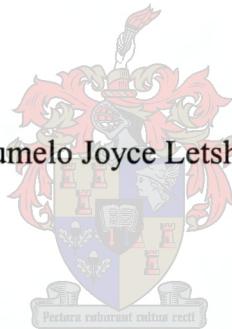


**CASE MANAGEMENT BY SOCIAL WORKERS OF  
SEXUALLY ABUSED CHILDREN IN THE MOSES  
KOTANE DISTRICT MUNICIPALITY**

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Thesis submitted in partial fulfilment of the requirements for the degree Master of Arts  
(Welfare Programme Management) in the Department of Social Work  
University of Stellenbosch

Study leader: Prof. Sulina Green

APRIL 2004

## **DECLARATION**

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

**SIGNATURE:**

**DATE:**

## SUMMARY

The study of case management of sexually abused children by social workers was conducted in the Moses Kotane District Municipality, because of the following reasons: firstly, there is an escalation of reported cases that are referred from various service organizations to the Department of Social Services; secondly the statutory policies alone cannot be the absolute protection for children against sexual abuse; thirdly, as communities seem to ignore their roles in protecting children against this problem. The social workers end up carrying the ultimate responsibility to protect children. An exploratory study was therefore undertaken to investigate how social workers in the Moses Kotane District Municipality intervene in these cases.

It is crucial for professionals to have the necessary knowledge, skills and correct attitude when they intervene in child sexual abuse cases. The study explored the various dynamics that motivate this problem as well as the circumstances that can expose children to the risk of child sexual abuse. Motivation to abuse children in the Moses Kotane District Municipality emanated from the family circumstances, characteristics of the abusive father(s) as well as a lack of community child care resources

The social workers need to have insight in various risk factors of this problem. These may include the circumstances surrounding the child, community factors, societal factors, family factors and the attributes of professionals dealing with child sexual abuse cases. The knowledge of the dynamics and risk factors assists social workers to assess whether the child has been abused and to do risk assessment as well as need assessment of the victims and their families. Such information can assist the social workers to make a safety plan of action regarding the child victims.

It is therefore vital that the social workers identify the nature of case management style through which they render services to sexually abused children. Direct service delivery, which is preferred by most social workers in the agency, and indirect service delivery are the two types of case management styles that social workers can employ, depending on whether they work in a generic social work setting or private child welfare agency.

Although social workers may have the expertise and skill to intervene effectively in child sexual abuse cases, their interventions may be affected by various challenges and result in ineffective service delivery to the victims and perpetrators of child sexual abuse. These challenges may include working conditions that are adverse, community trials of cases of child sexual abuse and unresponsive agency management. Other challenges may include resistance from clients, lack of supervision, lack of training in child sexual abuse work as well as the demanding nature of child sexual abuse work.

Throughout the process of case management the social workers need to liaise and co-operate with the multi-professional team comprising of the police (CPU), medical personnel, the prosecutor(s), a psychologist as well as the family members.

The team may vary from one agency to the other, however, the social worker, police and medical personnel need to be available at all the team meetings. None of these professionals is supposed to assess victims alone, because the assessment should be focused on the social, medical, psychological, legal, physical and material needs of sexually abused children. It is imperative that social workers are aware of how their attitudes, beliefs, emotions, perceptions and feelings affect the effectiveness of service delivery to these children.

The professionals therefore need to be skilled to react responsively and professionally to the victims. Social skills are important for creating worthy client – worker relationships and to enhance accountability in role relationships between the clients and the professionals. By applying interactional skills, the social workers can create a child-friendly atmosphere during intervention, as the social worker can be able to listen empathetically and deal with feelings that surface during the interviews. By applying cognitive skills, the professionals can be in a position to “read” subtle emotions and feelings of the clients and assess the level of their cognitive functioning.

The application of theory in practice is vital during intervention as decisions; judgement and interventions should be professional and not haphazard. The social worker thus needs to have knowledge of the perspectives, theories and models of social work. This study has provided such a framework to guide social workers in managing cases of child sexual abuse.

## OPSOMMING

Die studie oor hoe maatskaplike werkers gevallebestuur van seksueel gemolesteerde kinders doen, is in die Moses Kotane Munisipale Distrik onderneem om die volgende redes. Eerstens is daar 'n toename in die gerapporteerde gevalle van seksuele molestering wat deur verskeie diensorganisasies verwys word na die maatskaplike werkers in diens van Departement van Welsyn. Tweedens bied die statutêre beleid op sigself nie aan kinders algehele beskerming teen seksuele molestering nie. Derdens blyk dit dat van maatskaplike werkers verwag word om algehele verantwoordelikheid vir die beskerming van kinders te aanvaar omdat dit skyn asof gemeenskappe hulle rol om kinders teen seksuele molestering te beskerm, ignoreer. Derhalwe is 'n verkennende studie onderneem om vas te stel hoe maatskaplike werkers in die Moses Kotane Munisipale Distrik dienste lewer aan hierdie kinders.

Dit is essensieel dat professionele persone oor die nodige kennis, vaardighede en regte houding sal beskik wanneer gevalle van seksuele molestering van kinders hanteer word. Met die studie is die faktore wat aanleiding gee tot seksuele molestering, sowel as die omstandighede wat kinders blootstel aan die risiko van seksuele molestering, ondersoek. Daar is vasgestel dat die motivering vir seksuele molestering van kinders in die Moses Kotane Munisipale Distrik gespruit het uit hulle gesinsomstandighede, kenmerke van die molesterende vader(s), sowel die gebrek aan bronne vir kinderbeskerming in die gemeenskap.

Maatskaplike werkers behoort insig te hê in die faktore wat kinders 'n risiko van seksuele molestering kan maak. Hierdie faktore kan verband hou met die omstandighede van die kind, gemeenskapsfaktore, samelewingsfaktore, gesinsfaktore en die kenmerke van die professionele persone wat die gevalle van kinders wat seksueel molesteer is, hanteer. Kennis van die dinamika van seksuele molestering en die risiko faktore van seksuele molestering van kinders, sal maatskaplike werkers in staat stel om te assesser of kinders gemolesteer is en om risiko-assesserings, sowel as behoeftebepalings van die slagoffers en hulle gesinne te doen. Sodanige inligting sal die maatskaplike werker help om 'n veiligheidsplan van aksie vir kinderslagoffers op te stel.

Dit is derhalwe noodsaaklik dat maatskaplike werkers die aard van hulle gevallebestuur styl deur middel waarvan dienste aan seksueel gemolesteerde kinders gelewer word, sal kan identifiseer. Direkte dienslewering, wat deur die meeste maatskaplike werkers in die ondersoek groep verkies is en indirekte dienslewering is die twee soorte gevalle bestuurstyle wat maatskaplike werkers kan gebruik. Die keuse tussen die twee sal afhang van of maatskaplike werkers in 'n generiese of gespesialiseerde opset praktiseer. Alhoewel maatskaplike werkers oor die kundigheid en vaardigheid mag beskik om gevalle van seksuele molestering effektief te hanteer, mag hulle intervensies beïnvloed word deur verskeie struikelblokke wat kan veroorsaak dat oneffektiewe diens aan die slagoffers en oortreders van seksuele molestering van kinders gelewer kan word. Struikelblokke wat deur die respondente ervaar is, is byvoorbeeld onproduktiewe werksomstandighede, gemeenskapsverhore van oortreders van seksuele molestering van kinders en onresponsiewe besture van organisasies. Ander struikelblokke kan die weerstand van kliënte, gebrek aan supervisie, gebrek aan opleiding in die hantering van seksuele molestering van kinders, sowel as die veeleisende aard van die hantering van kinders wat seksuele gemolesteer is, insluit.

Tydens die proses van gevallebestuur behoort die maatskaplike werker deurlopend te skakel en saam te werk met 'n multi-professionele span, bestaande uit die polisie (KBE), mediese personeel, die staatsaanklaer, 'n sielkundige, sowel as die gesinslede van die gemolesteerde kind. Alhoewel die span van organisasie tot organisasie kan verskil, behoort die maatskaplike werker, polisie en die mediese personeel beskikbaar te wees vir alle spanvergaderings. Nie een van hierdie professionele persone is veronderstel om slagoffers alleen te assesser nie, want die assessering behoort toe fokus op die sosiale, mediese, sielkundige, regs, fisiese en materiële behoeftes van seksueel gemolesteerde kinders.

Dit is verder noodsaaklik dat maatskaplike werkers bewus sal wees van hoe hulle houdings, oortuigings, emosies, persepsies en gevoelens die effektiwiteit van hulle dienslewering aan hierdie kinders kan beïnvloed. Professionele persone behoort derhalwe oor die vaardigheid te beskik om met die nodige empatie en professionaliteit te reageer teenoor slagoffers. Met behulp van toepaslike professionele vaardighede kan die maatskaplike werker tydens intervensie 'n kindervriendelike omgewing tydens skep Dit sal die maatskaplike werker in staat stel om empaties te luister en gevoelens wat tydens onderhoude na vore kom te

hanteer. Die toepassing van kognitiewe vaardighede sal die professionele persoon ontvanklik maak vir subtiele emosies en gevoelens van die kliënt en instaat stel om die vlak van hulle kognitiewe funksionering te assesseeer.

Die toepassing van teorie in die praktyk tydens intervensie is noodsaaklike omdat besluite en beoordelings tydens intervensie professioneel moet wees. Die maatskaplike werker benodig dus kennis van relevante perspektiewe, teorieë en modelle van maatskaplike werk wat vir die doel benut kan word. Die studie bied sodanige raamwerk aan wat as riglyne vir maatskaplike werkers kan dien en gebruik kan word om gevalle van seksuele molestering van kinders te bestuur.

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Annexure A: Written request for participation of respondents

Annexure B: Questionnaire for social workers

## **CHAPTER 1**

### **INTRODUCTION**

#### **1.1 MOTIVATION OF THE STUDY**

Cases of child sexual abuse are continually reported to social welfare agencies by Child Protection Units of the South African Police Services, magistrates courts, medical personnel, the Department of Education and concerned community members. The problem escalates irrespective of the casework interventions and preventative programmes that are run regionally, provincially and nationally by the Department of Social Services.

Annual reports from the major referral service offices in the Moses Kotane District Municipality of the North West province reflect an increase of the problem from 1996 to 1999. The provincial statistics of the Department of Social Services also indicate the rising of sexual abuse cases from one hundred and twenty three (123) during the 1996/1997 financial year to two hundred and forty four (244) during the 1998/1999 financial year (Department of Welfare Social Welfare Services in South Africa: Annual statistics 1996/97 and 1998/99).

Different state departments that deal with this problem make efforts towards protecting children against sexual victimization, but no decrease is noted in officially reported cases. Various governments have policies on the protection of children. The United Nations Convention on the Rights of the Child stipulates the right to protection. The Constitution of the Republic of South Africa makes provision for children's rights to protection. Furthermore the Child Care Act (74 of 1983) mandates social workers and child protection officials to protect children. According to Parton and Wattam (1999) the European government commits itself to safeguard children against abuse, but also views communities as having a responsibility to prevent child abuse. According to the North West Provincial Child Abuse Protocol (1996), child protection is everybody's business. In 1999 the Department of Justice established a primary program called Sexual Offences and Community Affairs Directorate of Public Prosecutors, which aims at protecting the rights of

abused children (Majokweni 2000:5). Life skills programs are run in schools to educate children about child sexual abuse. While Acts of parliament and different policies declare the protection of children against any form of abuse, the problem of sexual victimization continues unabated. Communities seem to neglect their role to prevent child sexual abuse and to protect children as the latter are molested in their own homes, play areas and recreational places.

Cooper and Ball (1987:10) state that social service departments carry the ultimate responsibility to protect children from all forms of abuse and to ensure their safety. Social workers therefore have key powers and duties to protect children according to civil law (Corby, 1998). Given the fact that social workers have such a binding legal, clinical and moral responsibility, fewer empirical studies seem to have been done with regard to how social workers manage cases of child sexual abuse. While statistical trends mentioned above indicate the likelihood of a continued increase of the problem, and policy seems not to be the absolute means of protection one might question the extent to which social workers are equipped to intervene in child sexual abuse cases. It is also not known if they have the necessary knowledge and skills to provide services to the victimized children.

The social worker needs to have theoretical and practical knowledge of the process of case management. Because the insight into and expertise about what ought to be done when a sexually abused child comes to their attention, increase their ability to meet the needs of the victimized children and their families. Fouche and Delport (1997) highlight that theory has to be applied to practice, as no professional intervention is possible without a theoretical knowledge about the process of intervention.

Clarke-McCleod and Coughlan (1995) ascertain that through theoretical knowledge, social workers intervening in child sexual abuse cases are in a position to make informed decisions and clear practical choices. Therefore the plan of action they embark on would not endanger the victimized person's life or perpetuate the problem. This theoretical frame of reference is complemented by a study conducted by Johannesburg Child Welfare Society in their generic social work component in 1998. Their investigation results revealed that

intervention plans that were implemented were not in the best interest of the child. These components may reflect an approach generally used by most agencies rendering generic social work services, including those in Moses Kotane District Municipality. It would therefore be necessary to investigate how social workers at this service point intervene in cases of sexually abused children.

During intervention the social worker has to assess if the child has been sexually abused or not. As a case manager he/she needs to have knowledge of the dynamics, risk factors and consequences of the problem. These will be discussed in chapter 2 of this study. Such information would assist social workers to gather knowledge of the circumstances of significant people and the life situation of the victim so as to assess whether the child is safe or not. The social worker would thus use the information to explore resources, strategies, support and the overall functioning of the victimized family (Kirst-Ashman & Hull 1993; Rothman 1994:71-80).

Sexually abused children are often vulnerable and thus need care and support as they are usually subjected to interviews by different professionals. Muller (2000:13) states that these children are often exposed to accusatorial environments that create distress for them. Because of the complex nature of the sexual abuse problem, the victim often does not disclose the abuse. Social workers therefore have to have skills to recognize feelings and emotions, as well as to gather and process the little information they receive (Middleman & Wood 1990:45; Fontana 1990 & Elsdon 1998). Joyce (1995) asserts that social workers need the ability to observe the symptoms of molestation, especially in cases of non-disclosing children whose personalities may have been impaired by the sexual abuse. They have noted that a sexually abused child often manifests with consequences that have severe long-term effects on childhood development and later adulthood functioning (Daldin, 1988; Browne, Davies & Stratton 1998). Rudd and Herzberger (1999) maintain that, if social workers have the necessary knowledge of the various effects of child sexual abuse they will be equipped to assess whether the child is abused and be able to link him /her to appropriate resources.

According to the North West Child Abuse Strategy (1996), as child protection is everyone's business different stakeholders have to take responsibility to protect children against sexual abuse. Rothman (1994:74) indicates that the social worker is not the only official who is supposed to assess sexually abused children. A concerted effort of a multi-professional team is therefore needed. Austin and McClelland (1996), Batty (1991:25) and Loffel (2000) suggest that a team comprising different disciplines should adopt a holistic approach to assess the alleged sexually abused children. The assessment should take place in a case conference held by the team members who would use their expertise to assess and draw up a plan of action (Corby 1998:164). During a case conference it would be necessary for the team members to know one another's role. These will be discussed in chapter 3. Corby (1998) further suggests co-operation amongst different agencies as well as proper referral systems and support of the victims and their families. As social workers assume the role of brokers they thus require knowledge of different resources to which they can refer the sexually abused children for appropriate services to meet their needs (Kirts-Ashman & Hull 1993: 495).

Social workers need to have the necessary knowledge and skills and the correct attitude when rendering services to sexually abused children, families and perpetrators. During intervention social workers should be aware of their own feelings, emotions and attitudes and how these influence the professional relationship (Fontana 1990:8-13). They need to portray acceptance and be non-judgemental so as to create a trusting client-worker relationship. Eldson (1998) emphasizes that self-awareness is central when working with youth and children.

The South African Social Workers Code of Ethics expects social workers to uphold professional values and have respect for human dignity. Loewenberg, Dolgoff and Harrington (2000:125) mention that social workers often have to make ethical and moral decisions and judgements. Different studies by De Kock (2001) and Gore-Felton, Arnow and Koopman (1999:88) maintain that professional judgement may be influenced by a practitioner's beliefs, backgrounds, characteristics, motivations, personal perspective and ideas. The authors suggest that research should be done on mental health practitioners or

service providers (including social workers), on how their attributes affect their professional judgement. It is important for social workers to be conscious of what motivates their decisions. Peltzer and Phaswana (2000) add that social workers usually use their own discretion and professional judgement to report cases of child sexual abuse. Personal perspectives and skills of social workers may influence the manner in which they intervene in child sexual abuse cases. Intervention plans may therefore differ from one social worker to the next, as their skills differ. It is therefore important to gain insight into skills needed by social workers in managing cases of child sexual abuse. These skills will be dealt with in chapter 3 of this study.

Although the required knowledge, skills and correct attitude can be applied during the process of case management, practitioners may be faced with different challenges that could hamper facilitation of effective service delivery to sexually abused children. Challenges may emanate from various sources. Corby (1998:148) mentions that some challenges may result from confusion about who decides what effective service delivery is depending on whether it is the politicians responding to the public, managers of social work services, or service users or frontline social workers). Other challenges may result from agency governance, and the nature of the problem itself.

Given all the different concerns mentioned above, it would be necessary to investigate the ways in which social workers in Moses Kotane District Municipality intervene in cases of child sexual abuse. The South Africa Council for Child and Family Welfare (1988) asserts that social workers need to have guidelines for managing child sexual abuse cases. Loffel (2000:10) further mentions that child protection work needs a clear theoretical framework, policies on procedures and protocols when dealing with child sexual abuse.

