift and shut-out, then when you come back to work, you do work.” (Participant 7)

“Also keep yourself fit and active, it also helps (laugh). I remember I used to gym a lot when I was in practice and it assisted me, because you shut off sometimes from the work when you come back you realise ‘Okay, my mind is fresh’ and you see things in a different way.” (Participant 11)

From what is shared by the participants, the value of a healthy lifestyle, exercise, relaxation, time to rest and the importance of taking leave were of great importance (Capri et al., 2013:376; Doyle, 2012:229). Healthy stress management strategies are essential as a social worker's stress has an impact on his/her colleagues and the organisation (Luyt, 2015:55; Van Wyk, 2011:124). The challenge however lies in the social worker's ability to balance his/her personal life, as well as his/her work and family demands (Van Wyk, 2011:243). Tehrani (2011:218) highlights the importance of employees to take responsibility for their own health and well-being, as it can cause harm to others. Some of the participants also regard their spirituality as an important self-care strategy that is a supportive factor in their social work occupation (Lusung, 2018:20):

“Fill yourself with spiritual things. Read other books [about topics] that build you up... You cannot do this job from your own strength and you need to ask God every day for strength, as it is draining. It is emotionally so challenging. And the other thing is that you should have wisdom and discernment... because sometimes you cannot pinpoint something exactly, and then you need to trust that voice inside of you that develops over the years... That gut feeling...” (Participant 1)

“Every morning we (the office staff) share about our emotions and pray.” (Participant 3)

“I believe that I have my relationship with God and I think that helps me as well.” (Participant 4)

“In social work you don't always see the fruit of the seeds you sow. So for me personally I think you need to have strong faith and you need to know where your value lies, and that the Lord will straighten your path, so that is what carry me personally.” (Participant 5)

Spirituality brings a connection between mind, body and soul which allows self-healing and self-care during everyday stressors (Lusung, 2018:23). Luyt (2015:72) and Van Wyk (2011:270) state that social workers' spirituality supports them to fulfil their responsibilities, it plays a role in their personal development, and it also protects them against negative role functioning, job stress, and burn-out. Lusung (2018:20) found that spirituality can be regarded as a self-care strategy as there is a link between social workers reporting greater spirituality, resulting in lower levels of job stress.

Sub-theme 2.2: A strong internal motivation to make a difference encourages participants to continue with child protection work, despite all the challenges

In modern society, people choose employment possibilities that they consider as worthwhile (Buys & Terblanche, 2009:513). This links with what participants shared regarding a strong internal motivation to fulfil their role as a designated social worker:

“Hey... the love for children... Children are so innocent. They don't know anything, they're like a sponge that is dry and then you put it in water, and you see, things like that. So, my love for children and wanting to help them... When it is a situation with a child, you are able to make a difference. So, what makes me come back is that I... I.... I always see a need for a child to be helped... but I feel that, you know, I just love these children.” (Participant 4)

“And it's important to me to see people healing emotionally... seeing a person being a better person, and quoting what you are saying... you feel that you know, this is a difference and it makes you feel better and that, that helps you as well to want to go back to that office and make a... a difference.” (Participant 4)

“Social work should really be a passion: you must want to help others, you need to have that motivation... because you are working with people's lives and you need to want to make an impact in their lives. And if you just do social work to get the job done, then you don't really reach your goals with clients. I don't know how you create passion in people if it is not there from the beginning... I think what helps is to share the success stories, just to create that spark so social workers say, 'But I also want to reach that!'” (Participant 5)

“When you know that you removed a child that was in a tricky situation and now, they are happy... Ja, and seeing the progress and like I said, it's a very fulfilling to see the end result of what you've done... Me working here, I find that in particular fulfilling.” (Participant 7)

Participants shared that the child protection field should have robust and resilient individuals working in this difficult and demanding field (Richardson, 2011:15) where resilience and emotional intelligence is very important (Howe, 2008:10, 108). There needs to be a good fit between the social worker's physical and emotional stamina and the expectation of the social work profession (Van Wyk, 2011:43).

Participants' love for children and their passion to make a difference were voiced as reasons for their internal motivation to be a designated social worker, which can be their primary motivation to work in the field of CSA (Van Wyk, 2011:273). Morrison et al. (2007:20) also mention social workers enjoy seeing their clients' growth and change. Positive client feedback that social workers receive leave them feeling inspired and rewarded to continue with the demanding work (Van Westrhenen et al., 2017:4). When social workers experience fulfilment in the workplace, their level of innovation and increases, with a positive influence on their organisation (Van Wyk, 2011:37).

The last theme on recommendations that participants made for child protection follows.

Theme 5: Recommendations for child protection in alleged CSA cases

As the PCA framework creates a growth-promoting climate through congruence and unconditional positive regard (Corey, 2009:169), the participants felt free to share certain feelings and experiences without losing the researcher's acceptance (Corey, 2009:174) Therefore the participants made the following recommendations in order to improve child protection in alleged CSA cases.

Main theme 1: Participants made recommendations regarding training and resources relevant in dealing with cases of CSA

Sub-theme 1.1: BSW programmes should include specific content and practical work focusing on statutory work, with a definite focus on CSA

Although undergraduate social work training is aimed at generic social work with basic knowledge relevant to various subjects (Stevenson, 2014), participants recommended more comprehensive undergraduate training focusing on statutory work and CSA:

“I think that forensic assessment training as part of undergraduate training is very important.” (Participant 2)

“I think with undergraduate training there should be more attention given to CSA, because these cases are more emotional and takes more energy from social workers... And also training on how to draft an intervention plan for such a child in order to work through the trauma.” (Participant 5)

“I would like to see that practical training of student social workers should include compulsory training in statutory work.” (Participant 5)

“...The clinical and forensic social work aspects [should come] into prominence in the [undergraduate] syllabus... It needs to start at undergraduate [level], so that social workers are equipped to deal with this. ‘Cause it’s not like you come here, work and avoid these cases until you qualify as a forensic social worker, so it needs to start at undergraduate. We need to bring it up [and make it] more prominent.” (Participant 11)

It is important that tertiary institutions should work towards emphasising the teaching of specific knowledge and skills relevant to CSA intervention (Cussons, 2007:10; Schiller, 2017:13) as participants experienced their undergraduate training as insufficient preparation to deal with cases of CSA (Kwhali et al., 2016:227). This can include training relevant to investigating suspected abuse and skills required when working with children, such as:

- Clinical skills to understand how abuse affects a child’s emotional functioning, how family dynamics can influence a child’s ability to report, and how the child might feel about testifying against an alleged perpetrator who can be a known adult or a family member (Kuehnle & Connell, 2010:556-557).
- Forensic skills, where social workers become knowledgeable on interview techniques that prompt the most accurate information, knowledge on how a child’s testimonies can be altered or preserved, as well as the advantages and disadvantages of special accommodations for a child’s testimony (Kuehnle & Connell, 2010:557). It is important that social work students, in their training, receive clear guidelines on how to approach and manage cases of CSA (Luyt, 2015:73). These guidelines should include the clarification of the responsibilities of various role players in the investigation of CSA as children can be harmed when the roles become blended (Kuehnle & Connell, 2010:557).