The information obtained from this research will be used to create awareness of how social workers use their experience of practice and their theoretical knowledge in assisting sexually abused children. The study will also equip social workers with more insight in knowledge, skills and attitudes they need when intervening in child sexual abuse cases. Sheafor, Horejsi and Horejsi (2000:89) state that an eclectic approach on perspectives,

theories and models for formulating a practice framework could be used during the process of case management. This study proposes to provide such a framework.

## **1.2 AIMS OF THE STUDY**

The aim of the study is to provide theoretical and practical guidelines for social workers for the management of sexually abused children.

The following objectives will be used to achieve the aim of the study:

- To describe the dynamics, risk factors and consequences of child sexual abuse.
- To explain the knowledge, skills and attitudes needed by social workers for the management of child sexual abuse cases.
- To investigate the nature of the knowledge, skills and attitudes of the social workers in the Moses Kotane District Municipality when managing cases of sexually abused children.

## **1.3 DEFINITION OF CONCEPTS**

### **1.3.1 Management of a case**

Case management is an approach that attempts to ensure that clients' needs receive timely and appropriate attention. It involves assuming ultimate responsibility to link clients to the best possible resources that are appropriate to their needs, as well as to monitor and evaluate progress.

### **1.3.2 Assessment**

Assessment is the collecting of data about the clients and their environment. It is a way through which the social worker reflects understanding clients' needs and problems and determining the interrelationship between the biological, psychological and socio-cultural factors. By so doing the social worker develops a goal-oriented plan on which intervention can be based. The purpose of this process is to enhance the social functioning of the concerned individuals and families. It is thus important to understand them in terms of who they are, their strengths and weaknesses and how best their needs can be met (Encyclopedia of Social Work 1987).

### **1.3.3 Child sexual abuse**

The Encyclopedia of Social Work (1998) states that child sexual abuse occurs when a child is five years, or more, younger than a person (usually an adult) who engages in sexual acts with him/her. The situation is abusive as coercive or non-consenting involvement prevails due to the child's lack of emotional, cognitive and physical power to say "no" to the sexual act.

### **1.3.4 Dynamics**

The Longman Dictionary of Psychology and Psychiatry (1994) explains dynamics as forces that motivate attitudes, actions, symptoms or mental disorders. These forces may include biological needs such as sex and hunger, wishes, drives, emotions and defence mechanisms. A dynamic approach therefore involves tracing the origins of behaviour such as sexual abuse and offering explanations for such behaviour.

### **1.3.5 Risk factors**

Van der Mey and Neff (1986) view risk factors as visible signals which suggest that sexual abuse might be occurring in a given family or setting. These factors can alert concerned people to suspect and recognize sexual victimization in children. Risk factors can therefore expose children to sexual abuse.

## **1.4 DELIMITATION OF THE RESEARCH**

The study was conducted in two social work offices that provide services in the Moses Kotane Municipality District in the North West Province. The offices are the only referral points for social work services in the Municipality District, which is comprised of seventy-two rural villages, two townships and hotel staff villages. It was appropriate to do the research in these areas as social workers are available and agreed to participate in the study. Cost-effectiveness and proximity have been considered as issues that would make the study feasible. The target group is the thirteen social workers that render generic social work services that include intervention into sexual abuse cases. The study will not be feasible with the larger population regionally or provincially due to high financial costs.

## **1.5 RESEARCH METHODOLOGY**

### **1.5.1 Research design**

The researcher will undertake an exploratory study. According to Mouton and Marais (1990: 43) this type of study is used to gain insight into a research topic. The authors agree with Grinnell (1988:136) that an exploratory study uncovers information on a phenomenon of which very little is known to the researcher.

### **1.5.2 Research methods**

De Vos (1998:71) states that the research process can be approached from a quantitative or qualitative perspective; alternatively both methods can be combined. According to Grinnell (1998:189) a quantitative research method uses surveys, structured interviews and questionnaires. The qualitative method relies on purposeful conversation and participant observation. The researcher used both qualitative and quantitative methods for the purpose of this study. Questionnaires were administered to the thirteen social workers. They were delivered personally to the participants, and the researcher availed herself when the questionnaires are administered so as to make observations and clarify issues when a need arises. The questionnaires were collected afterwards. Consent for voluntary participation was obtained through verbal requests followed by written requests to each participant, and confidentiality will be ensured.

### **1.5.3 Sampling**

Arcava and Lane (cited by De Vos 1998:190) refer to the universal sample as all potential subjects who have attributes that the researcher is interested in. All thirteen social workers in the Moses Kotane Municipality District were included in the sample.

## **1.6 DATA PROCESSING PROCEDURE**

In this study tables, graphs, figures and averages will be used to present the findings of the research.

## 1.7 CONTENTS

The remaining chapters of the thesis will present the following information:

- **Chapter 2** studies the dynamics, risk factors and consequences of alleged child sexual abuse.
- **Chapter 3** focuses on the knowledge, skills and attitudes needed by social workers in the management of child sexual abuse.
- **Chapter 4** is based on the empirical study of the knowledge, skills and attitudes displayed by the social workers in Moses Kotane Municipality District when managing cases of sexually abused children.
- **Chapter 5** contains conclusions and recommendations.

## **CHAPTER 2**

### **THE DYNAMICS, RISK FACTORS AND CONSEQUENCES OF CHILD SEXUAL ABUSE**

#### **2.1 INTRODUCTION**

Social workers often have to intervene in cases of child sexual abuse. Often they do not have the necessary formal training regarding the dynamics and nature of this phenomenon (Walker 1988). This chapter will present an overview of the different factors, issues and dimensions that are basic to professionals' understanding of the causes and effects of child sexual abuse.

The study will investigate child sexual abuse in its general terms, as no specific differentiation will be made between intrafamilial and extrafamilial sexual assault. Children referred to in this study include both males and females between the ages of zero to eighteen years as the age stipulated for a child by the Child Care Act 74 of 1983. Sexual abuse dealt with in this study involves physical and non-physical contact of a sexual nature, between children and adults as explained in the definition of concepts in chapter one. Much emphasis will be placed on the child as a victim of sexual abuse perpetrated by both related and unrelated persons.

#### **2.2 THE DYNAMICS OF CHILD SEXUAL ABUSE**

There are several kinds of dynamics that may account for sexual abuse of children. The professional should have an understanding of the various underlying factors that motivate perpetrators to abuse in order to assess all circumstances that may perpetuate the problem. Bolen (2001) and Van der Mey and Neff (1986) mention family factors, personality problems of the offender, father and mother characteristics, child circumstances, environmental/community factors and societal factors as major dynamics of child sexual abuse. These dynamics will be discussed below.

### **2.2.1 Family dynamics**

The first kind of dynamics that social workers should be informed about is family dynamics. Goldman and Gargiulo (1990:217-218) explain that circumstances prevailing in a family can act as dynamics that influence sexual abuse of children to occur. Traditionally families are expected to care for and protect their children against sexual abuse; however pathological behaviour within the family may expose children to sexual abuse. Literature by Ntobela (1992), Van der Mey and Neff (1986), Bolen (2001) and Walker (1988) indicate that, if families experience instability, are unbalanced, and have unclear power structures, the potential for child sexual abuse increases. The problem sometimes is a matter of circumstances and opportunities prevailing in a family (Van Mey and Neff 1986). An outline of different family dynamics will be addressed in the following section.

#### ***2.2.1.1 Reversal of family role relationships***

Even though each and every family adapts to roles generally defined by society, some sexually abusive families may have triangulated role relationships between the parents and victimized children (Bolen 2001). Often the daughter involved in incest assumes the role of wife or mother and primary caregiver in the family. Goldman and Gargiulo (1990:212) found that she may also act and behave in an inappropriate way towards the opposite sex parent. Changed role relationships may isolate the mother from the father, thereby allowing the father and daughter a chance to engage in sexualized ancestral relationships.

#### ***2.2.1.2 Parental incapacity***

There are various factors that can incapacitate parents to execute their roles in protecting their children, thus exposing them to sexual abuse. Nash and Frazer (1998) and Van der Mey and Neff (1986) are of the opinion that lack of parenting skills can let parents allow their children to engage in unmonitored movements and play. Stress within the family can incapacitate parents to attend to the needs of their loved ones. The inability to cope with stress may gradually detach parents emotionally from each other and create a chance for the deprived partner to seek intimacy from the child. The stressful parent may also find it difficult to exercise supervision of his/her children, as much attention would be focused on the stresses experienced.

### ***2.2.1.3 Sexual dysfunction of spouses***

An unresponsive sexual relationship between the spouses may result in strained intimacy. In some instances frigidity of the wife may encourage incestuous father-daughter relationships. An unloving and unfulfilling relationship between spouses can thus encourage parent(s) to turn to children for emotional satisfaction and to expect love from them as though they were adults (Le Roux 2000: 38).

### **2.2.2 Offender characteristics**

The characteristics of the offender can influence him/her to be sexually attracted to children. Social workers require knowledge of the dynamics that motivate perpetrators to assault children sexually. It is of importance for social worker to have insight in the profile of the abusers because offenders often need professional intervention (Goldman & Gargiulo 1990). The South African Council for Child and Family Welfare (1988) maintains that professionals who have the knowledge of the types of offenders and their motivation are in a better position to assist perpetrators of child sexual abuse. The South African Council for Child and Family Welfare (1988) refers to several theories that perceive sexual abuse motivation on the bases of various approaches, namely:

- Emotional congruency theories according to which offenders are emotionally immature, hence they choose children as sex partners
- Sexual arousal theories that regard adults as being aroused sexually by children.
- Blockage theories that maintain that the offender has an intense conflict with his/her mother (e.g. desertion) and therefore fails to relate to women or to his wife. Usually the husband blames his wife for an unresponsive sexual relationship. Subsequently he chooses children as sexual partners.
- Dis-inhibition theories according to which child sexual abuse is caused by alcohol and drug abuse.
- An all-inclusive model that regards sexual abuse as a multifaceted problem caused by an interaction of a multiplicity of different factors.

It is now necessary to investigate the personal problems and characteristics that motivate offenders to perpetrate sexual abuse.

Different offenders may have varying motivations to abuse children sexually. The knowledge of the approaches that explain offender motivation is important for social workers to base their assessment on.

#### ***2.2.2.1 Personal problems of the offender***

Goldman and Gargiulo (1990) identify psychopathology as a factor that can precipitate child sexual abuse by the offender. A person who has low self-esteem may find it difficult to create intimate adult relationships. Van der Mey and Neff (1986) conclude in this regard that offenders with this problem have an option to have extramarital or other love relationships, but still resort to abusing children sexually or sometimes couple the abuse with bestiality. However Goldman and Gargiulo (1990) argue that offenders of child sexual assault are usually found to be young heterosexual males with no psychopathological problems nor frustrations, who are not insane and often are known to the child. Victimization therefore appears to be perpetrated by offenders with or without psychopathological behaviour. The following characteristics are motivations that influence the perpetrator to abuse children sexually.

#### ***2.2.2.2 Perpetrator motivation by type of sexual assault***

There are several factors that can motivate different types of sexual victimization of children. The behaviour of the abuser can determine the nature of sexual abuse he engages in, as will be outlined below.

##### **(a) Incidental sexual abuse**

Incidental sexual abuse happens when the parent abuses his/her role to care for the children by infringing on their privacy in order to satisfy his/her sexual desires. According to Van der Mey and Neff (1986), the parent in this category diverts his/her general` sexual curiosities and sexual impulses towards their children. Such parents often channel their impulses through activities such as keen interest in bathing the opposite sex child, which may arouse him/her sexually and result in victimization. Inappropriate touches and kisses of a child by an adult may signal a wish or intention to abuse the child. By exploring and observing minor daily activities such as “who bathes the child” the professional can probe

for information that can trigger memories that can lead to disclosure of possible sexual abuse.

**(b) Ideological sexual contact**

Ideological sexual contact is when one parent encourages the other to have sexual contact with the child as part of childhood development without intending to harm the child (Van der Mey & Neff 1986). As a result the offender may regard him/herself as a “taker” who only takes what he/she wants (sex) from the child, according to Gilgun (1994).

**(c) Imperious sexual abuse**

Imperious sexual abuse occurs when the perpetrator uses sexual victimization to meet his need to feel powerful.

Research by Dziuba-Leatherman and Finkelhor (1994) and Van der Mey and Neff (1986) maintain that an intense desire to feel powerful characterizes imperious sexual abusers. Usually the offender is thrilled by being in total control and manipulation of people around him or her. Dziuba-Leatherman and Finkelhor (1994) state that the offender regards him/herself as a conqueror. The parent (especially the father) can be extremely authoritative. According to Van der Mey and Neff (1986) such parent(s) may view themselves as religious and righteous fathers who possess power over everybody. In extra-familiar relationships, these offenders use their power and social status to offend. They may seduce their targets by giving them what they want so as to get sexual contacts and gratification from them. By understanding how power is shared within family relationships one can be alerted to potential sexual victimization of children. It would also be necessary to understand the relationships of children with the authority figures in institutions outside the family, when social workers probe for the possibility of victimization.

**(d) Paedophilic sexual abuse**

Paedophilic sexual relations emanate from the offender's preference to have sexual intercourse with children for various reasons (Van der Mey & Neff 1986). Sexual victimization can involve violence, non-violence, or fatality of the child. However non-

violence does not justify the offence, because sexual abuse is traumatic to the child. Daro as cited by Schutte (2000:8) states that the problem has devastating effects on the victim. Paedophiles may perceive their victims as a lover, playmate or soul-mate (Gilgun 1994).

- **Lover**

When the victim is perceived as a lover the abuser appears to be infatuated with the child and feels that he/she has a meaningful love relationship with the child. The offender thus perceives such a relationship as gratifying and mutually helpful. He /she then disregards the child's emotions and feelings and right to protection during the perpetration.

- **Playmates**

The situation in which the offender acts as a playmate usually occurs when a male offender perceives himself as a "kid again". He regresses to the childhood stage and feels like an emotionally deprived child. Due to low self-esteem the abuser fears to be comforted, reassured or accepted as a "deprived child". Such insecure feelings are based on the fear that society may not view and regard him as "man enough". Consequently he chooses children as sex partners and playmates.

- **Soul mates**

The victim is regarded as a soul mate when the perpetrator views him/herself through the child by projecting part of his or her personality onto the victim. He would thus see the victim as "looking like him /her" during childhood i.e. how he/she used to feel, act, behave and how he/she generally presented him/herself. The abuser then develops sexualized behaviour with the child and interprets such acts as comforting to the victim (who he views as deprived). In their frame of reference, these types of paedophiles satisfy their sexual drives in a way they regard as friendly although it is experienced as traumatic by the child.

**(e) Misogynous sexual abuse**

Another type of sexual molestation of children is misogynous sexual abuse, which is directed at females by men. The offender might have a pathological hatred for women (Van der Mey & Neff 1986). He might have experienced a history of some form of abuse by a

female figure. As childhood experiences of how relationships are formed can shape the way offenders view and interpret future adult-child relationships, this offender may displace his anger towards females. In a family relationship a misogynous father views his daughters as his own objects that he can abuse when he deems fit. Gilgun (1994) regards this type of abuser as an avenger who harbours ill feelings and hatred for females. Revenge becomes a motive for child rape to satisfy the anger against the individual or group that the abuser hates. The unresolved anger in some men and their childhood hatred towards females might become present-day sources of sexual victimization of the girl child.

**(f) Perverse sexual abuse**

The perpetrators of perverse sexual victimization exploit children through pornography and force the latter to engage in bizarre sexual activities, which fulfil their intimate fantasies (Van der Mey & Neff 1986). The behaviour and interest of some adults in child pornography may thus indicate the potential to abuse children sexually. According to Cooper and Ball (1987) it is therefore necessary to consider the way in which men and their colleagues discuss sex at work and read phonographic magazines, as it may indicate sexually abusive behaviour towards children.

**(g) Psychotic intrusion**

Research by Van der Mey and Neff (1986:54-55) and Goldman and Gargiulo (1990) reveal that it is very rare for children to fall prey to sexual abuse by psychotic offenders. These scholars believe that victimization usually occurs whilst the perpetrator is mentally healthy and able to account for his/her actions. Therefore the abusers are usually conscious of the sexual assault that they plan and implement.

**(h) Rustic environment incest**

Bolen (2001) cautions that there is no community that can be regarded as safe from child sexual abuse, as children are often molested in their neighbourhood and any other place where they might find themselves. So, the stereotype that confines incest to rural backwards areas, may expose children in other areas to potentially unnoticed risks of sexual

victimization. Van der Mey and Neff (1986) state that no society sees incest as normal, so the problem cannot be demarcated to specific geographical areas.

From the above discussions it should be noted that offenders might be related or unrelated to the child and have more than one motive to abuse the child. The reason for the abuse may be explorative, revengeful, power-driven, or “emotionally positive” for the perpetrator, to satisfy unmet needs of the offenders.

### **2.2.3 Father characteristics**

Certain characteristics of the father can motivate him to engage in child sexual abuse. These may include authoritarianism, a history of sexual abuse, the desire to feel powerful and the need to address psychological needs. These will be dealt with next.

#### ***2.2.3.1 Authoritarianism***

The first dynamic that can motivate the father to be sexually abusive towards his children is being extremely authoritarian. According to Gilgun (1994) he may tend to abuse his authority and intrude into every family member's affairs. Subsequently each member accepts the father's duty to define roles for them including, children's roles to be his sexual partners. Often, he may restrict the daughters' freedom and sexually abuse them. Family members often remain submissive without questioning the father's unacceptable behaviour.