- Child-centred interventions, communication skills, basic therapeutic skills, the ability to use creative and play techniques and adequate child development knowledge (Handley & Doyle, 2014:448).

Balen and Masson (2008:126) reiterate that social work students should be allowed to identify and discuss the emotions they experience, as they need to learn effective coping skills in order for them to act with competence in emotionally draining situations, such as CSA cases (Fouché, 2007:3; Luyt, 2015:72; Van Wyk, 2011:4). Even though participants felt that undergraduate social work training should have a distinct focus on CSA, they did not underscore the value of continuous professional development which will be discussed hereafter.

Sub-theme 1.2: Participants recommend continuous development trainings to capacitate designated social workers in rendering professional services to clients

Various participants shared that continuous development is key for designated social workers to render professional services to their clients:

“There should be workshops with certificates to say that ‘You know what, I did this... Sometimes you know it’s not in-depth. And then the material also needs to keep up with the time and then when we get to find cases like that: ‘Now this is how we strategise, this is how we go about them’. But if they just come and do things here on the surface and they don’t go deeper so we won’t have that skill to actually go deep with this thing... We need that skill to be able to talk to these ones [children aged five, four, three years]... Because we have that skill to probe and get information from them, some technique... And then you know, if you have the certificate to say that I’ve done something of this nature, it gives confidence to the person that is walking into your office and then she’s like ‘Okay, she knows what she’s talking about.’” (Participant 8)

“Although you have had training, you still need to keep up with the most recent information and sources through continuous development courses, and one should never stop to learn. You should never stop reading, as you will never finish learning. Improved training is also important as I have learnt during my forensic training that children who have been sexually abused cannot receive therapy, which is a great misconception.” (Participant 10)

“To ensure that we capacitate and provide trainings on an ongoing basis, so... Maybe it is that issue that when you realise there was this mistake, then you build a training on it and make sure that going forward, things are done appropriately...” (Participant 11)

The participants indicated the importance of continuous development when working with CSA as a social worker's development on an individual, team and organisational level is very important (Collins, 2008:1188; Van Westrhenen et al., 2017:4). A specific focus needs to be on the training of designated social workers, as children's best interests can only be served when these workers complete a thorough assessment that reflect professional judgement through critical thinking and decision-making (Pecora et al., 2013:143). It is important that designated social workers engage in evidence-based practice, being thoroughly trained on completing assessments through a holistic approach in order to gain comprehensive understanding of a family while assessing from a strengths-based perspective and having a child-centred focus (Munro, 2011:41; Spies & Le Roux, 2017:202-204). It is essential for social workers to be well trained on forensic practice and how to deal with CSA cases as general social workers do not have adequate knowledge and practical experience to conduct CSA investigations (Cussons, 2011:26; Nemajilili, 2016:32). The importance of training other role players on the intervention of CSA will be discussed below.

Sub-theme 1.3: Participants recommend training for all role players involved in CSA cases to ensure an integrated and specialised interdisciplinary process

CSA is a complex problem, requiring professional role players who work well together to deal effectively with this serious issue (Luyt, 2015:31). The following statements by participants focused on the need for training of various role players to ensure an integrated and specialised interdisciplinary process:

“And if there can be in every police station a Child Protection Unit where three or four people are adequately trained, and that they can assist us with [CSA] cases, because when there is maybe only one official who are trained and he is on leave, then the rest of the police station has no idea how they should help us. So if they can be trained specifically on how to work with the Children's Act and the Sexual Offences Act where children are involved, I think it will go easier.” (Participant 5)

“And then communication there as well with the department, our own department... They have to know the sense of urgency as well... our Department... our own Department, because... it seems as if they don't see the sense of urgency [with panels for placement of children in alternative care]”. (Participant 4)

“I think also training people in other departments, in other sectors in terms of how you deal with children. Like your Department of Justice, whoever works there they need to know how to deal with children, and how to talk to children in these kind of situations. So rolling out trainings to other stakeholders and dealing with children.” (Participant 11)

“There need to be better collaboration between the different [role players]... between the police and the medical division and the court and DSD – everyone needs to work better together. The different divisions should stop to think that ‘I am the most important’. It is not going about who is the most important, but it is about the best interest of the child. When people will start to work together and stop to focus on social workers, or psychologists or the court or attorneys or the police, then these cases will proceed faster through court with an outcome... People should stop to think that everyone is on their own island, and people should start to work together.” (Participant 10)

“I think we need to develop a task team in every town with clear procedure to be followed with sexual abuse cases... And then we meet once a month and give feedback on the different cases. Set deadlines and time frames for certain tasks to be finalised... And if you are working in a team, no one likes to be perceived badly. So, if you need to give feedback in a group setting, you perform... These things will not be changed with a top-down approach, but rather a bottom-up approach.” (Participant 10)

“I think also training people in other departments, in other sectors in terms of how you deal with children. Like your Department of Justice, whoever works there they need to know how to deal with children, and how to talk to children in these kinds of situations. So, rolling out trainings to other stakeholders and dealing with children... We need to have child-friendly courts and... personnel working in there capacitated to work with children, ‘cause that is the most important resource in this case.” (Participant 11)

Schiller (2017:12) reported that role players do not have clearly defined roles in the process of CSA investigation, which creates confusion and the CSA victim being re-victimized. Kisanga et al. (2010:302) reiterate the importance of role players who need to work together in a transparent and unified manner. Cussons (2011:24) suggests having a multi-disciplinary team or panel who specifically work with CSA cases. Fouché and Le Roux (2018:32) reiterate the importance of training the involved role players on CSA. Through these training workshops, the multi-disciplinary team can be trained on each role player’s specific roles and responsibilities during CSA investigations (Luyt, 2015:73). This training should also focus on developing the collaboration and cooperation between the different role players with regards to the implementation of the Children’s Act (Sibanda & Lombard, 2015:349). Doyle

(2012:235) reiterates that with collaboration between role players, the promotion of creative and innovative practice happens. Bala et al. (2007:54), Jiya (2015:32), Kwhali et al. (2016:2223), Mather et al. (2007:31) and Schiller (2017:13) reiterate that a multi-disciplinary approach with role players having adequate knowledge and training will promote the child's best interests during the investigations of alleged CSA cases.