#### ***2.2.3.2 Childhood sexual abuse history***

Another dynamic may be the father's own childhood history of sexual abuse. Sexually abusive fathers may originate from emotionally deprived and abusive family backgrounds. These circumstances can lead them to lack compassion for other people including their children. According to Goldman and Gargiulo (1990), twenty percent of the adult sexual offenders have a history of juvenile victimization or have committed a sexual offence during adolescence. Research by Van der Mey and Neff (1986) and Goldman and Gargiulo (1990) regard childhood sexual abuse as a potential risk that could lead to victimization later in adulthood. The probability suggests that boys who are sexually victimized are

potential sexual abusers later in their lives, or can learn the deviant sexual behaviour later in their lives.

### ***2.2.3.3 The desire to feel powerful***

Sexually abusive fathers may have an unmet need and desire to feel powerful. Often they lack status to meet such a need. According to Bolen (2001) the father may use sex and violence as tools to rule other family members, thereby satisfying his desire to feel powerful. William Finkelhor (1994) as cited by Bolen (2001) states that men who are not adequately masculine are at risk of abusing children, as they may not perceive themselves to be as competent as more masculine men. The need to feel powerful is a highly esteemed human need. Offenders may therefore overpower the less powerful through sexual assault to gain self-confidence and self-esteem.

### ***2.2.3.4 The desire to address psychological needs***

The last characteristics of sexually abusive fathers is a desire to address psychological needs. The perpetrator may not only use sex to attain sexual satisfaction but can use it to address current psychological needs. According to Van der Mey and Neff (1986) and Goldman and Gargiulo (1990) a need for competency, adequacy, recognition, status and identity, as well as problems such as inadequate coping skills, unmet emotional need and poor impulse control are just some of the characteristics of many abusive fathers. They may assault children sexually to meet and to sustain these innate needs. Therefore it becomes difficult for the father to quit the abuse. Usually the offender may have a wish for immediate sexual gratification to feel good. Subsequent to the sexual satisfaction he may experience guilt that he may try to resolve by sexually assaulting an available victim. The cycle of victimization resultantly continues for as long as the psychological needs are addressed in this way. It should be noted, however, that not all fathers who manifest these problems or have the above-mentioned needs, are necessarily sexual abusers. However, the said attributes may expose the father to the risk of victimizing children sexually. The above-mentioned characteristics are some of the dynamics of the father. The social workers should also know about the different dynamics of the mother that can motivate child sexual abuse.

#### **2.2.4 Dynamics of the mother**

It is important for social workers dealing with child sexual abuse to understand that the mother has a role to play in influencing child sexual abuse directly or indirectly in the following ways:

##### ***2.2.4.1 Collusiveness***

One of the factors that can stimulate child sexual abuse to occur in a family is the collusiveness of the mother to a father-child sexual relationship. Sometimes the mother may turn a “blind eye” to the abuse. According to Van der Mey and Neff (1986) the situation where the mother is aware of sexual abuse is common. The authors also mention that the mother might often encourage the sexualized relationship in various ways e.g. walking nude in the family house, discussing parental sexual intercourse with the child or allowing him/her to witness parental sexual activities. Rudd (1999:919) is of the same opinion and explains that the collusive mother may assume the role of a lynchpin in keeping the family together. Rudd (1999) further explains that usually the fear of losing the husband’s emotional and financial support can cause the mother to disregard the perpetration. The mother can be passive or ignore the sexual abuse perpetrated within the family, or have heterosexual and homosexual relationships with her daughters and sons. If the mother allows sexual victimization of the children by their father to thrive, the problem consequently becomes a way of life as both parents maintain the abuse.

##### ***2.2.4.2 Maternal absence and ill health***

A second dynamic that might motivate sexual victimization of children is the absence of the mother from the family for long periods or if she suffers from ill health. According to Rudd (1999) and Van der Mey and Neff (1986) the mother can be physically absent and thus unable to care for and supervise activities and movements of her children. It is during this absence that children become vulnerable to victimization, as the potential perpetrator, who seems to substitute her roles, may abuse their need for love and attention. Generally mothers are not participants in these sexual offences as they are usually not present when victimization occurs.

Distress experienced by the mother can contribute to her emotional absence, which disengages her from her family. The father therefore takes care of the primary childcare roles, and this arrangement further distances the mother psychologically from the children. Such a rift creates an opportunity for the father to sexualize the child-father relationship (Hobbs & Hobbs 1990; Goldman & Gargiulo 1990).

Maternal ill health can also contribute to the problem as it renders the mother powerless to protect her children and exercise control over them. As a result self-care by the children expose them to risk as they may fall prey to sexual abusers (Van der Mey & Neff 1986). A child whose mother is susceptible to ill health or is frequently absent from home for long periods of time is deprived of the primary care and protection he/she deserves, and thus may attract perpetrators of sexual abuse.

#### ***2.2.4.3 History of abuse***

A history of childhood sexual abuse of the mother is another possible motivational factor for adulthood victimization (Goldman and Gargiulo 1990). The past abuse may create sexual dysfunctioning of the mother. She could experience unfulfilled intimate relations with her husband or partner. This dissatisfaction might resultantly influence incestuous mother-child relationships (Van der Mey & Neff 1986). Although victimization history does not guarantee second-generation abuse by a parent, potentiality increases that the mother could be sexually abusive.

It might not always be possible to notice that sexual abuse is perpetrated through the above-mentioned dynamics in the parent-child relationship, because the motive to abuse may be too subtle to alert outsiders that victimization is occurring. It is therefore important to discuss observable circumstances that may warn of the likelihood of possible sexual abuse. These risk factors of child sexual abuse, which the social worker should be aware of, are discussed below.

## **2.3 RISK FACTORS OF CHILD SEXUAL ABUSE**

Sexual abuse is difficult to detect outside a clinical setting, as victims are often reluctant to disclose the abuse and expose the indicators of the problem (Goldman & Gargiulo 1990; Bolen 2001). As a result, any available clues should give rise to suspicion that the child might be at risk of abuse. It is important to note that these suspicions may be right or wrong, yet if they are right they may save a life or stop the child's ordeal. Bolen (2001) mentions that risk can be motivated by social constraints from the environment in which the child and his/her family live. It is therefore necessary to understand the victimized children's circumstances in relation to their ecological background. The interaction between and amongst the child and other systems such as family, community and society as well as attributes of professionals, may either pose as potential risk or act favourably to protect the child against abuse. Observing and taking into account these circumstances, can alert service providers and community members to the risk of victimization. These risk factors will now be discussed.

### **2.3.1 Family risk factors**

Several features of a family life which suggest that sexual assault might occur may include parental alcohol abuse, family structure, dysfunctional relationships, and overcrowding, (Goldman & Gargiulo 1990; Van der Mey & Neff 1986). Family problems as observed by Cooper and Ball (1987), could be understood within an etiological approach, which regards this phenomenon as a reflection of pathology within the family or individuals. Therefore a need to cure the pathological behaviour becomes an objective for curbing re-victimization.

#### ***2.3.1.1 Alcohol abuse***

Excessive parental alcohol consumption was found by various research studies to be a risk to child sexual abuse, whilst others found it not to be (Corcoran 1998; Goldman & Gargiulo 1990). Scholars who dispute alcohol abuse as a risk factor argue that perpetrators of this problem use substance abuse as an excuse and a factor to avoid accountability for the offence. Stuart and Sundeen (1991:600), however, mention that alcohol intake can result in impaired judgement and interfere with the persons bio-psychosocial functioning in normal daily activities, including childcare and protection. Given the two scenarios, which have

been explained, it would seem reasonable to expect excessive alcohol consumption to stimulate “deviant behaviour”, including child sexual abuse. Some child sexual abusers may regard substance abuse as a scapegoat for their behaviour. Alcohol abuse in particular may also predispose a person to sexual victimization if consumption is used to alleviate and address such psychological concerns as unmet emotional needs and feelings of inadequacy. Resultantly when he/she is under the influence of alcohol the abuser would feel in control of and justified to satisfy his biological drives including sex with a child, as he/she might fear adults.

### ***2.3.1.2 Family structure***

Another risk factor that could lead to child sexual abuse is the way a family is structured. Bolen (2001) notes that the family’s socio-economic circumstances after parental separation or within marriage can precipitate child sexual victimization. The separation of the parents *per se* has not been found to be a risk to sexual abuse (Bolen, 2001). The child’s stay with both natural parents in a marriage setting becomes a protective factor as their financial means or family composition would make it possible for them to afford or arrange appropriate childcare for their children. The marriage breakdown may force the mother to seek or remain in gainful employment. An individual income and the obligation to work, as well as the mother's absence from home may cause financial constraints. As a result the mother may seek informal day care services for her children, which might expose them to a risk of victimization. Reconstituted families where children live with stepfathers may be a risk factor, as the stepfather may regard them as sexual partners or as an extension of their mother.

This discussion is not meant to suggest that all children in single parenthood families resulting from separation, or living with non-biological fathers are vulnerable to sexual victimization. This argument is based on the contention that financial means in some divorced families may far exceed joint marital income to cater for proper formal childcare services. Furthermore, not all stepfathers in reconstituted families can be regarded as potential sexual abusers, as more investigations are needed to prove their risk level.

### ***2.3.1.3 Dysfunctional family background***

A dysfunctional family background can also be a risk factor. Even though disharmony occurs within each and every family, its members might not be skilled to resolve their problems in a meaningful way (Le Roux, 2000:37). Marital conflict within a family may result in psychological distance and emotional separation between husband and wife. Lack of an intimate relationship and mutual attention between them could thus influence the sexual relation between parents and children (Hobbs and Hobbs 1990).

### ***2.3.1.4 Overcrowding***

Another risk factor for child sexual abuse is overcrowding. Overcrowded homes often lack privacy as children might usually witness parental sexual relations. Parental sexual activities may unintentionally be role-modeled to children in the family. Subsequently the children may enact sexual behaviours learned in this way and their actions might attract potential abusers. Goldman and Gargiulo (1990) mention that the father and daughter's sharing of the same sleeping quarters can also increase the risk of victimization. As there is no privacy for children or teenagers regarding activities such as bathing and walking nude in the over-crowded home they might indirectly become "objects" for adult sexual arousal. Consequently sexual victimization may occur. There is a positive correlation between child sexual abuse and the size and type of house, as well as the number of people living in the home (Pruent-Marumo 1992:56).

### ***2.3.1.5 Family isolation***

The last factor that is considered to increase the risk of child sexual abuse is physical and psychological isolation of a family. Le Roux (2000:38) and Van der Mey and Neff (1986) maintain that geographical isolation of the family from the rest of the community can motivate sexual victimization. Such isolated families usually do not allow family members to engage in social interaction with the rest of the community, and they often experience pathological dependence. This cohesion and isolation prevents information concerning the sexual abuse within the family from being communicated to the external social environment. Hence victimization may thrive over a number of years.

Isolation can also be psychological. Parents may experience loneliness in the marriage and become psychologically distanced. Such distancing can gradually cause them to avoid intimacy and make them drift apart emotionally. In order to satisfy their basic need for sex they might use children as sex partners, as their relationship is characterized by a lack of connectedness. By knowing various problems experienced within the family, social workers might have factual suspicions that indicate a risk of sexual victimization.

### **2.3.2 The child risk factors**

As the child is of central focus in this study it is important for social workers to know whether and how a child's characteristics could result in risks of sexual abuse. Bolen (2001) and Goldman and Gargiulo (1990) say that the child's characteristic(s) in itself is not a risk factor, but the interaction between the child and environmental factors may be a potential risk. These factors include the developmental history of a child, his/her availability, attractiveness and vulnerability; and the age of the child. Attention will now be focused on these characteristics of a child.

#### ***2.3.2.1 Developmental history of the child***

One of the conditions that may place the child at risk of sexual abuse is a distressing development history. According to Bolen (2001) the stress in the present and past life of the child, e.g. previous sexual abuse, multiple losses and hardships, can affect the child's need to belong. If the distressed child does not receive love, care, affection and attention he/she may experience emotional emptiness. People who seem to be fulfilling such unfulfilled needs may attract the child. An opportunity is thereby created for a potential abuser to molest the child as his/her prey. Therefore high risk prevails for distressed children who need to be cuddled and loved, as their emotional needs may be mistaken for a wish to have sexual relations, or could be regarded as arousal objects.

#### ***2.3.2.2 Availability, attractiveness and vulnerability***

Another condition that may expose the child to risk of victimization is the fact that the child is available when the abuser wants to commit the sexual assault. The child may be attractive to the abuser or appear vulnerable at the time when the abuser is searching for a target

(Bolen 2001). Usually the abuser may choose the child who looks pretty or handsome to him/her. Alternatively he/she may look for a child who seems to be excluded from the rest of the group and appears vulnerable. Schutte (2000:9) states that perpetrators seek out those children who are lonely, troubled or passive as the perpetrators might rely on the child to keep the secrecy of the sexually abusive relationship. Parents need therefore to be aware that the “safe” environments in which their children play, e.g. play grounds, parks, family yard surroundings, may be under the “spotlights” of potential sexual offenders who are out to get their prey.

### ***2.3.2.3 Age***

The age of a child is also a condition that may be regarded as a risk factor. The younger stages of childhood project a sense of innocence and being unaware of risky situations. During pre-school age children often explore their bodies and want to know more about sex-related matters. Such curiosity can expose them to victimization as sexually abusive adults may misinterpret their curiosity for being sexually matured, or they might entice the exploring children into a sexual trap.

Bolen (2001) says that it is during elementary school years that children become more independent from their families and get attached to their peers. They experience a need to explore, especially through play. According to her, play is a natural and appropriate way towards childhood development; however younger children lack capability and are too naïve to detect potentially dangerous surroundings and situations. Therefore, they may fall prey to sexual victimization. Trudell and Whatley (1988) and Walker (1998) mention that about 60% of sexual abuse victims in the USA are under the age of twelve years when victimization first starts. The younger age therefore makes children susceptible to victimization, as their judgement cannot readily detect risk of abuse.

Having discussed the various characteristics of family members with regard to potential risk it is also vital to know how other people, except family and unrelated offenders, can prove a risk. Attention will now be focused on how professionals can contribute towards the risk of child sexual abuse.

### **2.3.3 Attributes of professionals**

Social workers who render services to sexually abused children need to know how their personal attributes can increase sexual abuse risk for the children they are required to protect. Unknowingly, these attributes can increase the chances of sexual victimization. Among other factors, these may include self-awareness, response to sexual abuse, knowledge base of this phenomenon, demographical characteristics, ability to assess risk as well as professional judgement to report abuse cases.

#### **2.3.3.1 Self-awareness**

Cooper and Ball (1987) and Rothman (1999) maintain that awareness of their own feelings and attitudes can assist social workers to guard against being biased in their professional decision-making. If they are not conscious of how their personal motivations influence their perceptions of the problems of abused children, social work intervention may fail to attain effectiveness or to prevent revictimisation (Rothman 1999:12). Bolen (2001:221) explains that the caseworkers' attitudes towards incestuous relationships can be revealed by their language patterns and disregard for professional ethical values. If the social worker is not aware of his/her negative attitudes he/she can prevent the abused child to disclose the sexual assault. Further, the attitude portrayed by the professional can encourage or discourage the perpetrator to seek professional assistance, or to refrain from the service. A problem arises if the sexually abused child fails to disclose the abuse and the offender becomes defensive over his/her deviant sexual behaviour. Victimization can thrive as no professional intervention can be effected. Social workers need always to be aware of their attributes in a professional relationship.

Bolen (2001) cautions that often professionals tend to use the status of offenders as a frame of reference within which to believe or disbelieve their version of events. They may have a blaming attitude towards alleged sexual abusers from a lower social class but not towards prominent and affluent professionals. This attitude resultantly may expose the victimized child in an abusive situation, as the perpetrator's high social status can allow the offence to thrive and go on uninvestigated. Self-awareness of one's attributes can therefore influence the way in which professionals respond to child sexual molestation.

### **2.3.3.2 Response to child sexual abuse**

Social workers, according to Rothman (1999:123), have strengths, traits of character and values that make them committed to social justice and to bring about change in the lives of families. These attributes influence their attitudes towards service delivery. Therefore the manner in which they approach the problem of child sexual victimization can determine client satisfaction experienced by the abused or abuser. According to Cooper and Ball (1987) social workers need to be clear about whether they respond to the incident of abuse or to the needs of the victimized. Responding to the abuse incident may bring forth varying emotions, attitudes and perceptions on the part of the social workers. Such a response may contravene social work principles, e.g. non-judgemental attitude (Goldman & Gargiulo 1994). The social worker is required to respond by addressing the needs of the abused. But Whitney, White, Kelly and Yorke (1999:110) perceive the assessment of needs and deficits of the victimized child as a remote approach in understanding child sexual abuse. These authors recommend a strength-based perspective in responding to this problem. If the social worker attends to the sexual assault *per se* and disregard the needs of the victim, the latter may remain in the situation of abuse. Although professionals in child sexual abuse work use various approaches, an ideal situation would be to understand the victims and their families by combining a need assessment and exploration of the strengths that they have, to respond effectively to the problem.

### **2.3.3.3 Professional's ability to assess risk**

Another factor that may expose children to the risk of sexual molestation is the professional's ability or inability to assess if the child is at risk to be abused or not. Social workers are expected to distinguish circumstances that can expose children to risk, during the helping process. The professional's inability to do this will result in a failure to protect vulnerable children because in the absence of an objective assessment no critical steps can be taken to ensure (where necessary) the removal of the child, conviction or therapy for the offender, or referral for expert services. Christie and Mittler (1999) and Walker (1988) mention that abused children are more at risk of falling prey to subsequent victimization in later life compared to non-victims, especially if professional intervention did not address

their needs and concerns. If the professional can fail to assess risk of abuse, the child's life can be endangered as he/she may have to remain in a sexually abusive relationship that is unnoticed by other family members.

#### ***2.3.3.4 Professional judgement and discretion to report cases***

Social workers are often faced with decision-making and legal responsibility to protect sexually abused children. When an alleged victim comes to the attention of a professional he/she has to report the case to the police. According to Peltzer and Phaswana (2000) conviction of perpetrators depends on whether cases have been reported or not. But as social workers tend to use their own professional discretion to report these cases, it might not always be possible for perpetrators to be rehabilitated. Perpetration may also escalate because the justice system often fails to obtain convictions. Therefore the risk of further sexual abuse may remain even to other children as the social workers and court officials would do no proper intervention. Social workers therefore need to implement their legal obligations as child protection officers and follow the correct protocol needed for reporting cases of child sexual abuse, to ensure the rendering of services of high standard to the abused or the abuser.

#### ***2.3.3.5 Demographical characteristics***

The following attributes of a social worker that intervenes in cases of child sexual abuse may influence his/her belief or disbelief regarding the occurrence of sexual molestation. Among others, these may include gender, history of sexual abuse and education on child sexual abuse work.

- **Gender**

The professional's gender can influence the way he/she perceives child sexual victimization. It is possible that the gender of a social worker may influence his/her readiness to believe or not to believe the allegations of victimization if the perpetrator is of the opposite sex. The situation may be aggravated by the negative encounters that the professional might have experienced with member(s) of the opposite sex. According to Goldman and Gargiulo (1994) an Australian study on child sexual abuse revealed that the

majority of practitioners who were male (eighty percent) perceived the scope of this phenomenon as an exaggeration of the problem by the media. Bolen's (2001:221) study revealed that female professionals intervening in cases of child sexual abuse are likely to believe that sexual abuse has been perpetrated against female children more often than male professionals. Social workers who are proponents of the feminist approach could more likely believe that sexual assault has occurred, as feminists view sexual abuse as male oppression. Therefore protection might prevail for alleged victimized children receiving services from female social workers, although much information is still needed to support this assumption.

- **History of sexual abuse**

It seems likely that professionals with a history of sexual abuse tend to believe the prevalence of sexual assault. A study by Gore -Felton, Arnow and Koopman (1991:807) found that twelve percent of the professionals with a sexual abuse history are inclined to believe allegations of child sexual abuse. Having taken this stance, these social workers' personal abuse experiences might have influenced their decisions and interventions, and taken the shape of subconsciously providing remedial services or avenging on behalf of the victim. The sexual abuse history of the professional might indirectly have influenced a plan of action to ensure the safety of the abused children, as their own feelings, fears and past anxieties may underlie the plan.

- **Education on child sexual abuse**

Professionals require knowledge about child sexual victimization in order to appropriately protect children against risk of sexual abuse. Bolen (2001) and Goldman and Gargiulo (1994) assert that haphazard, vague and ambiguous interventions may result from a lack of the necessary knowledge, as the social worker may omit crucial issues on protection work. Often social workers tend to attribute blame to incestuous families. Such blame might reveal the low level of theoretical knowledge about child sexual abuse work, or lack of critical learning of the offender dynamics (Goldman & Gargiulo 1994). Furthermore, the blame might be extended to the non-offending parent for failure to report the abuse and thus indirectly consenting to the abuse. Bolen (2001) states that social workers with more

education and training in child sexual abuse are more likely to report sexual assault cases and respond appropriately to prevent revictimization than those with limited knowledge. She regards limited knowledge of child sexual abuse work as dangerous.

#### **2.3.4 Societal risk factors**

Some societal factors can also expose children to risk of sexual assault. The society has a role in creating institutions, which unintentionally perpetuate sexual abuse of children in various ways. Such factors may include socialization, power distribution, privacy and primacy of the family as well as society's collective denial of the occurrence of this phenomenon. These factors will now be discussed.

##### ***2.3.4.1 Socialization***

One factor through which society exposes its offspring to sexual abuse, is socialization, which runs through all generations of mankind. Although different societies through history have noticeable trends in ways that were used in regulating sexuality, various forces motivated and allowed the problem to thrive under different laws (Corby 1998:20-26). Schultz (2001) and Van der Mey and Neff (1986) cite Florence Rush's view of the influence of the Bible and Talmudic laws that encouraged sex between adults and children as young as the age of three years. Through these laws, physical capability for sexual penetration made children to be regarded as "qualifying" for marriage (Schultz 2001:39). Girls were viewed as properties of their fathers and rape by a different male was regarded as theft of the father's belongings. Submissiveness of female children to male sexual victimization might have greatly been encouraged by socialization through these laws. It would be natural to expect contemporary societies to be more protective over such laws and protect children against "societal abuse". However the current life style, shaped by societal permissiveness, indirectly creates a market which is conducive for sexual exploitation through commercial sex and prostitution as well as free access to pornographic magazines, films and videos. Resultantly child sexual victimization escalates as freedom to publicize sexual activities increases. A gap therefore prevails between the governments' efforts to intensify services to protect children against sexual offenders, and societal pressure to legalize commercial sex and sex aids.

#### ***2.3.4.2 Power distribution***

Another societal risk factor of this phenomenon is the way society distributes power between males and females. Bolen (2001) notes that the higher power and status awarded to males by society give them a privilege to control anyone in their environments and an opportunity to act out aggressive behaviour. Males then learn to express their anger and aggression from an early age. Such power may influence them to enact sex role stereotypes that entitle them to power. Females on the other hand may internalize lack of entitlement and vulnerability to male victimization. If a male child grows up in an environment where male aggression is predominant he might probably feel entitled to sexually oppress those with no entitlement by expressing his anger in deviant behaviours, including rape.

#### ***2.3.4.3 Privacy and primacy of family***

Society awards families the autonomy to run their own affairs without frequent interference by the public. The private “home affairs” including possible sexual assaults, may remain a secrecy secured by its members. According to Bolen (2001) such autonomy constitutes a favourable environment within which sexual abuse can blossom undetected by outsiders. As the family is of primary importance to the existence of its members and sustenance of its relationships, intrusion by the external environment is usually excluded. Family relations thus remain unquestionable by outsiders. As a result victimization by a parent(s) may remain “salient rights” for as long as it lasts. Without revisiting the *status quo* that is ascribed to families, the phenomenon might continually be perpetrated by family dynamics and risk factors.

#### ***2.3.4.4 Society’s collective denial of child sexual abuse problems***

It is not acceptable for society to regard itself as sexually abusive. Society’s strive to see itself as affluent, technologically advanced and compassionate is an indication of its unwillingness to accept the scope of child sexual abuse within its communities (Bolen 2001). A culture of victimization therefore thrives within this broad self-perception of society. Various subcultures may take advantage of this perception by demanding legalization of sexual activities with children. According to Schultz (2001), amongst the

American culture, movements such as the Northern American Man Boy Love Association (NAMBLA) strive to legitimize adult-child sexual relations. The movement believes that sexual intercourse with children is not harmful as it assists them in expressing their natural sexuality freely. They also believe that children are in a position to make informed decisions and give full consent to sexual intercourse and are liberated from the repressive bonds of society. Furthermore the movement perceives victims as deserving the offending behaviour or as accountable for being victimized.

As multicultural lifestyles may impact on peer pressure and attract different people, those who have wishes to exploit children sexually may easily adopt the “sex activist” movement’s principles. In South Africa, where multiculturalism prevails and the country is going through its first decade of democracy, there might be a possibility of adopting numerous cultures regarding freedom and rights. For example the “right” to commercial sex and adult-child sexual relations might be a wish for some citizens. Although the law enforcement in different countries may prohibit and regulate certain sexual relationships, it might not achieve its goals to protect children against sexual victimization due to the collective wish for sexual exploitation. If people within society do not acknowledge the prevalence of child sexual abuse, it might not be easy for them to confront the problem vigilantly. Consequently victimization may be ignored or evaded by the general public.

### **2.3.5 The ecosystem risk factors in the community**

The community in which the children live has different conditions, which interact with them, and can increase risk or, to some extent, buffer circumstances to protect them from being sexually assaulted. These conditions may include the nature of social support and networks in the community, the availability of safe childcare systems, alternative care residence, lack of safe environments, policy on child protection as well as the socialization role of the church and the school. A brief discussion of these conditions is outlined below.

### ***2.3.5.1 Social support and networks***

The level of support from significant people and concerned groups in the community towards childcare, may determine the level of risk for child sexual abuse as concern for safety is upheld. According to Van der Mey and Neff (1986) the nature of the neighbourhood in which children live may determine their safety against sexual victimization. A socially enriched environment in which reciprocal “parenting” arrangements are made for childcare, may limit chances of abuse. Comparatively, a socially impoverished neighbourhood with few support systems provides the opportunity for sexual molestation to occur because abusers can frequent the locality freely and unnoticed. Resultantly, if social support such as a neighbourhood guard and protection, community policing forums and community self-care groups are arranged, consciousness of child protection may be raised, and victimization could be decreased.

### ***2.3.5.2 Availability of safe childcare systems***

The availability or lack of safe childcare facilities in the community can determine the extent to which children might be exposed to risk of sexual victimization. There is a need for communities to make arrangements for taking care of children when their parents are at work. Nash and Frazer (1998) and Van der Mey and Neff (1986) inform that school-going children may get exposed to sexual abuse as they practice self-care during the parents’ working hours. Van der Mey and Neff (1986) assert that in America sixty four percent (64%) of mothers of pre-school children are working and the number increases to seventy one percent (71%) for children of school-going age. Therefore children whose parents are working, and who are not cared for in safe day-care centres are at a greater risk of victimization than those cared for in such systems. The uncared-for children may be abused during after-school periods as they are often taken care of by their other young siblings, or they frequent recreational centres and play areas without adult supervision (Nash and Frazer 1998).

### ***2.3.5.3 Alternative care residence***

In South Africa the Child Care Act (74 of 1983) makes provision for the removal of children from their homes if they are declared in need of care or are at risk of being harmed.

In situations where parental or family care is unavailable or not in the best interest of the child, alternative care can be sought for the sexually abused children and they can subsequently be removed to a place of safety, or a children's home or be placed under foster care with a family. These residential care facilities are expected by legislation and common law to protect children and render effective child care services. However studies by Hobbs and Hobbs (1999) and Christie and Mittler (1999) found that non-kinship foster placement and residential care places may pose a risk of sexual abuse to children. The children may perpetrate sexual abuse amongst themselves or some authorities may abuse children, whilst in some foster homes adults may victimize children (Christie & Mittler 1999). These studies indicate that at times, professionals and workers who care for these children may be reluctant to address problems of sexual molestation within the institution. The problem of abuse therefore may remain unresolved. As such the situation may create mistrust by the community of the expertise of social workers or render them unreliable.

#### ***2.3.5.4 Unsafe environment***

Different environments that children may find themselves in may harbour potential danger of sexual abuse. Normally familiar places that parents know to be safe for their children to play in may possibly be areas in which child sexual abuse can take place. According to Nash and Frazer (1998) such places as streets, playgrounds, or the home, if the child is alone, may be unsafe for the child. Strangers, acquaintances, authority figures, family friends, neighbours and dates of other family members can perpetrate sexual abuse extrafamiliarily whilst parents, siblings and relatives may abuse children intrafamiliarily (Bolen 2001:100).

No environment can be regarded as absolutely safe, as molestation can take place anywhere, in known or unknown places. Victimization may occur during the time whilst walking to and from different locations including schools, at movies, at parties or whilst visiting. Virtually any place can be unsafe, and various people might be potential abusers.

#### ***2.3.5.5 Policy on child protection***

A country's policy on child protection and implementation thereof may determine the nature of protection for children against sexual abuse. In the United Kingdom the Children Act (1989) requires that professionals who provide child protection services should form partnerships with communities and involve them in risk assessment and management. In South Africa child protection policy documents such as the National Program of Action for Children in South Africa: Framework (1996) as well as the Provincial Child Abuse Protocol (1996) are some of the guiding documents for child protection partnerships. Social workers need to utilize such policy documents to guide their joint efforts and activities with sexually abused children and their families. Peltzer and Phaswana (2000) recommend a legal framework that can also be used to fully protect and empower children against sexual abuse. If available policy documents are utilized, community involvement and participation can be prompted. Therefore child protection for the community and by the community could decrease the risk of victimization. However lack of policies or poor implementation thereof promote victimization. Lack of joint efforts and strategies towards implementing these policies can promote victimization because a sense of ownership of child protection programs remains the responsibility of professionals only.

#### ***2.3.5.6 Socialization role of the school***

The school is one of the institutions in the community that has a role to socialize children. Bolen (2001) informs that the school unintentionally and indirectly may encourage gender traditional roles and expectations that encourage girls to be submissive to male domination. The "awarded" status of powerfulness of males may create a sense of control in the boy child, who could declare the girl child insubordinate. The power and control can influence boys to be abusive to girls. Bolen (2001) further mentions that girls in their pre-teens may experience male aggression that put them at risk of being sexually abused during their school-going years.

#### ***2.3.5.7 The church as a socialization agent***

The church as an institution in the community has a role in determining and transmitting spiritual and cultural values, norms and beliefs in relation to male dominance, power and

aggression. These male attributes render females powerless and submissive (Bolen 2001). Schultz (2001:39) adds that child sexual abuse “thrived under Christendom” as fathers were awarded absolute powers to control the lives of their daughters, including the right to have sexual relations with them. Therefore the church as a powerful tool to influence people’s beliefs is essential in determining male perceptions of females. As a result it could be used to promote prevention of abuse of fellow human beings, including children.

The above discussion indicates that if the professionals, laypersons and concerned community members observe risk factors continuously they could be alert to suspect behaviour, and detect, report, and prevent child sexual victimization where possible.

## **2.4 CONSEQUENCES OF CHILD SEXUAL ABUSE**

There is a difference of opinion with regard to the consequences of child sexual abuse. Cooper and Ball (1987) are of the opinion that the effects of this problem should not be generalized with every child, as a number of children appear to have not suffered permanent damage due to victimization. However, literature indicates that sexual abuse erodes the child’s developing ego, affects his/her adaptation and diminishes his/her capacity to enjoy life. Occurring continually over a long period, sexual abuse is traumatic and has severe long-term effects for the child and could impair adulthood functioning (Schutte, 2000; Walker 1988).

Victimization may invade the child’s inner being and can have devastating consequences. Tremblay, Herbert and Piche (1999) and Walker (1988) indicate that the level of severity of these consequences may be determined by factors such as the manner in which the child perceives the sexual assault, his/her relationship with the perpetrator, the duration and frequency of abuse, age of the victim at the onset of the abuse, and whether force was used or not. The consequences may include, among others, intermediate psychological responses socio-behavioural effects as well as developmental consequences. These consequences will be discussed next.

#### **2.4.1 Intermediate psychological responses**

As children build trust with people in their immediate environment during early childhood, betrayal by a trusted person can alter how the child perceives and builds relationships. The child might experience difficulty in forming relationships and have unrealistic demands and expectations from partners in a relationship due to the broken trust. Some abusers create a distorted perception of morals and values by employing false expectations from a child, e.g. exchanging affection for sexual relations with a child. As a result the child might learn deviant sexual behaviour in which he/she might use sex to gain acceptance and manipulate other people to gain recognition and fulfil materialistic or instrumental needs (Walker 1988).

When sexual abuse is perpetrated the child may experience feelings of being bad, self-blame, guilt and shame. He/she might also get depressed, anxious, have difficulty interacting with peers, and become sensitive to negative statements (Batty 1991:126; Walker 1988:64). According to the South African Council for Child and Family Welfare (1988), when a parent perpetrates sexual abuse it brings forth negative perception for the victim as he/she might experience a breach of protection and care, when realizing that the parent has invaded his/her privacy and has overstepped the normal and acceptable parent-child relationship. Walker (1988) indicates that during the sexual abuse the child's efforts to stop the assault and his/her wish to get saved may prove futile. Therefore he/she might feel disempowered and defenceless. Finkelhor (1994) further explains that the child often has to deal with the attitudes of others towards his/her victimization as well as religious and cultural taboos regarding the sexually abused child. He or she may not want to disclose the ordeal to others. Such secrecy might reinforce the stigma that the child holds.

#### **2.4.2 Socio-behavioural effects**

Sexual abuse that is perpetrated by the offender who has a close relationship with the child, e.g. biological father, stepfather or family member, can result in greater behavioural problems (Parton & Wattam 1999:107; Haj-Yahia & Tamish 2001). As attachment gets broken down due to sexual assault, victims may be exploitative in their relationships in later life, according to Hobbs and Hobbs (1999) and Glen and Walter (1994) and Batty (1991).

Walker (1988) indicates that usually boys who have been sexually abused may express such behaviour as aggression, whilst girls may exhibit internalised behaviour such as depression. By internalising anxiety and depression the child might experience concentration and attention problems, as well as deterioration in academic performance, which could be noticed at school (Batty 1991:56; Daldin 1988:25).

The relationship between the abuser and the abused may be characterized by ambivalent feelings on the part of the child. He/she may encounter a pseudo-loving situation with the abuser and be confronted by anger and an overwhelming sexual stimulation for which he/she is not developmentally prepared. Resultantly the child may experience guilt emanating from the confusion of love-anger emotions.