Participants made recommendations about the development and implementation of a standardised CSA procedure, which will be discussed below.

Sub-theme 1.4: Participants recommend the development and implementation of a standardised CSA procedure when working with CSA

The participants shared the need to develop a standardised procedure when intervening with CSA cases:

"So, the police, the courts, the social workers the... Child Protection Unit, everyone who is involved in [CSA] need to get the same training, and when they are involved in such a case, they need to address the matter in a standardised manner." (Participant 1)

"I feel there should be a standardised procedure [when dealing with these cases]... because clients often play social workers off against each other, saying 'But this social worker has accepted it, why are you not doing so as well?' So, it will just make it easier." (Participant 5)

"That would help to just streamline everything, and everyone knows what they need to do and when they need to do it and the timeframe and the interest of the child..." (Participant 7)

"I think every town should develop a task team who utilise a specific procedure when it comes to sexual abuse... This is every role players' role and responsibilities, this is what is being expected of you, this is how the case will be approached, so no one cross unnecessary boundaries." (Participant 10)

It is important that a set structure and protocol is developed for the investigation of CSA cases (Fouché & Le Roux, 2018:32; Luyt, 2015:71) which will address CSA cases swiftly (Sibanda & Lombard, 2015:347). Munro (2011:39) states that procedures set out basic rules for how different role players need to work together, enabling the team and novice workers to work together for a specific purpose. Sibanda and Lombard (2015:350) suggest that all role players should attend the same workshops where they

are trained by specific trainers to ensure that everyone has clarity on their specific roles and responsibilities. These workshops can be used as a vehicle to mobilise and train role players to ensure that the child's best interests are being met (Jiya, 2015:33). Munro (2011:39) highlights the importance of role players having a true understanding on the reason behind certain responsibilities for them to become competent in more complex situations. The following sub-theme will focus on the recommendations that participants made regarding possible amendments that can be made to legislation and the criminal justice system, which is discussed in the following sub-theme.

Sub-theme 1.5: Amendments to legislation and the criminal justice system will serve the best interests of the child better

As the Children's Act has certain loopholes which creates unclarity and ambiguity (Sibanda & Lombard, 2015:345), the participants shared their views regarding the need for change in legal considerations to ensure that the child's best interests are being served:

"The Children's Act and the Criminal Court should work hand in hand in cases of child abuse. Any form of child abuse, they should work hand in hand, because we have too many cases of child abuse that the perpetrators, they don't get to be punished by the law. That is why abuse continues, leading to sexual abuse." (Participant 3)

"If the process of finalising the [CSA] case can be shortened. That can be beneficial... I think the cases should be prioritised." (Participant 3)

"If courts can give higher priority to cases where children are involved, so these cases can be dealt with quickly, or that the child's testimony can be heard and exempted from further questioning so a therapeutic path can start with the child... If this can happen, it will open up a better world for us in the handling of these cases." (Participant 5)

"And that children be not allowed to testify, because it's intimidating for them, regardless seven, eight, nine, ten [years of age]. But they should be, like I said, you know, have a professional, like a social worker, speak to the child and give the evidence on behalf of the child just to minimise the trauma. I mustn't even go and assess if a child is going to be able to stand [in court]. Here's an adult, here's a child – how is this child supposed to respond to cross-examination and that individual is standing there? It shouldn't even be that: go and assess the child's readiness. No. (Angry and firm tone of voice). Social workers are... properly trained to work in a court setup to assist children and get training." (Participant 8)

“Let the Children’s Court be given that platform to do, to handle these [CSA] matters. And once they get the testimony of the child, then they can refer the whole criminal case to the Criminal Court...” (Participant 9)

“The Criminal Court should really consider using the resources that they have, such as the use of forensic social workers that they can use to testify on behalf of children.” (Participant 10)

The need for a shortened, more child-centred process was reiterated by participants when considering what they shared regarding possible amendments to legislation and the criminal justice system. Although there is a progressive legislative framework in South Africa (DSD et al., 2012:57), children can only be effectively safeguarded and protected when it is implemented effectively (Kassan & Mahery, 2009:185). This links with Fouché and Le Roux (2018:31) who suggest that a reformation of legal processes in South Africa is a necessity, as children’s best interests are supposed to be served. Paulsen and Wilson (2013:62-63) report that criminal procedures drag unnecessarily and therefore children’s rights are not being fully upheld in the criminal justice system. Cases of CSA should therefore be prioritised for the delaying of CSA cases to be limited and attended to with a sense of urgency (Fouché & Le Roux, 2018:31). CSA intervention should be regarded as a field of speciality where a multi-disciplinary team approach is required which include certain role players, such as investigating officers, social workers, forensic social workers, clinical psychologists, play therapists, medical doctors, legal representatives, magistrates and prosecutors who should be specifically trained in dealing with CSA cases (Cussons, 2011:27; Jiya, 2015:32; Luyt, 2015:73). Sibanda and Lombard (2015:348) reiterate the importance of social workers to be critical practitioners who challenge oppressive behaviour.

The participants shared the value of incorporating programmes that aim at preventing incidents of CSA altogether, which will be presented below.

Main theme 2: Programmes for prevention and early intervention should precede statutory intervention

According to Section 144(3) of the Children’s Act prevention and early intervention programmes should promote the participation of children, caregivers, parents and families in order to identify their problems and seek solutions for those problems. With

these cost-effective preventative and early intervention work, the demand for more costly services (such as alternative placements in children's homes) can be limited as cases do not necessarily escalate into serious matters (Martin et al., 2014:20; Sibanda & Lombard, 2015:335). This theme focuses on the recommendations that participants made with regards to prevention and early intervention programmes that can benefit CSA victims and their families.