Due to the trauma resulting from the sexual assault the victim's ego functioning becomes impaired. He/she may develop poor coping skills and become unable to use age-appropriate defence mechanisms. Anna Freud, as cited by Daldin (1988:25), explains that the abuse could also affect the child's normal sexual functioning in later life as he/she might have to deal with massive repression, inhibition and denial that could manifest in frigidity and impotence in later adulthood life. If the child has been severely affected by the abuse he/she might engage in self-destructive behaviours. These behaviours may include suicidal tendencies or threats, poor anger control, impulsivity, perfectionism, alcohol and drug abuse, eating disorders, self-harm and self-mutilation (Rudd & Herzberger 1999; Walker 1988). Regression may also occur in children who have been sexually assaulted, and they may exhibit infantile behaviours such as enuresis and encopresis. The victims might use these conditions as defence mechanisms against the emotional and psychological hurt brought by the abuse, or as a means to relieve themselves of sexual over-stimulation experienced during the abuse.

#### **2.4.3 Developmental consequences**

It is important to observe children's changed manners, demeanors and attitudes as these may signal effects of victimization (Batty 1991:55). If the sexual abuse takes place within the child's environment, which is not stimulating, his/her development is likely to be

affected adversely. All the developmental skills that require the child to interact and have contact with others or be encouraged, may be severely damaged by the abuse. Therefore the development of language and reasoning may be hampered. The trauma that goes with sexual abuse often make children vulnerable, particularly because their lives are characterized by the development of the self concept. If abused during childhood, the victim may develop a poor self-concept that could affect the ability to thrive and enjoy the various milestones and developmental stages.

## **2.5 SUMMARY**

Child sexual abuse could be motivated by various dynamics found in various families, in individual offenders, and within the parents themselves. Some circumstances within the family can act as motivating forces to victimization. The ability to understand dynamics within families is crucial for the social worker to assess the possibility of alleged sexual abuse and to assess the risk of victimization even to other children. Individual offenders may be related or unrelated to the victim. They could be motivated to offend by various personal problems and impulses such as a keen interest in intimate contact with opposite sex children, collusiveness, unclear power structures, a need to fulfil unmet psychological needs, and a history of parental abuse. It is important for the social worker to have knowledge of offender dynamics, as they, too, often seek assistance from social work offices. This understanding would equip social workers with the necessary insight in drives that motivate the abuser to offend, to provide relevant therapeutic information strategies for decreasing or eliminating offending behaviour. Professionals should note that some of their attributes can expose children to sexual abuse, if not taken into consideration; thus, they should be cautious of how their personal being can affect potential victimization. Other people can manifest symptoms of child sexual abuse in intermediate responses, which involve traumatic experiences, disempowerment and stigmatisation. Although the abuse is not necessarily a psychological problem, the effects thereof could be manifested in long-term psychological problems that could lead to fatality.

The social worker's knowledge of the dynamics, risk factors and consequences, increases his/her ability and competence to assess possible victimization and dire needs, as well as to plan for intervention.

## **CHAPTER 3**

### **KNOWLEDGE, ATTITUDES AND SKILLS NEEDED BY SOCIAL WORKERS IN CASE MANAGEMENT OF ALLEGED SEXUALLY ABUSED CHILDREN**

#### **3.1 INTRODUCTION**

The process of case management, which will be discussed in this chapter, have similar phases as casework methods. These include: client identification and outreach, assessment, service planning and resource identification, implementation and coordination of services, monitoring of services, advocacy and evaluation. The difference between these two processes is that advocacy in case management is not the responsibility of the social worker alone, but a social action responsibility which focuses on the coordination and management of a range of different resources and the involvement of a multi-professional team (Austin & McClelland 1993:26-27; Raiff & Shore 1993:26-27).

The case manager, who will be referred to as a social worker in this study, has a responsibility to connect the sexually abused children and their families to a network of resources. The social worker has to create resources, if not available, and to coordinate them. He/she assumes the role of a broker and also advocates for the victims and their families if the system tends to disadvantage them in terms of their rights to access services (Kirst-Ashman & Hull 1993:494). Moore (1990:44) points out that the social worker therefore needs therapeutic clinical skills and community advocacy skills to strive to balance the needs of the sexually abused children and available resources.

Kirst-Ashman and Hull (1993:514) indicate that different authors consider case management as an indirect service delivery through which direct services are organized by the social worker from both formal and informal resource systems. Other authors, however, argue that there is a need to involve therapy and counselling in the case management process. The nature of the agency determines the type of case management services rendered by social workers. Austin and McClelland (1996:58) distinguish between case management in a public welfare agency with limited resources and a private welfare agency

contracted to and funded by the state to provide intensive advanced and specialized case management services by clinical social workers. The public welfare agency social worker may assume the role of broker, coordinating and monitoring services provided to the sexually abused children.

This chapter will outline the different phases involved in the process of case management of sexually abused children and describe tools that could assist social workers to assess if sexual victimization has occurred or not. The roles played by different professionals who are responsible for assessing the child will be described in this chapter. A discussion of the attitude and skills needed by social workers will follow. Problems and challenges may hamper effectiveness in rendering services to the sexually abused children. Notwithstanding all these problems social workers are ethically expected to base their interventions on professional knowledge in order to legitimise their decisions and provide needed services. Therefore they need knowledge of the case management process, which will be discussed in detail below.

### **3.2 CASE MANAGEMENT PROCESS**

There are different phases that the social worker has to embark on when intervening in child sexual abuse cases, namely client identification and outreach, assessment, service planning and resource identification, implementation and coordination of services, monitoring service delivery, advocacy and evaluation.

#### **3.2.1 Client identification and outreach**

The first phase of the case management process is client identification and outreach. According to Krist-Ashman and Hull (1993), the social worker should gather information about the case in a similar manner as in other phases of assessment, for example interviewing the victim, friends and relatives, as well as reviewing the relevant records. The social worker (during the initial contact and investigation) should provide quality service and expertise (O'Hagan 1989:16). This stage should be arranged to prepare the victim and the non-abusing parent for subsequent investigations and outcomes. At this stage the social worker should obtain basic information about the victim and his/her family, clarify the

problem and determine their eligibility to receive services from the agency, and how they could be assisted appropriately. The social worker therefore requires knowledge of engagement techniques to assist the family members to state their expectations from the agency. The outcome of this phase should therefore have far-reaching benefits for the overall case management process.

### **3.2.2 Assessment of the alleged sexually abused child**

The second phase of the process of case management is assessment of the child victim by the social worker. It should however be noted that the social worker is not supposed to take absolute responsibility to assess the child as an individual, as other stakeholders in the child protection system also need to make their professional contributions. According to Fouche and Delport (1997:44) the social worker needs to choose an appropriate frame of reference or approach within which assessment will take place and select relevant tools that can assist him/her in the process. Sheafor *et al.* (2000) suggest the use of approaches, theories and models that could guide social workers in the assessment of possible victimization. The social worker needs to observe how the child looks, feels, and behaves to understand the child's emotional state and his/her ability to function (Rothman 1992:67). It is necessary to obtain the psychiatric history of the child's family, the medical history, the type of medication prescribed previously and compliance to the prescription, stress-producing life routines and occupational functioning or school work. The social worker can use various tools that could assist him/her to assess if the alleged victimization has occurred or not. These will be outlined below.

#### ***3.2.2.1 Tools to assess sexually abused children***

According to Fouche and Delport (1997:46) assessment tools or techniques are not used to prove the sexual abuse of children as right or wrong. They are used by the social worker to elicit questions and answers, and shape the information that they consider when assessing sexually abused children. A warm and accepting relationship between the social worker and the child who is allegedly abused is important. A relationship that is conducive could build trust on the part of the victim and influence disclosure. Walker (1988:182) states that it is

necessary to obtain the developmental and behavioural data of the child, and anatomical dolls can be used thereafter to assess the child's situation.

**(a) The use of anatomical dolls**

Anatomical dolls may not be used as a single tool to assess whether the child has been abused. Used alone, such dolls might not lead to the child's disclosure of the abuse. These dolls may only be useful if the social worker is skilled in the application thereof to communicate with the child at disclosure of the abuse. He/she needs to have an emotional link with the child and be sensitive to the child's emotions and feelings. Kelly, Boant and Waterman (1993:85-86) and Walker (1988:176) indicate that the use of dolls with anatomically correct genitals assist the child to discuss the specifics of the sexual assault. The usage of these dolls only forms part of the interview, and the social worker should be guided by the child's reactions. During the assessment it is important for the social worker to be skilled to attend immediately to the child's emotions as well as behaviours, and he/she should be in a position to reduce the victim's anxieties.

When using these dolls the social worker needs to be in a position to differentiate abused children from the non-abused ones. Walker (1988) states that abused children show signs of distress when they see naked dolls, as they remind them of the abuse, whereas non-abused children may be fascinated for a while and engage the dolls in games unrelated to sexual actions. Such differentiation is necessary because some children may be coached on allegations of sexual abuse, especially in custody investigations for divorcing couples. According to Kelly *et al.* (1993) dolls could also be used as a means to bring forth inappropriate sexual behaviour in victimized children, especially in a pre-school setting as they sometimes show sexualised behaviours. Furniss (1991:208-209) highlights that failure to disclose the victimization may be motivated by various factors, and these will be discussed later in the chapter. The assessment made by the social worker may not be conclusive, as other professionals need to present their findings regarding the alleged sexual abuse in a panel meeting to assess if victimization did take place.

**(b) The use of multi-professional teams**

Another method that can be devised to assess the alleged sexually abused child is the use of the multi-professional team. Furniss (1991:179) suggests the use of Anonymous Diagnostic Inter-professional Consultation (ADIC). According to Furniss (1991) a network of professionals such as the social worker, police, teacher and medical or nursing personnel should do the assessment of the alleged sexually abused child. The particular case is presented to the team, which brainstorms all the facts regarding the abuse without using any names to ensure confidentiality. Contributions and cross-questioning are led by the different experts who clarify suspicions that they may have. The amount of details and facts needed is examined before intervening so as to avoid premature, chaotic and irresponsible interventions.

**(c) Toys and play**

Assessment can be done through the use of toys and play that are appropriate to the child's developmental stage to prompt disclosure of sexual abuse. Such disclosure may take place during or after the play activities (South African Council for Child and Family Welfare 1988:31). Play may be used to ease the anxieties of the child, as a terrified child may not express him/herself in words. Kelly *et al.* (1993:85) add that memories of young children regarding details of sexual abuse can be enhanced through the use of props that represent their daily activities, settings, objects and people in their lives that may be involved in the sexual abuse. The social worker can use toys such as dollhouses to depict sleeping arrangements and incidents of sexual abuse, whilst glove puppets may be used to tell a story (Porter 1984). Social workers may also provide drawing material for the child. Graylard (1996:36-37) asserts that drawings may reveal a picture that states the child's knowledge, responses to stress and emotions as well as description of a life world of a sexually abused child. However the social worker needs to be skilled to interpret the child's drawing.

**(d) Metaphors**

Metaphors may be used to assess the alleged sexually abused child. Furniss (1991:183) suggests that the social worker may tell or relate a story of "another child" to the victim

whilst observing his/her behaviour and reactions. The social workers need to be skilled to interpret the victim's reactions and behaviour as though another child were enacting such reactions. During the process of storytelling he/she should reflect the observed anxieties of the victim, the threats experienced, being disbelieved and disclosure consequences. The metaphor would help the sexually abused child to associate with the "other child", and would decrease the direct interview between the social worker and the victim.

#### **(e) Using prevention materials and films**

The social worker can show films and material on prevention of child sexual abuse to a group of children to assist the molested child to disclose sexual abuse (Furniss 1991:198). During the film show he/she can observe how the child who has allegedly been sexually assaulted reacts to the film or material. Such tools assist the social worker to identify the unique reactions of the child in question from the rest of the group. In such an arrangement the child might not feel singled out from the rest of the group, as no sexual abuse matters pertaining to his/her abuse are discussed with him or her.

Having used the assessment tools and observed the clues, which support that the child might have been sexually abused, the social worker needs to be skilful and prepared to manage information and circumstances that may prevail at disclosure.

#### ***3.2.2.2 Management at disclosure***

It is important for the social worker to have knowledge of how to facilitate the disclosure of child sexual abuse. He/she has to create an environment that could encourage the child to open up without feeling intimidated. The following strategies may be employed by the social worker to assist the child to disclose the abuse.

#### **(a) The use of a trusted person**

As the social worker might be a stranger to the child victim, there would be a need to engage a trusted person in the process of disclosure. Furniss (1991:188) explains that a trusted person is the one who is attached to the child and a figure that can be the link between the child's home and the world of professionals involved in the intervention

process. Such a person can support the child during disclosure. He/she could be someone at the child's school, church, club, medical or therapeutic setting. As a way of engaging the child in the disclosure process, the trustee can remind the child about the situations, drawings, behaviours, essays and words that led him/her to suspect that the child was being abused. Because the child's relationship with the trusted person is more familiar and trustworthy it might be easier for the child to talk to him/her about the abuse. He/she acts as an expert for the particular child whilst professionals are experts on child sexual abuse work in general. Both experts' functions are complementary to each other. Subsequent to the child divulging leading information of the abuse to a trusted person, the social worker may interview the child.

### ***3.2.2.3 Interviewing the sexually abused child***

Goldman and Gargiulo (1990:159) inform that social workers need to adhere to professional values when interviewing the sexually abused child. It is thus important for them to create trust and a safe environment for the victim. They also need to use language that is appropriate to the child's age and development, as he/she should be in a position to understand the terms of reference involved in the interview. The interview should be non-intimidating and the social worker should avoid making the child feel threatened, in trouble and endangered. The social worker should avoid suggesting answers to the child who is sexually victimized. He/she should avoid asking questions leading to expected responses, but should use open questions that allow the child to relate his/her own experiences of the abuse. Walker (1988:176-179) suggests that social workers who have little experience of child sexual abuse work or child psychology should select appropriate developmental ways to ask questions when interviewing the sexually victimized child. The social worker should facilitate the interview in a manner that would encourage sexually abused children to express exactly what they have experienced in the abuse. Not allowing the child to communicate his/her experience may contaminate the evidence and allegations he/she makes.

The contaminated information may not be admissible in court (Svea Court of Appeal 1993:118 as cited by Cedeborg, Orbach, Henberg & Lamb 2000:1360). Having gathered all

the relevant facts about the alleged abuse, the social worker has to know what he/she is going to do with the information revealed when the child disclosed the sexual victimization and the consequences thereof (Kelly *et al.* 1993; Porter 1984:68). It is important to note that when the victimized child discloses the abuse to the social worker, he/she may have already disclosed the information to someone else (Kelly *et al.* 1993). Numerous disclosures expose sexually abused children to secondary victimization. The interviewer should therefore assess if he/she needs the details of the abuse for protective reasons or not. The professional needs to be skilled to detect typical behaviours that the sexually abused child manifests, as parents might not be aware of such behaviour patterns, which may communicate important aspects that could depict the consequences of child sexual abuse. Cedeborg *et al.* (2000) state that some social workers employ undesirable interviewing practices when rendering services to the sexually abused child. They need to avoid prolonged questioning, relentless probing and pressuring sexually victimized children. Such patterns of interviewing can frustrate the child and may result in errors (Walker 1988 & Kelly *et al.* 1993). Later in the interview session(s) the social worker can bring forth matters relating to sexual abuse. Following are the various steps that the social worker could employ when interviewing the sexually abused child.

#### **(a) Introducing sexual matters**

It is essential that the social worker should have correct timing and be skilled to introduce sexual matters to the interviewed child. During interviews he/she has to consider the child's age and developmental state to determine the type of sexual abuse information that will be communicated to the victim. When interviewing an older child, the social worker may inform the victim how the sexual abuse information came to his/her attention. Porter (1984:89) states that with younger children the social worker can question the parent or adult accompanying the child on how information on victimization was revealed to him/her, since information could remind the child about the abuse. After the social worker has engaged the child in talking about the sexual abuse, the information relating to the perpetrator may be discussed.

**(b) Discussing the abuser with the child**

It is crucial for the social worker to consider professional values during the interview in order to remain objective. He/she needs to take into account the emotions of the child towards the perpetrator. When talking about the abuser, the social worker should guard against communicating negative information against him/her, but observe, understand and reflect on the child's negative feelings towards the perpetrator of the offence. Walker (1988) cautions that the emotional attachment prevailing between the sexually abused child and the perpetrator, especially in cases of incest, should not justify the abuse or bring doubts on the part of the social worker about the abuse. Different factors may affect the social worker's belief or disbelief of the allegations of sexual assault. Walker (1988) mentions that attitudes of the social workers towards the social status of sexual abusers may influence them to believe or disbelieve the allegations. According to him, social workers tend to believe in victimization perpetrated by men who do not hold high-profiled jobs rather than affluent men with high-profiled jobs. It would therefore be appropriate for social workers to be aware of their own attitudes so as not to judge the validity of the child's disclosed information on the basis of the abuser's socio-economic status. The social worker needs to gather important facts about the abuse and consider the offender dynamics in order to be of assistance to the victim and the victimizer. At the end of the interview he/she should give the child a chance to recover from reliving the abuse incident, thank him or her and offer the necessary support. Subsequent to all the discussions with the child the social worker can brief the accompanying parent on the outcome of the interview.

**(c) Communicating the disclosed information to the parent**

According to Walker (1988:189) it may not be appropriate to give a full report of the details of the abuse to the accompanying parent whilst the child is still in the agency waiting room. Another session may be planned with the parent for feedback, but a brief acknowledgement of whether the child has been sexually abused or not may serve the purpose. The parent or the accompanying adult should be informed on positive strengths and parenting skills regarding the issues that the interviewer had observed. This information may suffice for this short session. The social worker could make an arrangement with the parent for an interview with other siblings.

**(d) Interviewing other siblings**

Consequently, having obtained information that the sexual abuse has occurred the social worker has to interview the child's siblings. Investigations into their experiences could indicate if they have been exposed to victimization or not. Information obtained could indicate if there is risk for further sexual abuse, and will thus be discussed below.

**3.2.2.4 Assessing risk**

Having interviewed the sexually abused child the social worker needs to assess if the child (and other siblings) is at risk of further perpetration or other forms of abuse. It is therefore important to assess the sources of risk and devise a safety plan for the child(ren).

**(a) Sources of risk**

It is necessary that the social worker does risk assessment for the victimized families to ensure the safety of the victim and other family members, and to suggest a protection plan to the multi-professional team. The manner in which social workers approach sexual abuse problems may be a source of risk and can have an impact on future revictimization of children. Knowledge and skill are thus important during intervention, as the social worker should have insight in how to approach the problem. Biard, Wagner, Healy and Johnson (1999:726) note that social workers have been relying on their clinical experience and intuition as well as on interviewing skills and case study methods to assess the sources of risk of child sexual abuse. Corby (1998:166-167) recommends a holistic approach to the assessment of risk. He explains that if child sexual abuse is seen as a health as well as a social problem and crime, it assists the team members to identify sources of risk from various angles. Resultantly the plan of action would encompass attending to different risk factors and create opportunities for safety or rehabilitation of the abused or the abuser. As a result the risk of further perpetration can be reduced, and all parties involved have a chance of receiving therapeutic help. Rothman (1992:67) asserts that the social worker should assess the mental status of the perpetrator or victim to verify if he/she is dangerous to him/herself and to others. However, few social workers consider themselves as having a

role in providing services to offenders of child sexual abuse, except in cases of young offenders (Corby 1998).

Various blind spots may affect risk assessment by the social worker. Assessment should determine who the perpetrator is in order to plan for the safety and protection of children. According to Walker (1988:176), the social worker needs knowledge of dynamics of relationships within families so as not to be “fooled” by ambivalent feelings experienced by victims towards their perpetrators. If such dynamics are not observed by the social worker he/she may disregard the fact that sexual abuse has been perpetrated. The problem could thus thrive without professional intervention, as no risk could be suspected or identified. Another blind spot that may affect risk assessment is recantation of sexual abuse allegations by the victim. Sorenson and Snow (2000:42) caution that sexually abused children have a tendency to recant and later reassert the validity of the abuse information. A valid complaint can therefore be dismissed and thus the child will be left in a traumatic relationship with the abuser. Without much help from professionals the child might get stuck in the denial stage. The social worker should therefore be knowledgeable and skilled to work towards enabling the child to disclose the abuse and then to devise a safety plan.

#### **(b) Planning for safety**

Various safety plans can be arranged if the child is declared to be at risk of sexual victimization. Different scholars in child protection work state ways of ensuring and approaches towards the safety of sexually abused children. O’Hagan (1989:13-14) states that in the United States of America a common assumption for safety is to remove the child to alternative care. Thereafter punitive laws of prosecuting, convicting and imprisoning the perpetrator are enforced. In South Africa, as noted by Peltzer and Phaswana (2000), some social workers are motivated to report child sexual abuse cases to ensure intervention by the Department of Justice. Such a plan of action may be far more traumatic and damaging to some children than remaining in the family that means so much to them (O’Hagan 1989). Contrarily Corby (1998:119) encourages the removal of the child as an action plan of safety. He maintains that by placing children in foster homes and places of safety, or with relatives, may ensure that children are protected from further abuse. The arrangement also

gives the social worker an opportunity to work with the non-offending parent and develop a working relationship with him/her. O'Hagan (1989) warns that the punitive laws that are enforced against the offenders of sexual abuse may neither ensure adequate protection for the child nor act as a deterrent measure for the abusers.

The social worker's safety plan can be influenced by different approaches. Child protectionists under the scholarship of Henry Kemp (1962), as cited by Corby (1998), believe in the legal obligation of social workers to report sexual abuse cases and the enforcement of the statutory acts that regulate adult-child sexual relations. In the USA, the Child Abuse Prevention and Treatment Act prohibits adults from having sexual relations with children as the latter have no intellectual ability to consent to sex. The South African legislation on regulation of sexual relations with children is promulgated in the Child Care Act 74 of 1983. The Sexual Offences Act (1955) regards sex by an adult with a child under the age of fifteen years as statutory rape. Therefore child protection against sexual victimization remains an absolute necessity and a legal obligation for social workers.

The social worker can use various approaches to assess the risk to children. Sheafor *et al.* (2000) state that assessment can be done within the context of the systems theory. The social worker should appreciate that the interactions within a family may create problems that can perpetuate child sexual abuse. Corby (1998) explains a family-based approach according to which the family as a source of child sexual abuse serves as a platform on which sexual victimization problems could and should be resolved. The social worker thus has to involve family members to examine ways in which each of them might have contributed (directly or indirectly) to the problem and to examine family functioning. To understand the behaviour of the offender the social worker can apply the psychodynamic theory (Milner & O'Byrne 1998:109). Through the psychodynamic theory the social worker can trace and understand the origins of behaviours and their motivations. Involving the perpetrators in intervention sessions will give them a chance to be linked to professional therapeutic services. The risk of further victimization may therefore be minimized and family relations could be enhanced, as it might not be necessary to remove the victimized child for alternative care. However the offender-focused approaches recommend

intervention by the criminal justice system for protection of the child victim as well as professional assistance regarding behavioural problems of the abuser (Corby 1998). Creating a balance between the needs of the victim for safety as well as legal protection, and the needs of the offender for rehabilitation through therapy is crucial.

In conclusion it is evident that by avoiding rigid short-sighted risk assessment policies the social worker can create an opportunity and environment within which perpetual perpetration could be decreased or terminated. Subsequent to risk assessment, the social worker is required to assess the diverse needs of the child victim and his/her family.

### ***3.2.2.5 Assessing needs of child***

Corby (1998:120) notes that child sexual abuse may be a symptom of family pathology and one of the many problems experienced by the family. When sexually abused children come to the attention of a social worker he/she has to be skilled to assess the nature of their diverse needs, as well as the urgency and priority of such needs. Therefore need assessment will depend on the complexity of the case (Kirst-Ashman & Hull 1993:501). The social worker should identify various problems within the family, including low levels of parenting skills, deprivation, and behavioural problems of other family members. Weick (1993:31) and Goldman and Gargiulo (1990:161) suggest a holistic approach that would look into personal, spiritual, physical and psychological factors of the sexually abused children and their families and how these factors impact on their lives.

Both Kirst-Ashman and Hull (1993) and Rothman (1994:71-80) suggest Moxley's (1989) structure of needs assessment. The social worker is required to assess the strengths and weaknesses of the victimized family and perpetrator in relation to their environment. Rothman (1994) also mentions that some agencies routinely use assessment instruments that they have developed. Others use tools such as the DSMR IV (Diagnostic and Statistical Manual of Mental Disorders) to assess emotional deficits of the sexually abused children. Moxley's (1989) need assessment tool requires social workers to assess the various levels of functioning as mentioned below:

- As a case manager, the social worker has to do the *screening of specific needs* such as health care and mental care.
- He/she has to determine the family's *level of physical functioning* by assessing if there is any form of ill health and whether medication is needed. It is also necessary to observe if there are characteristics that indicate any psychosomatic conditions.
- The social worker has to examine the reality orientation and do assessment of the cognitive functioning of the sexually abused child and his/her family. He/she should assess whether behaviour of the victim/family is consistent or not. As sexual abuse may affect the self-concept of the victim it is important for the social worker to investigate how each family member perceives him/herself, in order to note if there is poor self-concept and low self-esteem.
- The professional has to assess the level of *emotional functioning* of the sexually assaulted child and his/her family. The assessment would determine if there were anxiety, depression, fear, guilt and any other negative emotions. He/she has to examine the individual's ability to control emotions and ways of doing this.
- As support is crucial for victims of child sexual abuse the social worker has to examine the *informal support* that they have. It is also necessary for him/her to determine the extent to which such social networks can assist. Such background information can assist the social worker to know of the available resources for instrumental and moral support, such as relatives, churches, clubs and schools. Moore (1990:446) states that the social worker needs to assess the caring capacity of the family so as to enable them to expand their caring potential.
- Assessment of *formal agency support* has to be done to determine the professional care that the sexually abused children and their families, and the perpetrator need. Formal agency support can be obtained from public service agencies, specialized welfare agencies, and different service organizations.

After ensuring that she/he has done the assessment of the victims, their risks and needs the social worker can compile a report that recommends a protection plan for the sexually

abused child. The information obtained by the social worker forms part of the assessment, which has to be done by a multi-professional team whose roles will be discussed next.

### ***3.2.2.6 The functions of a multi-professional team in the assessment of the sexually abused child***

Assessment of sexually abused children has to be broad, and may involve different disciplines, family members and agencies, as the medical, social and psychological needs of the victimized have to be considered (Rothman 1994:74). Joint assessment is therefore needed as all stakeholders have a role in the process. Biard, Wagner and Healy (1999:726) assert that professionals are not supposed to do assessments on their own, even if they have extensive training in this phenomenon, as they might make inaccurate predictions on the future sexual victimization of the child. The team has to decide on a common intervention method. Kirst-Ashman and Hull (1993) and O'Hagan (1989:141) therefore state that all professionals involved in the team have to assess crucial issues such as protection, safety, needed resources and ways in which the social context of the victims would respond to the needs of the sexually abused children. The assessment thus has to meet the diverse needs of the different agencies involved in the team and requires collective service efforts and networking (Goldman & Gargiulo 1990:160; September 2000:30).

Often the medical and nursing personnel may not remain the same in all cases and therefore team members need to be familiar with the dynamics involved in the case. Rothman (1992:19), Morgan and Zadner (1992) and O'Hagan (1983:135) suggest joint investigation and intervention by the social worker, a doctor and a police officer. Where possible the team may also include the prosecutor, probation officer and a psychologist because the legal, psychological and social aspects of the child have to be addressed (South African Council for Child and Family Welfare 1988:37; Kirst-Ashman & Hull 1993). The team is expected to collate assessment material to decide on a comprehensive plan of action although problems may occur and influence such plans. These problems may include disagreements of team members on intervention procedures and decisions on future intervention strategies (Corby 1998:105-107). All professionals who attend the case

conference should always enact their various roles in a manner that demonstrates that assessment has indeed taken place, to address the child victim's needs and concerns (O'Hagan 1989). Following are the roles of the professionals who may be engaged in case conferences.

**(a) Medical doctor**

The medical doctor has to do medical examinations of the alleged sexually abused child. Furniss (1991:213) suggests that a police surgeon, if available, should be involved in the team that makes the assessment. He/she may be in a position to collect additional forensic evidence of the sexual assault such as hairs and fibres from the abuser's garments as proof of the identity of the perpetrator. Without forensic evidence, valid sexual abuse information may not be directly linked to the perpetrator.

The social worker may ensure that a trusted person is present when the child goes through the medical examination. Social workers should be skilled to deal with feelings that surface during intervention with sexually abused children (Middleman & Wood 1990). Such skills would assist them to be objective and not generalize symptoms of medical conditions that look similar to those of sexual abuse. The child may have anal tears, bleeding and dilation, painful defecation, constipation, worms, nappy rash and anal tumours that could be mistaken for signs of sexual assault (Du Plessis 2000:34). The role of the doctor would be to explain such conditions to the team and clarify whether perpetration has occurred or not. Onuigbo, Anyaeze and Ozumba (1999:947-949) add that these symptoms are likely to be mistaken for sexual victimization especially if such medical conditions are rare in the community. Notice should be taken that medical doctors may lack the necessary skills to handle psychological problems (Morgan & Zadner 1992:64). Consequently if they work in isolation and treat physical ailments alone without referring the victimized child for further intervention by other professionals they could leave the child in a situation of continued sexual abuse.

**(b) Police**

The police officer is supposed to obtain a sworn statement from the sexually abused child, the perpetrator and other witnesses if available. The police need to be sympathetic, helpful and supportive to the victimized child. They also have to give information as well as advice on policies that provide protection (Morgan & Zadner 1992:75-77). As part of the child protection team they need to act in the best interest of the child, on receipt of information of abuse. The police have to coordinate their investigations with the social worker to safeguard the interests of the sexually assaulted children and their other siblings. Pienaar (2001:21) indicates that police service departments aim at ensuring joint responsibility in child protection. In Wales, England, the best interest of the child could be affected by own discretions that police use to write off cases as having insufficient evidence or due to withdrawals of allegations by complainants (Morgan & Zadner 1992). By coordinating services with the other team members, the police could understand important issues such as sexual abuse dynamics that are involved in a specific case. The team may therefore suggest that the police do further investigation to obtain sufficient evidence.

**(c) Prosecutor and the court**

During the court proceedings the prosecutor has to use communication techniques between the child and the court and arrange a child-friendly environment for the sexually abused child. Muller (2000) notes that children experience distress when they are questioned during court proceedings. According to Morgan and Zadner (1992:143-144) the role of communicating the child's needs when giving evidence, explaining the court verdict and providing support is not a responsibility of any specific official in the criminal justice system. Prosecutors have to arrange intermediary services for the victim so as to avoid the child's visual contact with the perpetrator.

**(d) Social worker**

The role of the social worker has been extensively dealt with earlier in this chapter. It is, however, important to note that in the multi-professional team he/she has the responsibility to convene case conferences once the investigations have begun (Gellert *et al.* 1993:30;

Morgan & Zadner 1992:142-149; O'Hagan 1989:45). He/she has to produce a professional report prior to the case conference and present it to the team based on the assessment he/she has done. Having discussed the contributions by all team members the social worker has to identify the needs for referral of the sexually abused child, family or perpetrator to specialist help for overcoming trauma and for recovering from the effects of abuse, for example psychiatrist/psychologist and relevant therapies. According to Gellert *et al.* (1993) the social worker is also expected to assist the physician in deciding on such medical procedures as HIV testing of sexually abused children. After the team members have considered the social, familial, clinical and psychological circumstances surrounding the sexually abused child and his/her family, they can make decisions regarding a plan of action. It therefore becomes important for the social worker to liaise with various systems such as schools, help-lines, and other organizations that can meet the needs of the sexually abused children. After case conferencing decisions have been taken, the team has to embark on the next phase of the case management process, namely service planning and resource identification, which will now be discussed.

### **3.2.3 Service planning and resource identification**

The third phase of the case management process involves planning of services and identification of resources. The multi-professional team is responsible to do the necessary planning and to identify the resources that could meet the needs of the sexually abused children and their families.

#### ***3.2.3.1 Service planning***

The case management team has the responsibility to decide on a plan of action and to ensure that it is implemented (Corby 1998:103). The social worker and police, as regular attendants of the case discussions, have to be available for the planning and need to engage the victimized children, family members and perpetrator in the planning of services that would meet their needs (Austin & McClelland 1996:56). Often the clients may be reluctant to take the initiative to access services and resources available from various organizations. It thus becomes important that the professional facilitates the process of accessing such

resources. According to Kirst-Ashman and Hull (1993:515-516) social workers can use motivating techniques to understand the family's plans and thoughts regarding the needed resources. These motivation techniques may include probing into what the family needs to achieve in relation to their problems. The social worker may suggest ways in which the family can respond to negative responses at resource agencies. It would also be important for the social worker to identify alternative options that are available for the family. Having discussed these factors with the family it would be vital for the social worker to enter into a contract with them, but he /she should clarify mutual roles and responsibilities between the family and the team members regarding accessing of resources. It thus becomes important that the team identifies steps and procedures involved in achieving the goals of the clients. They have to observe quality standards that have to be considered when intervening in cases of child sexual abuse. The social worker should involve parents of the victims, as children might not always be in a position to make informed decisions. The parental involvement can therefore help them to optimise their participation when developing a service plan. Raiff and Shore (1993:42-43) suggest the following service standards:

- The team should plan services logically and recommend interventions.
- Plans should aim to be primary to what the victimized child/family needs to achieve.
- Short-term goals should be specific, achievable, realistic, observable, measurable and time-bound.
- Goals should be documented and be achieved one at a time. The team members need to avoid criticizing and reprimanding affected children and their families but they should give positive reinforcement.
- The service plan should be completed timeously, be appropriate and identify responsibilities of the family, victim, social worker and all who will be implementing the service plan. A timeframe for review should be established and plans should be flexible to accommodate the changing needs of the sexually abused children and their families.

If the team members adhere to these service standards, they can ensure quality service delivery to the sexually abused children. After the team has completed the planning of

services in accordance with the suggested service standards it would be important to embark on the next phase of the case management process, namely identification of resources.

### ***3.2.3.2 Identification of resources***

The social worker needs knowledge of available resources that the sexually abused children and their families can be linked to. Therefore he/she has to develop a network of contact persons to whom he/she can refer the sexually abused children and their families, and ascertain whether the victims and their families meet the criteria and eligibility to be assisted by the agency (Kirst-Ashman & Hull 1993:95). Such information could be obtained from community resource directories, telephone books, yellow pages and welfare organizations. Corby (1998) mentions that cooperation amongst different agencies involved in child protection work is essential, as it would facilitate access to resources. The social worker is also expected to explore the social networks of the victimized by actively involving them in the process of identifying how best they could be assisted (O'Hagan 1989). Because participation and client self-determination is necessary, the social worker has to provide alternatives regarding resources, as well as advantages and disadvantages of such resources (Kirst-Ashman & Hull 1993). The identified resources should relate to the identified needs of the clients. Rothman (1999:27-28) advises that social workers have to avoid creating a dependency of the affected families on the welfare system. Often the professional overemphasizes the uniqueness of his professional help, and thereby he limits the families' potential to explore their own strengths.