Sub-theme 2.1: Communities should be mobilised to educate individuals, families and communities on CSA, children's rights and the obligation to report alleged CSA to the authorities

The participants suggested that communities should be educated on CSA, children's rights and the obligation to report alleged CSA:

"The chief handle these [CSA] matters – the families among each other handle these things and the role of the social worker and the court procedures and the role of the police are not necessarily known in the rural areas. So, there is a big task of uplifting the community... Because how do you protect children if the community exploit them? The chief and induna should start to play more of a role in the protection of children." (Participant 2)

"Because we have gone out to do awareness [campaigns] it's much better comparing to the past few years." (Participant 3)

"But I think our role as the social workers, is starting from ... letting the word around and reminding people all the time and reminding the community all the time and then the kids as well... [Children] can't fight for themselves... I'm just feeling that you know what, the main thing is to be pro-active." (Participant 4)

"I think in order to ease out statutory social work and to make it better, you need to start rendering prevention services in your communities. A community needs to be educated on what constitutes abuse and molestation and why it is not good for a child to be exposed to such kind of circumstances..." (Participant 5)

"We have to be visible... we have to attend to the community... you have to go out and say to the community: 'Here we are!' because most of the communities they don't know us and though we are not even reaching, possibly our demarcated areas, of which is a concern for me." (Participant 6)

"Maybe it is an issue of training our community leaders to say, 'Let's teach our people to understand what is right and what is wrong and what do we do'." (Participant 11)

What participants shared links with Morrison et al. (2007:27) who emphasises the need for awareness-raising in communities, as sexual assault cannot continue to be a taboo topic. Schiller (2017:12) reiterates the importance of building the human capacity and self-determination of individuals and communities as this will promote their resilience. When healthy norms, values and attitudes are formed in families, schools and communities, it guides and shapes a child's belief system and behaviour (DSD et al., 2012:44). Aucamp (2015:105) mentions the importance of addressing the high levels of stigmatisation regarding CSA which is still prevalent in communities. Communities need to be educated on the mandatory reporting of CSA (or even just the suspicion thereof) as stipulated in the Sexual Offences Act and the Children's Act (Artz. et al., 2016:18-19; Hendricks, 2014:551; Richter & Dawes, 2008:87) and the role they can play as preventive agents (Kisanga et al., 2010:302). Mather et al. (2007:169) emphasise the importance of educating children about informing a trusted adult(s) when something 'bad' happens, as well as community members who should know the signs of sexual abuse in children to prevent the occurrence of CSA. Van Westrhenen et al. (2017:7-9) highlight the importance of educating communities on the benefits of treatment, in order to get the cooperation from community members. These education strategies should furthermore focus on creating more respect for women and children, and by communicating the social taboo of violence, as non-violence must be a fundamental social and community value (Morrison et al., 2007:27). Therefore, it is important to explore and focus on the abilities of communities to ensure sustained growth, recovery from trauma and a hope for a better future (Aucamp, 2015:16). Parenting programmes can also assist in the protection of children, which is discussed below.

Sub-theme 2.2: Parenting programmes to protect children from all forms of abuse are necessary

When considering the feedback that the participants had regarding parental involvement with children, there seems to be a need for parenting programmes that can protect children from abuse:

“And maybe to include the mother in a course, you know... How do you protect your child? How do you teach your child at home [to stay safe] ... Basic things! You don't allow your child to sleep over if you don't know the family. And you

drop your child off yourself and walk with her to the friend's house... those basic things." (Participant 1)

"I think in a way [the mother] contributed to the abuse unintentionally... because she neglected her duties as a parent... She was an absent parent." (Participant 3)

"People have children, because I mean they did the deed and had children, but parental guidance is not there, parental involvement is not there, and you find that children are not well cared for... I mean at school holidays, the child can wake up in the morning and go and she [mother] does not even know where this child went, the child did not eat, the child did not bath. So, lack of parenting plays a major role in such cases." (Participant 8)

It is important for social workers to build a connection with parents and educate them about certain matters (Van Westrhenen et al., 2017:8), as it is the attentive and caring parent's responsibility to not only protect his/her child against possible CSA, but to also teach the child self-protection strategies (Karakurt & Silver, 2014:86). Positive parenting, the support and education of parents, strong child-parent attachments and family bonds are protective factors that can prevent the sexual abuse of children (DSD et al., 2012:44; Richter & Dawes, 2008:89).

If it were true that social workers could intervene and give children and their family early help, it would be possible to identify and respond to CSA in a more constructive way (Stevenson, 2014). When parents can voice their need for help to a social worker, the social worker can provide support to the family (Søftestad & Toverud, 2013:1518). When parents of CSA victims show understanding, insight, involvement and support after the child has been sexually abused, it is of great value to the child (Luyt, 2015:31).

The following theme will focus on recommendations relevant to the designated social worker's working environment.

Main theme 3: Employee assistance programmes can lighten the burden for role players involved in dealing with alleged CSA

Sub-theme 3.1: Psychometric testing and pre-employment screening can be beneficial in the selection process of students and designated social workers' suitability for certain positions

Some participants gave recommendations on how psychometric testing and pre-employment screening can be beneficial to designated social workers:

"We have universities, we have people who can do psychometric testing to determine which people have the ability to provide adult training, others don't. Some people will be good social workers, others have the ability to be a good supervisor and a leader and a manager and that depends on your personality and skills. And if a person doesn't have that, then that person should not be appointed, you are not doing him a favour... You make life very difficult for that person." (Participant 2)

"I think that it is important to consider the emotional strength of a social worker, especially when they need to do statutory work. I think that selection process should be much stricter." (Participant 5)

"Organisations should consider when social workers don't have any experience in statutory social work, [they] should first be clinically evaluated to see if they will fit within this position." (Participant 5)

It is important to first determine if an individual has the capacity and inner strength to work as a designated social worker, as there should be a good fit between the social worker's physical and emotional stamina and the expectations of the profession (Van Wyk, 2011:43). This is also important when considering the appointment of a specific candidate as a supervisor. The competence of a supervisor is determined by his/her academic competence and leadership and should be carefully considered before making any appointments (Engelbrecht, 2013:464).

Pre-employment screening can be beneficial in determining a trained social worker's personal attributes and level of resilience, as that provides insight from an objective point of view to ensure the candidate has the required mental and physical capacity to fulfil a position (Tehrani, 2011:220). Pre-employment screening is also beneficial as it provides a baseline for the employee prior to his/her employment which can be valuable in monitoring the worker's well-being (Tehrani, 2011:221). While the worker is employed, these screenings can be repeated to determine if the worker has

developed any anxiety, depression, and burn-out or secondary trauma due to the work (Tehrani, 2011:227).

Van Wyk (2011:274) recommends that organisations should provide support and employee wellness in their organisational policies. This is important, as the organisation should empower their workers in combating stress, enhancing job satisfaction and building support systems and appropriate coping strategies. It is also important that workers should develop resilience while enjoying good self-esteem and a sense of self-control (Collins, 2008:1188). The provision of supervision and debriefing is essential in supporting workers, which will be discussed below.

Sub-theme 3.2: Supervision and debriefing opportunities should be readily available

As the work with abused children is demanding, it is essential that these challenges are alleviated by implementing more effective practices (Doyle, 2012:1). Participants recommended the following regarding supervision and debriefing for designated social workers:

“I think even the supervisors need to belong... They need to experience supervisors...” (Participant 6)

“Social workers need to exchange information. I think it is part of dealing with and exposing yourself to other ways of dealing with these cases. Exchange information when you... during supervision, during group supervision with peers and other professionals as well in terms of how they view sexual abuse of children from their perspective. It opens up your mind as well to say: ‘Okay, so I am not in the wrong direction. I can work with these people’ and ensure that you build networks that can support you going forward.” (Participant 11)

Luyt (2015:42) reiterates the importance of debriefing being readily available. Debriefing alleviates the intense emotions and stress that social workers experience, allowing them to regain perspective, prevent burnout, and to fulfil their role effectively (Luyt, 2015:47-48).

Social workers have the need for supervisory help in order to be neutral in their work (Munro, 2008:136). Statutory organisations have the responsibility to care, value and appreciate their workers through regular supervision which is not managerial in nature,

but rather aiming at building resilience and allowing the social worker to critically reflect on his/her practice and getting the required support (Collins, 2008:1189; Engelbrecht, 2013:235; Martin et al., 2014:17). This enables the social worker to become aware of his/her feelings and how his/her experiences impact the worker while being in a neutral environment (Capri et al., 2013:378; Ferguson, 2011:201). Van Wyk (2011:278) states that supervision, an open-door policy, and social workers having a shared responsibility with decision-making, can prevent job-stress.

3.4 SUMMARY

In this chapter the researcher focused on the research methodology and empirical findings relevant to the experiences of designated social workers working with cases of alleged CSA in the South African context. The researcher first discussed the relevant research methodology that underpinned the conducted study. The researcher also highlighted the ethical considerations that supported the ethical execution of the research study. The researcher followed the PCA framework as theoretical approach during the semi-structured interviews, which contributed to the research results highlighting the most prominent experiences of designated social workers working with cases of alleged CSA in the South African context. A discussion on the empirical findings of the study thereafter followed. This was possible after a rigorous process of data analysis, where the researcher derived five major themes with relevant main themes and sub-themes from the conducted interviews with participants. The empirical findings of the study enabled the researcher to gain better understanding on the experiences of designated social workers when working with alleged CSA cases.

A discussion on the achievement of the goal and objectives of the study, as well as a presentation on the key findings, conclusions and recommendations of the study will be presented in the Chapter 4.

CHAPTER 4

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The researcher will conclude her study in this chapter by presenting the key findings, final conclusions and recommendations of the study. In this chapter, the researcher will firstly determine whether the goal and objectives for the study were attained. Secondly, the researcher will discuss the key findings of the study. Thirdly, the researcher will draw specific conclusions, and make recommendations for future research based on the key findings of the study.

4.2 RESEARCH GOAL AND OBJECTIVES

The goal of the study was to explore and describe the experiences of designated social workers working with cases of alleged CSA in the South African context. The goal of this study was obtained by achieving the following objectives:

- **To conceptualise CSA as a phenomenon**

In Chapter 2, CSA was conceptualised through conducting an extensive literature review on this phenomenon. In this literature reviewing chapter, CSA was defined, the etiological factors of CSA were reviewed and there was also a focus on incest where children are sexually abused by next of kin. The demography of sexual abuse perpetrators and victims were discussed as well as the role of grooming in CSA. The stages of sexual abuse received consideration in order to gain a better understanding of CSA as a complex phenomenon. Furthermore, literature was included on the various legislation and policies that guide the intervention with CSA cases.

- **To explore and describe the extent to which their knowledge equips designated social workers to work with alleged CSA**

This objective was reached through an inclusion of literature in Chapter 2 that focused on the role of the designated social worker in alleged CSA cases. With this as

background, semi-structured interviews were conducted with designated social workers to determine the extent to which these participants' knowledge of CSA guide their interventions with these cases.

- **To explore current practices of designated social workers in their work with alleged CSA**

In Chapter 2 the roles and responsibilities, as well as the challenges that designated social workers experience when intervening with CSA cases received attention. The study of applicable literature enabled the researcher to have a comprehensive background during the semi-structured interviews to ensure that the current practices of designated social workers were adequately explored during the study. The empirical study also allowed the researcher to explore the practices of designated social workers when dealing with alleged CSA cases in the child protection setting.

- **To explore and describe challenges experienced by designated social workers when working with alleged CSA**

In order to reach this objective, the literature study presented in Chapter 2 focused on the challenges experienced in the field of child protection when intervening with alleged CSA cases. The PCA framework also enabled the researcher to have the correct frame of reference during the interviews in order to gain the needed understanding from the participants. This was possible as the researcher was attentive and showed approval of the participants' experiences by conveying a non-judgemental understanding for what was shared. This provided a valuable backdrop against which the semi-structured interviews were conducted to ensure that the current challenges that designated social workers experience can be adequately explored and described during the study. The challenges that participants experienced were explored and described through the in-depth data collection with designated social workers.

4.3 KEY FINDINGS OF THE STUDY

The research study asked the following research question: "What are the experiences of designated social workers when working with cases of alleged CSA in the South

African context?” The key findings of the study are presented in response to the posed research question in an attempt to answer this question sufficiently through the findings of the research study. These key findings were obtained after incorporating the PCA as theoretical approach, as it enabled the researcher to explore the experiences of designated social workers working with cases of alleged CSA in the South African context. The following key findings are presented according to the main themes as identified during the study.

4.3.1 Key findings regarding the appropriate training and experience of designated social workers

- Social workers experienced their undergraduate training as foundational in their work as a social worker. Through their undergraduate training, they were trained with general skills and knowledge relevant to the social work field. This training is however not adequate preparation to deal with alleged CSA cases in practice as designated social workers need to have adequate knowledge and skills to navigate through the complexity of CSA cases. Undergraduate training of social work students is therefore crucial for introducing students to basic forensic skills and knowledge that is required for CSA cases, as the reality is that forensic social workers are not always available to assist with that crucial part of CSA investigations.
- It is important that social work students are adequately trained on child-centred interventions, which include knowledge on child development, having appropriate communication skills, as well as having knowledge and skills on the appropriate application of creative- and play techniques to work with the child victim on an age-appropriate level.
- Social workers gain confidence in working with cases of alleged CSA as their work experience increases.
- The continuous professional development of designated social workers is essential as they need to be adequately skilled and trained to deal with CSA cases. This can either be through attending courses and training, or through engaging in self-enrichment efforts through reading-up on topics and issues in which the social worker feels he/she lacks specific knowledge.