### **3.2.4 Implementing and coordinating services**

The fourth phase of the case management process for sexually abused children is implementation and coordination of services. The social worker has to facilitate referral of the victimized families and perpetrators to various resources (Kirst-Ashman & Hull 1993). He/she is required to facilitate interaction between the family and the resource system. Because the referral process involves linking clients to various resources it can be time-consuming. The social worker can arrange meetings with his/ her agency staff to facilitate

the referral systems to ensure that quality services are provided to the clients within the shortest possible time (Rothman 1994:92). The author gives an example of a report by the United States General Accounting Office Information and Referral for People Needing Human Services - Washington DC, in which a social worker spent thirty five-hours to link a client to forty-one agencies. It is therefore crucial to realize how demanding the referral system can be; however the process would ensure that intervention strategies meet the needs of the sexually abused and the perpetrators. The team members should ensure that the services that are rendered to the victims are continued throughout the process of the case management. The implemented services should be monitored to ensure that they meet the impact goals of the victims and their families.

### **3.2.5 Monitoring of service delivery**

The next phase of the case management process is the monitoring of the services that are delivered to the victims and their families. A starting point would be to make formal communications and record all contacts that the social worker has made. He/she has to determine whether service plans have been completed and if original goals have been reached (Kirst-Ashman & Hull 1993). It is necessary to identify gaps, review needs and assess if there are changes that occurred in the process. Monitoring is necessary as it could prevent duplication of services and indicate progress made.

### **3.2.6 Evaluation**

The last phase of the case management process is evaluation. The social worker and the multi- professional team can evaluate progress by reviewing case records of the sexually abused children and their families. Using their own observation, and contacting resource agencies to determine whether impact goals have been achieved, will achieve this. The team has to determine whether problems that were identified have been alleviated. Evaluation instruments such as questionnaires can be used to assess the helpfulness of service providers and client satisfaction. Follow-up through home visits and contacts is necessary because vulnerable children may be revictimized if no follow-up contacts are arranged.

All the phases of the case management process should be structured in a manner that can benefit the sexually abused children, their families and the perpetrators. However problems can occur that can affect effectiveness when the social worker intervenes in cases of child sexual abuse. These problems will be discussed below.

### **3.3 OBSTACLES TOWARDS EFFECTIVE CASE MANAGEMENT**

Daily work with sexually abused children can be affected by various practical problems that could be externally or internally motivated. The social worker needs to understand that external factors such as the perpetrator's intimidation of the child victim, the professional's abilities in managing the problem as well as factors emanating from the child him/herself can prolong the secrecy surrounding child sexual abuse (Furniss 1990:22, 138). According to Smith (2000:283), the victim may harbour the secrecy for months, years or even a lifetime. According to Furniss (1990) these factors may include:

- Verbal accusations and threats by the abuser that keeps the sexually abused child from disclosing the abuse.
- The social worker's inability to cope with sexual abuse issues and to find necessary support and resources.
- The social worker's disbelief of sexual abuse allegations can lead to non-disclosure.
- The child's denying of the occurrence of sexual abuse in fear of being intimidated may hamper disclosure of the sexual abuse information.
- The child may keep quiet about victimization in fear of family disintegration.

These obstacles could be experienced concurrently with challenges faced by social workers. These problems could affect the helping process to the disadvantage of the sexually abused child. Possible challenges may include various factors on which attention will now be focused.

### **3.4 CHALLENGES FACING SOCIAL WORKERS**

Various challenges can affect the implementation of intervention strategies when social workers render services to sexually abused children.

### **3.4.1 Disagreements among agencies**

The policies and philosophies of various agencies in child sexual abuse work may differ. As a result disagreements may occur regarding how a particular case should be handled. Louw (2001:28) informs that the multi-professional approach can be ineffective due to lack of provincial policies and specific job objectives. Resultantly duplication of services may occur as each department may wish to pursue its own objectives. Corby (1998) found that disputes might occur between social workers and police officers because often the police query why social workers and the medical personnel have not involved them in their investigations. Social workers also complain of the failure of the police to involve them when interviewing victims of child sexual abuse when they obtain statements from them. Health workers may complain about the social workers' delay in investigating the child sexual abuse cases.

### **3.4.2 Unconducive working conditions**

Working conditions that are unconducive can cause ineffectiveness when social workers intervene with sexually abused children. Even though they may have the necessary training in child sexual abuse work several factors may affect their professional interventions. The overwhelming work demands such as working under pressure and dangerous work environments facing social workers and police officers can decrease their effectiveness (Simpson 1997:180-181; O'Hagan 1989). If case loads are high it is likely that social workers can experience burnout and stress and thus cases of child sexual abuse may not receive the sufficient attention they require.

Louw (2000:28) mentions that some staff members may lack dedication to their work and resultantly sexually victimized children may receive insufficient help. Simpson (1997) maintains that chaotic and undisciplined work environments create incompetence in child sexual abuse work. Frustration may also result from the inability of social workers to change the system to meet the needs of the victims. However, irrespective of all these conditions there are also dedicated social workers that do difficult work with resisting

offenders and render services to the victimized families (Bolen 2001:291). Apparently, the attributes of the social workers may determine how successful they can intervene in child sexual abuse cases irrespective of the challenges they face. However working conditions which are conducive to need to allow them to exercise their knowledge and skills when assisting sexually abused children.

### **3.4.3 Resistance from clients**

During intervention with sexually victimized children, the social worker has to be knowledgeable about the dynamics in family relationships (Porter 1984:79). He /she often has to engage the child victim, the non-offending parent and the perpetrator, but the latter may violently deny the allegations of having sexually abused the child, unless forensic evidence links him to the sexual assault. He/she could react defensively in an attempt to avoid the “painful truth” about him/herself and loved ones. Until such time that he/she feels ready to disclose other family may fear family disintegration, and therefore deny the sexual abuse allegations (Rudd 1999:191). According to Gräbe (2000:17-18) the information given by the child regarding being victimized might be the only evidence and proof to confirm the sexual assault as physical signs (genital injuries) might have healed. The social worker thus requires knowledge and skill to deal with defence mechanisms as well as family and offender dynamics.

### **3.4.4 Cultural versus professional work with sexual abuse cases**

The various communities where the victims live may have different ways to resolve problems that they experience, including child sexual abuse. The community's problem solving methods may contravene the professional interventions. Simpson (1997:182) explains that some of the models used in child sexual abuse work may not be helpful in certain cultural backgrounds. In South Africa, community participation in own affairs is encouraged and extended families' solidarity in problem solving is adhered to. Simpson (1997) cites the example of the "Kangaroo courts" in a rural informal settlement in Natal that do trials in sexual abuse cases. Although the protection of the child might be ensured these courts contravene the principle of confidentiality as traditional leaders, the victimized,

the perpetrator and families are present during the trial. In Zambia case work committees are comprised of social workers, doctors, teachers, clergy and community leaders who engage in case conferences. It is therefore important that the cultural approach to the trials of these cases observes the sensitivity around the problem. It would be better to refer the cases to the professionals to intervene.

### **3.4.5 Bureaucracy in agency management**

The bureaucracy of the agency management can at times become a challenge for social workers when intervening in cases of child sexual abuse if it fails to plan for emergency needs of the clients.

The management of the agency needs to prioritize protection of sexually abused children, especially if the child's safety is at risk, as an urgent matter. Simpson (1997:180-181) mentions that official activities such as attending meetings, workshops and other events may indirectly take precedence over the needs of a child in need of immediate removal. If no alternative arrangements are made during such meetings the victimized child may remain in a potentially dangerous situation should social worker(s) remaining in the office be without authority to perform certain administrative functions, e.g. access to the telephone or transport and setting up a protocol in liaising with outside agencies. Bureaucracy in agency management thus needs to be structured in such a way that the management is responsive to emergency needs and able to maintain high service standards.

### **3.4.6 Supervision of social workers**

Supervision of social workers is needed because the complex nature of child sexual abuse work can create lots of stress. Through supervision the front-line social workers get a chance to ventilate their feelings and receive needed support. According to Corby (1998:168) and Kirst-Ashman and Hull (1993) it is crucial that supervisors have skills and the experience of intervening directly in cases of child sexual abuse. Corby (1998) finds it unacceptable for officers without training in child sexual abuse work to supervise line-work social workers that do case management of this problem. Botha (2000:1) notes that some

social workers may experience supervision negatively, probably because the methods applied by supervisors may either be faulty or weak. Without supervision, social workers may experience difficulty to achieve effective service delivery as child sexual abuse can be emotionally draining. Supervision can therefore be therapeutic for the line social worker as ventilation occurs and he/she receives professional support.

### **3.4.7 Training in child sexual abuse work**

Training in child sexual abuse work is vital because it provides the necessary theoretical knowledge that guides the social workers on how to manage this problem. Bolen (2001) says that it is essential that social workers acquire a clear conception of what child sexual abuse work involves. They are required to have basic education and training in this phenomenon. It is not acceptable for social workers intervening into problems of child sexual victimization to base their work on unfounded knowledge. Social workers can attain competence by acquiring post qualifying courses or a range of short courses on child sexual abuse work (Corby 1998). He maintains that social workers trained in this regard do not only provide quality services, but also have self-confidence and feel confident to administer effective intervention. It is crucial that both line social workers and supervisors acquire training and practice in child sexual abuse work to ensure the best interest of the child victims.

### **3.4.8 Emotional demands**

When the sexually abused children come to the attention of the social worker it is natural that he/she gets affected emotionally. Working with human misery as well as the overwhelming agency demands can cause exhaustion and apathy on the side of the social workers (Simpson 1997:180). Services standards can be affected by lack of resources that the social worker needs to link the sexually abused child to. He/she can experience frustration and demotivation due to unavailability of necessary resources.

All these different challenges can impact negatively on the quality of the intervention that the social workers render to the victims of child sexual abuse, even though they have insight into the process of case management.

### **3.5 SELF-AWARENESS AND ATTITUDES NEEDED BY SOCIAL WORKERS**

Self-awareness is vital in a professional relationship (Fontana 1990:8-13). Through self-knowledge the social worker is able to appreciate his/her own strengths and shortcomings. Self-awareness is central to effective practice as the social worker may transform from the old comfortable ways of approaching issues and take courage to confront his/her past (Fontana 1990; Elsdon 1998). The social worker needs to be aware of how his/her personal attributes and issues can influence child sexual abuse work. These attributes and issues will be discussed next.

#### **3.5.1 Beliefs**

Beliefs held by social workers can have a negative effect on the process that is supposed to aid victims of sexual assault. Rothman (1991:102-226) advises that objectivity can be maintained if social workers can become aware when their beliefs cloud their decision-making. Subsequently it would be necessary to use professional values and ethics as guidelines towards objectivity. Studies by Gore-Felton *et al.* (1999:804) found that social workers, like other non clinical professionals involved in child protection (e.g. prosecuting attorneys and law enforcement workers), tend to readily believe the probability of sexual abuse. This immediate response can affect their objectivity if they do not gather extensive facts through investigations. Consequently, they require skills to assess the validity of sexual abuse allegations, and not to base their arguments on what they believe in.

#### **3.5.2 Attitudes and emotions**

When a sexually abused family comes into contact with the social workers the latter have to portray that they accept these clients and are aware of their attitudes that may surface towards the family (Baxter 1986:9; Gore-Felton *et al.* 1999). Fontana (1990) advises that they have to maintain a caring and non-threatening attitude towards the abused child and the

alleged offender. It is possible that the social worker may experience negative emotions and feel revulsion and anger towards sexually abusive families. These attitudes could be reflected through his/her non-verbal communication. Therefore the social worker has to ensure that these attitudes do not interfere with his/her understanding of what motivated the sexual victimization and how the problem has affected the abused and the abuser.

Attitudes of social workers should thus be guided by a professional Code of Ethics. Professionals are ethically obliged not to abuse their powers, knowledge and expertise in a professional relationship (National Association for Social Workers Code of Ethics as cited by Loewenberg *et al.* 2000). They should ensure equal access to the best possible resources and necessary information needed by the sexually abused children and their families or offenders. It would also be important for the social worker to be honest and to explain to the family about the breaching confidentiality that may result due to access of the sexual abuse information by the court.

Notwithstanding all the various attitudes and emotions that develop during the professional relationship, the social worker has to treat the offenders and victims of child sexual abuse with dignity. A value-based attitude should thus be applied in all encounters during child sexual abuse work.

### **3.5.3 Myths, misconceptions and generalizations**

In order to understand how myths, misconceptions and generalizations affect services to the victims and offenders of child sexual abuse, Baxter (1986) suggests collective discussions on society's and personnel's perceptions of child sexual abuse. Collective attitudes towards the problem might constitute myths and misconceptions. These perceptions, however, do not apply in every situation. Generalizations made by social workers with regard to child sexual abuse may include the conception that children cannot lie about sexual victimization (Dillion 1987; Mason 1992:34). The social worker can be biased if he/she holds and acts on misconceptions as the child's information could be derailed by the professional perceptions. Mason (1992) cautions that courts are not willing to accept testimony that claims that

children cannot fabricate sexual abuse allegations. Dillion (1987:540) further mentions that social workers should therefore have knowledge of generalization on guideposts regarding child sexual abuse. The arguments contained in the reports compiled by social workers thus should be based on proper assessment and investigated facts and not unfounded hear-say information or generalized frames of reference.

#### **3.5.4 Social signals**

Another factor that social workers have to consider is being aware of the social signals that “show up” when interviewing sexually abused children or perpetrators. Fontana (1990:37) highlights that social workers need to guard against displaying negative cues during the session. It is necessary to portray victim sensitivity because a social worker who is bored or pressured due to time constraints may reflect obvious signals that can be seen and easily read. These may include unfocused attention, angry looks, eyes casting up, nervous hand and body movements, interrupting conversations or uttering half-finished statements (Fontana 1990). The social worker’s emotional state and attitude should reflect that he/she believes the information obtained from the sexually abused child. By responding honestly and naturally in an accepting manner the social worker may encourage trust from the child and further disclosure of the sexual abuse may be prompted. The sexually abused child’s guilt feelings can be reinforced by the social worker’s unacceptable social signals. Therefore non-verbal signals such as appropriate touches and a genuine smile can convey warmth and friendliness towards the distressed victim.

#### **3.5.5 Feelings**

It is important to note that what may trigger feelings is being heard and circumstances experienced by both the social worker and the concerned child. Rothman (1999:102-103) explains that feelings may be manifested as curiosity, fascination, discomfort, alienation, fear, shame, hostility, anger, hatred and love. The social worker has to be able to notice these various feelings and know how they can impact on the helping relationship.

### **3.5.6 Reinforcement attributes**

There are various factors which could let the social workers feel encouraged or discouraged to render effective services to the sexually abused children and their families. The motivation to provide quality service can emanate from various factors. Individual social workers need to know what motivates their effectiveness and ineffectiveness. If social workers work in an environment which is stressful, filled with anxiety, tension and negative feedback, they may experience burnout. But if they receive positive feedback for being skilful, knowledgeable and competent, and can thus make meaningful changes in the lives of the sexually victimized families, they can become effective and efficient in their work. A social worker has to understand what influences his/her motivation or demotivation towards proper intervention.

In conclusion, self-awareness as discussed is crucial as it promotes objectivity and professionalism in social workers when assisting sexually abused children. The social workers may be cautious and only probe for information that they require as they have to know what the information gathered is needed for (Bolen 2001:32).

## **3.6 SKILLS NEEDED BY SOCIAL WORKERS**

As managers of child sexual abuse cases, social workers require skills that accredit them to respond professionally and to exercise expertise. These include social skills, casework skills and community advocacy skills, to which our attention will now be focused.

### **3.6.1 Social skills**

Fontana (1990) maintains that good interpersonal skills lead to lasting impressions of the social worker. Simple gestures such as remembering people by their names make it easier to establish good rapport, as it may enhance a sense of “belonging” and being known. Fontana (1990) advises that the social worker should be able to limit self-disclosure appropriately during intervention so as not to influence the information that will be disclosed by the victimized family.

### **3.6.2 Clinical skills**

The professional should be skilled to engage the victim, the perpetrator or family members to participate in the interview sessions. Often the abuser might be aggressive or threatening to the family. The social worker is required to have skills that may include, among others casework skills, interaction skills, cognitive skills and skills to deal with feelings. These skills will be discussed below.

#### ***3.6.2.1 Interaction skills***

One of the clinical skills that the social worker requires when interviewing sexually abused child(ren) is the ability to use interactional skills. Middleman and Wood (1990:45) state that first impressions are formed about each other as soon as the sexually victimized child and the social worker visually meet. The latter has to make the child or family comfortable in a way that reflects responsibility and responsiveness. When interviewing the child it is necessary for the social worker to arrange and position the physical setting of the office so as to create a child-friendly environment for the victim. But he/she needs to observe cultural norms regarding space and sitting positions in order not to intimidate the child.

When dealing with a child who is not ready to talk, the social worker should be creative in proposing a medium of communication that the child can enjoy. This may include playing with a child, taking a walk, offering a drink or engaging in an activity that interests the child. The social worker should engage in what the child is doing. Interactional skills facilitate rapport building and create an atmosphere in which communication can be enhanced.