4.3.2 Key findings regarding the roles and responsibilities of the designated social worker

- Designated social workers have a wide array of roles and responsibilities when dealing with alleged CSA cases. It is the responsibility of these workers to engage in assessment and determine the best interests of the child as stipulated in Section 7 of the Children's Act. Furthermore, the designated social worker has the responsibility to assess whether a child needs care and protection according to Section 150 of this Act as well, as they need to safeguard and protect the child(ren) if need be without delay.
- Due to these safeguarding responsibilities, it is the responsibility of the designated social worker to do comprehensive assessments, provide initial counselling, arrange alternative placements for the child victim and other children, compile an intervention plan, provide continuous emotional support, do referrals for therapy, and they also need to provide continuous aftercare services to the child and family. There is limited opportunity for designated social workers to be involved in the therapeutic intervention with CSA victims due to all their other responsibilities with CSA cases.
- Alleged CSA cases are dynamic, requiring individualised intervention as every case is based on particular facts. Thus, designated social workers should be able to do comprehensive assessments and they should also be adaptable in their work with children and families as there is single process that can be replicated in every case.
- There is no standardised method of assessment when intervening with alleged CSA cases. One participant highlighted the valuable addition that the risk and safety assessment tools had for her in her work as a designated social worker.
- During the study there was limited reference made by the designated social workers on the importance of forensic social workers during alleged CSA investigations as the participants referred to themselves as investigating the allegations of CSA. This is an indication that designated social workers enter the specialised field of forensic social work which is an expert field which fulfils an important function when intervening in alleged CSA cases.

- The lack of clarity on the process of CSA investigations create boundaries and limitations in the fulfilment of the various roles and responsibilities of the designated social worker.
- The different roles and responsibilities of the designated social worker are often in conflict with other role players' role functioning. An example would be that a designated social worker is responsible for the safeguarding of children, but then they also experience that the involvement of the police and legal system is often inhibiting the role of the designated social worker due to their disregard and lack of insight into the social worker's responsibility.
- Participants reported that although they have the responsibility to manage and coordinate CSA cases as a designated social worker, they are often excluded from processes and updates on these cases by other role players.

4.3.3 Key findings regarding the challenges that designated social workers experience

- Several community and cultural factors pose serious challenges in the reporting and intervention of CSA cases. The general practice of "talking as a family" where the payment of damages by the sexual perpetrator to the family of the child victim, poses substantial risk to child victims as there is no case reported to authorities in such instances. The participants also voiced their concern with community members knowing about the sexual abuse of children, but who refrain from reporting it to authorities as they do not want to become involved in these matters. This results in the child victim not being adequately protected as his/her best interests are not being served. This is because CSA cases are not being reported to authorities or resulting in successful prosecution.
- Certain familial factors are curbing the reporting of known CSA to authorities, which inhibit the successful intervention against such malpractices. This is because families may hide CSA that is perpetrated by a family member or someone known to the family, as they tend to side with the perpetrator rather than showing support and a belief in the child victim's disclosure. When this happens, it contributes to child victims retracting the initial disclosures of CSA as the child is not believed by their loved ones.

- The role of culture with regards to what certain cultures view as appropriate sexual behaviour for children were reiterated by participants.
- Poverty was also a risk factor for possible CSA, as participants mentioned that it contributes to children engaging in sexual activities in exchange for material gain – either out of their free will or through coercion by family members or guardians.
- It is crucial to establish a trusting relationship with the child victim and family to ensure good cooperation and progress throughout the investigation. This was reported as a challenging task as child victims are often distrusting towards others due to their sexual abuse experience.
- The majority of participants referred to the challenge of having insufficient evidence during cases of alleged CSA. Since most of these participants engaged in the investigation of these allegations without adequate forensic training, the researcher is concerned about what influence their generic social work training might have on cases being thrown out of court due to lack of evidence as they are not adequately trained to effectively deal with such cases. This can actually lead to the re-victimisation of child victims as children can be exposed to various interviews to determine if the abuse did occur, which can also contaminate the available evidence.
- There is currently no clear process or protocol to be followed by role players when allegations of CSA are reported, which contributes to the child victim being re-victimised and the process dragging unnecessarily, causing further damage to the already traumatised child and negatively impacting the available evidence that might be beneficial in the finalising of the court case.
- There seems to be an exaggerated dependency in the court system on the physical evidence provided by a medical examination to concur whether the sexual abuse actually happened. This is problematic as available literature available state that medical examinations rarely confirm sexual abuse, and that the child victim's statement should actually fulfil a core function in providing sufficient evidence. Therefore a forensic interview by a sufficiently trained professional is of utmost importance to retrieve an accurate statement as other forms of evidence may be unavailable as CSA often happens in secrecy where there is no other eye witness other than the child victim and the sexual perpetrator.

- A major concern causing challenges with alleged CSA cases is the dysfunctional criminal justice system in South Africa which fails to serve the best interests of the child victim. Participants experience the criminal justice system as unhelpful, which is aggravating their already difficult work. This is because the criminal justice system does not seem to act with a sense of urgency with alleged CSA cases as these cases are often postponed or thrown out of court due to lack of evidence. Bail is frequently granted to the alleged offender who then continues with intimidation and threats towards the child victim, often leading to recantation by the victim. There is also no clear process of engagement within the criminal justice system: the child victim should often retell the sexual abuse to various professionals working in the system who may not be adequately trained to work with children. This leads to the quality of the child victim's testimony deteriorating and the re-victimisation of the child victim.
- Due to an unfounded practice that pre-trial therapy to the child victim might contaminate evidence, there is currently very limited emotional support being provided by designated social workers to child victims before the criminal case is finalised, which can take up to five years to conclude. There is currently no consensus on the timing and nature of allowable pre-trial therapy to CSA victims – resulting in children not being allowed the opportunity to start their healing process.
- Participants report being negatively impacted on a personal level when working with these cases as they experience stress, burnout and secondary trauma. The lack of support from the system in which the designated social worker works adds to their feelings of isolation, helplessness and frustration. Participants reported that they are negatively impacted in their role as a parent as they tend to be overprotective over their own children, and they fear that the worst could happen to their children due to what they experience at work.
- Designated social workers report that they are often uninformed and disregarded by other role players during cases of alleged CSA, even though they actually have the responsibility to provide emotional support to child victims and families. Schenk (2014:166-167) found that social workers working in rural areas experience the “dustbin” phenomenon where they felt like the dumping point for social issues. This experience was also voiced by Participant 9 who works in urban and semi-urban areas, saying that “they (other role players) think we are the dustbin of any social

issue”. Thus this “dustbin” phenomenon seems to be true for designated social workers working in rural, semi-urban and urban areas.

4.3.4 Key findings regarding the supportive factors that designated social workers experience

- The supportive factors that the participants shared were briefer than the discussion on challenges when working with alleged CSA cases. This can be linked to the extensive literature confirming the challenges that are entrenched within the child protection system, and the fact that there are limited supportive factors available for designated social workers dealing with alleged CSA.
- The supportive factors that the participants highlighted as important in their work as a designated social worker, include the professional support they receive from their work context. Participants identified the support by individual colleagues as valuable in their workplace. Timeous and supportive supervision and debriefing are regarded as enabling practices that assist designated social workers in regaining objectivity in their work. The guidance and support that participants receive from their supervisors were of great importance for all the participants, even though not all participants currently had the experience of working under a competent and supportive supervisor.
- The participants place high dependency on their work-based support structures as they experience that friends and family do not always have a good understanding of what designated social workers face in their workplace daily.
- There was a very strong focus on the involvement of schools who assist in the identification of possible CSA during the study. Designated social workers regarded the school system as a supportive factor in their work. They experience a positive regard from schools for the work that they do. The role of schools in the identification and reporting of possible was strongly motivated by participants as the school system is in the position to easily track changes in a child’s behaviour or development due to their continuous involvement in a child’s life.
- During the study the participants highlighted the importance of taking personal responsibility for one’s self-care. This is done by making time for relaxation, spending time with family, taking leave, having hobbies and maintaining a healthy

lifestyle by finding the balance between one's personal, work and family demands. There were also participants who particularly highlighted the importance of their spirituality as they felt that it grounded them and enabled them to continue daily with their daunting task as a designated social worker.

- Participants are inspired to continue with their work as a designated social worker because of their strong internal motivation to make a difference in the lives of children and families. The love for children and the joy that some of the participants have when witnessing a client's growth and change, leave social workers inspired to continue with their demanding work.

4.3.5 Key findings regarding the recommendations for child protection in alleged CSA cases

- Participants placed a high premium on the need to expand the undergraduate curriculum for social work training at tertiary institutions. Participants felt that there is a need to include statutory social work with a specific focus on the work with alleged CSA cases within the theory and practical curriculum during undergraduate training. This is because participants felt that one cannot avoid working with cases of alleged CSA as a designated social worker until you have completed postgraduate training in forensic social work.
- There was a strong motivation from participants to develop a standardised procedure when working with alleged CSA which should then be implemented in an integrated and specialised interdisciplinary process. It is important that all role players are adequately trained on the procedures and their respective responsibilities. Role players should also be regularly debriefed when working with cases of alleged CSA in order to work through the secondary traumatisation they experience when working with these cases.
- The participants made recommendations regarding possible amendments to legislation and the criminal justice system in order to ensure that the best interests of the child is served better. These recommendations included that the Children's Act, Children's Court and Criminal Court need to work more closely together. There was a recommendation made that the Children's Court's jurisdiction should be revisited, for this court can actually play a more prominent role in alleged CSA cases. This will ensure that children's testimonies are heard more timeously, and

the criminal proceedings can continue at a later stage without depriving the child from the opportunity to receive therapy due to fear of contamination of evidence. The need for shortened processes to finalise cases of CSA was also suggested and the amendment to legislation that will allow adequately trained social workers to testify on behalf of the child victim in the court was suggested.

- Participants recommended there should be an enhanced focus on prevention and early intervention programmes that can precede statutory intervention. These programmes can include community awareness campaigns and parenting programmes that can educate community members, families and children on child protection as part of prevention programmes.
- Participants suggested an expansion of employee assistance programmes to lighten the burden of designated social workers. One participant suggested that this can include the inclusion of psychometric testing and pre-employment screening of prospective social work students and possible employees. This will support a good fit between the individual and the roles and responsibilities of a specific opportunity in the social work field. Organisations should provide support and employee wellness in their organisations in order to combat stress, enhance job satisfaction and develop resilience in social workers.
- The importance of readily available supervision and debriefing was stated as a recommendation by the participants as it enables the social worker to regain neutrality in their work by critically reflecting on his/her practice within a supportive environment.
- Participants felt that continuous professional development trainings should enable them to do in-depth work with clients, feeling competent in their work and having clients who have faith in the services they have to offer.

4.4 RECOMMENDATIONS

Based on the findings of the study, the researcher will make certain recommendations for practice, as well as suggestions for future research which will follow below.

4.4.1 Recommendations for practice

- Tertiary institutions should work towards inclusion of statutory social work into their theory and practice curriculum, with a specific focus on basic knowledge and skills relevant to forensic work with alleged CSA cases.
- Training of all social workers on the safety and risk assessment tool to ensure comprehensive assessment with every case that is being reported is recommended.
- A clear distinction should be made between the roles and responsibilities of a designated social worker and that of a forensic social worker.
- Social workers need to be made aware of the misconception that a positive medical report is the most important evidence to prove sexual abuse. Social workers need to advocate against the misconception of a medical report as final proof for sexual abuse within the criminal justice system to ensure that this malpractice is curbed and ended.
- Adequately trained social workers need to be regarded as role players that can testify on behalf of the child in alleged CSA cases. The criteria for an adequately trained social worker needs to be determined.
- It is recommended to develop a standardised procedure for role players when working with alleged CSA cases. This should be a specialised and multi-disciplinary approach where role players should be timeously trained in their roles and responsibilities within this procedure.
- All social work students and possible employees should be properly screened through psychometric testing to ensure that they have the required personality and skills to fulfil their role as a designated social worker successfully.
- Supervisors should be adequately trained on how to fulfil their supervisory function within an organisation effectively. This includes knowing how to provide supervision in the correct manner in order to curb high staff turnover, stress and burnout and promote positive momentum in cases and enhance social workers' work ethic.
- Support structures found in schools can assist in the identification and reporting of possible CSA.

- It is the responsibility of social workers to promote the social work profession through their public image and the quality of work that they provide. This will have an impact on how they are regarded within the child protection system.
- Amendments to legislation are required for the Children's Court to have greater jurisdiction in cases of alleged CSA cases. Amendments for a suitable social worker to testify on behalf of a child victim should be explored. Implementing the recording of child testimonies on camera for court purposes can be implemented in order to protect child victims from continuous interviewing causing secondary traumatisation and contamination of evidence.
- Designated social workers need to focus their attention on implementing relevant and well-informed awareness campaigns and parenting programmes to assist in the prevention of child abuse and exploitation.

4.4.2 Suggestions for future research

The following areas for future research are suggested:

- It is suggested to explore the nature of emotional support that designated social workers provide to children and families with cases of alleged CSA. Thereafter pre-trial therapy guidelines can be developed and implemented.
- The researcher recommends that the implementation of child-centred practice in child protection social work should be explored as it is important for designated social workers to be knowledgeable on creative and play techniques. This can add value in their intervention with children.
- The exploration on the knowledge base of recently graduated social workers with regards to sexual abuse and the intervention that these graduates believe is required in alleged CSA cases.
- The researcher suggests that it is necessary to determine and stipulate the differences in roles and responsibilities of designated social workers and that of forensic social workers when dealing with alleged CSA cases.
- It is recommended that a protocol should be developed that can be used with alleged CSA cases. This protocol should highlight the required procedures and certain responsibilities of the various role players involved in cases of alleged CSA.

This protocol should stipulate the involvement of role players, as well as the necessary steps and responsibilities of all the role players. This protocol then needs to be rolled out on a national level and all relevant role players need to be trained on this protocol within a set timeline to ensure accurate and efficient implementation.

- The researcher suggests the development of employee assistance programmes for designated social workers working within statutory organisations.
- The level of knowledge among teachers within a school system with regards to CSA can be determined, as well as their perception on the role they fulfil in the handling of such cases. A procedure on specific handling strategies can then be advocated.
- The researcher suggests the development of prevention programmes for communities and families for the purpose of addressing issues relevant to CSA through community awareness campaigns and group work initiatives.

4.5 CONCLUSION

Designated social workers are fulfilling a key role in the protection of children – either through preventing possible maltreatment of children, or through intervening after maltreatment took place in order to protect the child from further trauma and abuse. From the study it became clear that there are various factors significantly impacting designated social workers' fulfilment of their roles and responsibilities.

In some instances, during the research process, the researcher experienced that designated social workers also seem to become victims of an abusive system in which they work. Designated social workers are generally disregarded, uninformed and 'battered' within this system that should enable them to collaborate with their clients who have also experienced maltreatment and who are facing many challenges.

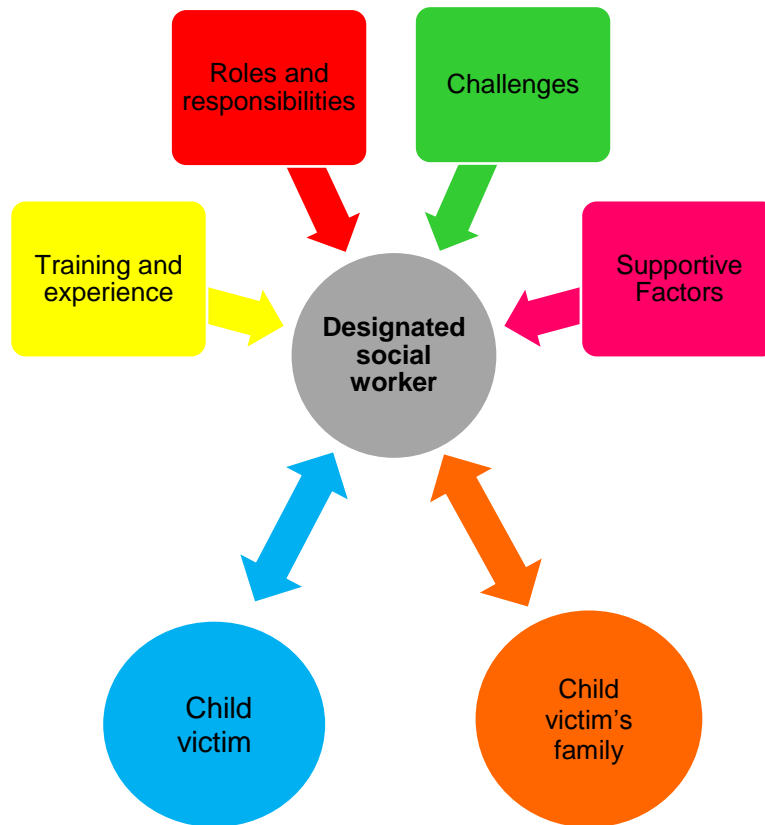


Figure 4: Factors impacting the designated social worker’s intervention with alleged CSA cases

Designated social workers can only act in the best interests of the sexually abused child when they are adequately trained and equipped on a professional and personal level to deal with all aspects relevant to CSA. It is imperative that designated social workers should have adequate understanding of what their roles and responsibilities entail. This will enable designated social workers to act with professionalism, persuasion and pride. The supportive factors within a designated social worker’s world need to enhance a social worker’s growth mind-set and resilience. This is important as social workers should not be engulfed by all the challenges they are facing when working within the child protection system.

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APPENDICES



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

13 April 2018

Dear Ms Liebenberg

Project: The experiences of designated social workers working with cases of alleged child sexual abuse in the South African context
Researcher: D Liebenberg
Supervisor: Prof CE Prinsloo
Department: Social Work and Criminology
Reference number: 04428013 (GW20180322gHS) (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 Max 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 Lansbard (HoD)

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof M Harris; Dr L B'oldard; Dr R Booyens; Dr N-M de Beer; Ms A dos Santos; Dr R Fassolt; Ms AT Govender; Dr E Johnson; Dr W Kellene; M-A Mohamed; Dr C Prinsloo; Dr D Reyliw; Dr M Soor; Prof F Tallard; Prof V Tsebe; Ms R Tsofin; Ms D Mchaleja



Researcher: D Liebenberg (student number 04428013)
Degree: MSW Play-based Intervention
Contact details: 072 374 8525

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. 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 this information. In the event that I withdraw from the study, my information will be destroyed. After completion of the research all the research documents will be safely stored at the Department of Social Work and Criminology at the University of Pretoria. My name, other identifying details and the name of my organisation/department will not appear in the research report.

8. Contact details

If I need more information about this research, I can contact the researcher at her e-mail (danelliebenberg@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: _____

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?