#### ***3.6.2.2 Empathetic listening skills***

The second skill that the social worker requires is listening skills. During interviews he/she needs to be open and able to listen to what is really being said without allowing own values and beliefs to interfere with the information that is related by the sexually abused child (Middleman & Wood 1990). It is vital that the social worker empathizes with the client whilst listening to the traumatic experience related by the child. According to the study of

Palmer *et al.* (2001:141) listening and being empathetic were rated high when survivors of child sexual abuse rated professionals' help. Empathetic listening conveys a message showing that the social worker is interested in the victimized family's situation.

### ***3.6.2.3 Perception skills***

Thirdly the social worker should be able to apply perception skills when providing help to the sexually abused child. It is necessary that he/she is in a position to process the information that he/she receives from the interview (Middleman & Wood 1990). With an open mind, the social worker needs to disregard the general knowledge that he/she has about child sexual abuse, but should allow new ways and information from the victimized family. By using jigsaw puzzling skills he/she gives the victim and other interviewees a chance to reveal important information of the abuse without allowing past experiences and knowledge to interfere with what is being said. The social worker has to perceive the sexually assaulted children from all angles in order to recognize their strengths and problem situations so that he/she can assist them.

### ***3.6.2.4 Thinking skills***

A fourth skill that is of importance in helping the sexually abused child is the ability to apply thinking skills. The social worker should be an analytical and critical thinker who can integrate diverse facts in an interview, so as to gain maximum information in various ways (Elsdon 1998:61). It is important for him/her to understand each family member's behaviour in context during intervention. By so doing he/she could realize the immediate needs of the victim.

### ***3.6.2.5 Cognitive skills***

The fifth skill that social workers need to have is the ability to apply cognitive skills during intervention. Social workers are expected to be able to recognize feelings and emotions that erupt from the sexually abused children and their families. These feelings and emotions may be manifested through various ways e.g. a fearful child may react in a panicky manner, whereas anger may be reflected through furiousness (Middleman & Wood 1990). When

assessing a sexually abused child and his/her family it is important for the social worker to observe patterns of behaviour and their motivations so as to fill in missing words regarding unsaid stories.

#### ***3.6.2.6 Skills for dealing with feelings***

The sixth skill that should be utilized by social workers is the ability to deal with feelings. A variety of feelings surface during intervention with sexually abused children. The social worker, the sexually abused child/family and the offender may experience different feelings towards one another and towards the problem. Fontana (1990:7) advises social workers to be able to interpret the appropriateness of feelings in their interviews, because what seems acceptable to adults may not be readily termed acceptable to children. For example, if a sexually abused child portrays feelings of confidence and assertiveness his/her attributes might not readily be acceptable, whereas such qualities are admirable in adults.

Middleman and Wood (1990:61-71) assert that social workers need to appreciate and be capable to contain feelings that they experience during an interview without influencing the child's responses in order to be unbiased. The silence occurring during an interview should not make the social worker uncomfortable, as he/she has to allow such silence. If the victim or perpetrator expresses no feelings, or show incongruent feelings to situations, the social worker has to reach for their feelings so as to understand motivations towards such incongruence and expressionlessness. Multiple feelings may occur with the sexually assaulted child, and therefore the social worker should be skilled to partialize the feelings so as to attend to them individually. Objectivity and effectiveness can be attained if the social worker is capable of applying the above-mentioned skills to benefit the victims and their families.

#### **3.6.3 Community advocacy skills**

The social worker is required to recognize the importance of engaging the victimized children, families and perpetrator in advocacy. It is through this process that they could take active participation in decision-making about their needs and concerns. Parton & Wattam

(1999) call this active advocacy. The social worker and other agencies and stakeholders need to join efforts to identify various disempowering elements in services and resources that hamper the victimized to meet their needs (Kirst-Ashman & Hull 1993:468).

Where policy disadvantages the family, the social worker needs to promote their rights and challenge oppressive policies. He/she should act as their supporter, advisor and representer.

The sexually abused children need to be listened to by the professional and enabled to demand their rights. It is important for the social worker to engage them from the early intervention stage. The social worker should encourage the children to communicate their feelings and wishes and involve them in the planning and decision-making as well as case review meetings (Parton & Wattam 1991:63-67).

Often traumatized children may seem too naïve and withdrawn to communicate their wishes and aspirations. The social worker should be in a position to motivate them to state their heartfelt choices, issues and concerns.

During advocacy the social worker can play a role of mediator (Parton & Wattam 1991:61). These two authors state that the social worker needs to encourage the child to prepare information regarding his/her wishes or needs that he/she wishes to communicate, as the victim can make a significant contribution during case discussions or meetings. However the social worker should consider age-appropriate mediums through which the child can feel comfortable to communicate, e.g. writing letters, drawings, tapes etc. if the child cannot verbalize his/her concerns. He/she should ensure that the child's views are heard in a meaningful manner, and not just in a tokenistic way (Parton & Wattam 1991).

The social worker as a fact finder could seek for relevant policies and data and provide the child with access to information regarding his/her entitlement to services. Kirst-Ashman and Hull (1993:468) inform that the professional needs to know how to use various legislation, policies and government documents and data sources when advocating for sexually abused children and their families. When he/she is equipped with the necessary

legislative knowledge the social worker could feel competent and comfortable when advocating for the sexually abused children, as he/she would know how political processes work.

The professional as a case advocate requires a skill in public speaking. In some instances he/she would need to confront or address agency management or a board of directors if they make it difficult for the family or victimized to access services by insisting on a rigid procedural manner. Conflict management skills are also necessary. The social worker needs to be able to tolerate conflict and remain comfortable even if the management or the board-of-directors do not agree with his/her ideas (Kirst-Ashman & Hull 1993).

When the family or child requests to be represented, the social worker should be in a position to do so as a case monitor. Where agencies or resource systems fail to assist the victimized families the social worker should influence decision-making processes to modify procedures that decrease equal access to resources. Sometimes the outside agencies might treat referred families or individuals in an unacceptable manner. The social worker would then have to advocate for humane service delivery, which promotes dignity and civil and legal rights (Kirst-Ashman & Hull 1993:470).

Playing an advocacy role might not always be an easy process as it might sometimes involve lawsuits by the adversary. Often the resource agency might not agree with the family, thereby denying them their right to equal access to resources. If the system disadvantages the clients, irrespective of the social workers' advocacy, professionals need to have knowledge of how to appeal different decisions made by the resource agency. They also need to be skilled to persuade the adversary to maximize benefits for the victimized, without being arrogant or conceited. Thus the social worker has to have good interpersonal skills and acknowledge and understand the situation of the target agencies. He/she has to record all the answers received from the adversary and document exact details with dates, times and contact persons.

### 3.7 THEORETICAL FRAMEWORK

Sheafor *et al.* (2000:87-91) suggest that social workers should base their interventions on an eclectic approach to perspectives, theories and models in order to provide effective services. Various perspectives such as the generalist, general systems and ecological systems perspectives can be applied in the assessment of sexually abused children, their families and perpetrators. These perspectives can aid the social worker to understand their resilience. Through this broad perspective the social worker will be more equipped to gain insight of, and to understand the level of functioning of the victim from various angles, and to act professionally during intervention.

In a generalist perspective social workers should first establish who their clients are and assess their different problems and needs. As brokers they need to identify whether the abused children, their families and perpetrators are in a position to meet their diverse needs and challenges in their environment. Through the generalist perspective, the social worker is in a position to assess the ability of the support systems (relatives, churches, clubs) to offer emotional, instrumental as well as material support and to take care of the victimized child. The social worker should also assess the availability, accessibility, adequacy and the appropriateness of the formal resource system to render services to the abused children and perpetrators, for example. services of a child psychologist, counselling services, educators, pediatricians. Kirst-Ashman and Hull (1993) suggest the usage of a community resource directory index to get information on legal services, help-lines, alcoholic treatment centres, social clubs and organizations in the community. As a broker it is important to know the characteristics of the agencies that provide resources, their eligibility criteria, contact persons, addresses and telephone numbers, office hours, geographical boundaries, tariffs and accessibility for people with disabilities.

A general systems perspective may be used to interpret and understand the interaction between the victim or perpetrator and the community (Sheafor *et al.* 2000: 89). Through this perspective the social worker can describe the ways in which the victims and their families form, develop and function within their communities and assess how best they can utilize available resources.

Sheafor *et al.* (2000) indicate that the social worker can use the ecosystems perspective to appreciate and consider the economic and political context within which families have to compete for resources to which they have been referred.

Within these broad perspectives the professionals can apply the psychodynamic theory in order to trace the origins and causes of behavioural patterns. This theory can also assist the social workers to understand the dynamics of sexual abuse within the family relationships, as well as psychological factors affecting the abused and the abuser. Milner and O'Brien (1998:109) mention that the psychodynamic theory still remains a useful way to understand behaviour that seem irrational as past events influence current behaviour, although much criticism exists against this approach.

The inclusion of the ecological theory in the assessment of sexually abused children expands the social worker's insight into intervention. Van der Mey and Neff's (1986) and Jack's (1997) study indicate that the ecological theory emphasises that human behaviour should be examined within the context of the micro system, mezzo system and macro system. These authors suggest that child sexual abuse should be traced from the socio-economic failures such as lack of resources, isolation, stress and economic disadvantages. A lack of social and economic support and networks may predispose children to abuse. It is therefore crucial to assess and understand the standard of living of the victimized child's family, their support systems and resources to provide relevant services to them. Through this theory the social worker is in a position to understand the abused children in relation to their neighbourhood, community, culture, various community structures and social programs; as well as ways in which victims could be linked to such structures (Sheafor *et al.* 2000:19).

As case management involves working with different social networks, formal agencies, welfare organizations and the victim's family it could be necessary to use the interactional model. The social worker needs to mediate the interventions between and among the family of the abused child and liaise with formal and informal resources. By using the interactional model, the social workers become facilitators of a series of events that are planned with the

family to access resources from various systems (Sheafor *et al.* 2000:110-111). It is therefore vital that they interact with other stakeholders involved with the sexually abused children.

A problem-solving model is also incorporated into the framework within which the social worker intervenes with the child. As brokers they are required to develop various steps through which the client's problem situations and concerns may be resolved (Egan 1994). In brief, a proposed theoretical framework that could be used in the case management of sexually abused children within a generic approach can be summarized as follows: a generalist approach can be integrated with a general systems perspective and the ecological perspective. The psychodynamic theory and ecological theory could be included in this broad perspective. The usage of the interactional as well as the problem solving models is necessary as the complex nature of the sexual abuse problem involves various service providers, resource agencies and organizations that have to be coordinated to manage cases effectively. Case management as a process has to follow different stages, a synopsis of which has been adopted from Porter (1984) and will now be discussed.

### **3.7.1 Stages of case management**

In the United Kingdom case management for families of the sexually abused children follow the following different stages (Porter 1984).

#### **Stages 1**

- Suspected cases of sexual abuse are reported to police and a consultation with the multi-professional team is arranged for assessment. During this phase the social should adhere to the value-based approach towards the victim and the perpetrators, and avoid being biased. Corby (1998:103) suggests that a case conference be attended within a time gap of three to fifteen days after the initial allegations have been reported, to decide on plan of action.
- The victim, and the mother (and the father where appropriate) are interviewed by the police.

- The social worker intervenes and involves the perpetrator, the victim and the mother who acts as a link between the abused and the abuser
- A doctor or a police surgeon does medical examinations with ensured confidentiality and dignity.
- Where a need arises the victims (and other children) are removed if risk is suspected. The social worker's skill and patience are required as the child trusts him or her.
- If the social worker is convinced that sexual abuse has taken place, and if family members are ready and prepared, a family meeting is arranged with key investigation process and assessment procedures. The social worker compiles a family social history report and presents it at the case workers/professionals to inform about the nature of disclosure, the further conference that recommends a future management plan. Various findings of the assessment team are brought to the case conference and the social worker compiles a report for a court inquiry.

## **Stage 2**

After the assessment has been done all family members need to be given a chance to be assessed by a psychiatrist who is experienced in adult and forensic work, in order to ascertain their mental functioning and possible perpetration.

## **Stage 3**

Porter (1984:83) mentions that a plan of action agreed upon with the family regarding individual and family needs is structured whilst case conferences take place simultaneously. However, Porter informs that perpetrators often co-operate through the legal systems because sometimes they find therapy to be more painful than punishment. According to Kirst-Ashman and Hull (1993:512) planning in a generalist perspective involves identification of resource systems, as well as identifying time frames for service delivery and for attainment of impact goal. The professional team decides on type of outcome evaluation tool or measurement that will be used to gauge success or failure; assigns specific tasks and responsibilities to individuals, groups or organizations so as to meet the needs of the clients.

### 3.8 PROPOSED THEORETICAL AND PRACTICAL FRAMEWORK FOR MANAGEMENT OF CHILD SEXUAL ABUSE CASES

Table 3.1 below indicates various phases that the researcher proposed for case management of sexually abused children.

**TABLE 3.1 Case management guide**

ACTIVITY	PHASE 1: OBJECTIVE – INTAKE			PRACTICAL KNOWLEDGE	SOCIAL WORKER'S ROLES	
	RESPONSIBILITY	THEORETICAL KNOWLEDGE NEEDED				
		PERSPECTIVE(S)	THEORIES	MODELS		
1. Alleged cases of child sexual abuse are reported to the social worker. Suspected cases are reported to police and at risk register is completed	Concerned community members or service providers  Social worker	Generalist perspective	Systems theory		Knowledge of local protocol for reporting cases of child sexual abuse. Knowledge of the rights of the victims, professional values and policy documents.	Information Provider Mediator
2. Police officer obtains a sworn statement from victim and interviews him/her in the presence of a social worker.	Police officer and social worker	Strengths-based perspective (to assess resilience)	Systems theory	Interactional Model	Policy regarding child protection procedures by police	Mediator
3. Interview is held with accompanying adult or parents to obtain information on psychosocial history and family functioning	Social worker	Generalist perspectives to understand how family functions, grows and develops within its locality. Strength-based perspective to assess strengths and weaknesses	Systems theory	Interactional Model	Knowledge of dynamics, risk factors and consequences of child sexual abuse.	Information gathering

<b>PHASE 2: OBJECTIVE :- ASSESSMENT OF A CHILD</b>					<b>PRACTICAL KNOWLEDGE</b>	<b>SOCIAL WORKER'S ROLES</b>
<b>ACTIVITY</b>	<b>RESPONSIBILITY</b>	<b>THEORETICAL KNOWLEDGE NEEDED</b>				
		<b>PERSPECTIVE(S)</b>	<b>THEORIES</b>	<b>MODELS</b>		
1. Assessment of the sexually abused child is done to verify allegations of the sexual assault.	Social worker	Generalist perspective	Psychodynamic theory	Interactional model	Assessment process. Interviewing skills. Assessment tools. Disclosure management. Dynamics of child sexual abuse.	
2. Interview with other family members is held.	Social worker	Ecological perspective: to understand relations with the ecological background.	Psychodynamic theory, offender-focused dynamics Ecosystems theory.	Interactional model	Offender-focused approaches on how family functions within the exo, mezzo and macro system and the origin of the problem.	Information gathering
3. Documentation of information and compilation of a report in preparation for a case conference.	Social worker	Generalist perspective	Psychodynamic and ecosystems theories.	Interactional model	<ul style="list-style-type: none"> <li>- Report writing</li> <li>- Analytic skills</li> </ul>	Information broker

<b>PHASE 3: OBJECTIVE :- ASSESSMENT OF CHILD AND CASE CONFERENCING BY MULTI-PROFESSIONAL TEAM</b>						
<b>ACTIVITY</b>	<b>RESPONSIBILITY</b>	<b>THEORETICAL KNOWLEDGE</b>			<b>PRACTICAL KNOWLEDGE</b>	<b>SOCIAL WORKER'S ROLE</b>
		<b>PERSPECTIVE(S)</b>	<b>THEORIES</b>	<b>MODELS</b>		
1. Social worker facilitates the holding of a case conference by contacting relevant stakeholders.	Social worker	General systems approach	Systems theory	Task-centred model	Knowledge of roles enacted by various team members	Facilitator
2. A case conference is held by the multi-professional team who present reports.	- Social worker - Police - Medical personnel - Family - (Others where applicable)	Generalist approach to assess allegations of abuse, risk and needs.	Systems theory	Interactional model	Knowledge of facilitation of a panel or meeting conference.	Facilitator
3. Joint decisions are made and taken with family regarding identified risks, needs and resources.	Team members	Generalist perspective	Systems theory	Task centred model	Referral sources and procedures, policies to access services.	Mediator information giver
4. The team involves the family members to participate actively in determining resources that can best meet their needs, and referrals are made.	Multi-professional team and family	Ecosystems perspective: to understand political and economic context within which family has to compete for resources.	System theory	Task -centred model	Motivation techniques for family. Monitoring techniques for team members	Broker
5. Each team member's role is clarified, and tasks are assigned them. Next sessions are planned.	Team and family	Generalist perspective	System theory	Task centred Model		Information gatherer
6. Contact is made by social worker with various resource systems to verify if the family is eligible to access services/ resources. A series of referrals is made.	Social worker	General systems perspective	Ecological theory	Interactional model	Knowledge of various service agencies, organisations, informal support systems.	- Brokering - Advocacy - Facilitator

<b>PHASE 4 : IMPLEMENTATION &amp; MONITORING</b>						
<b>ACTIVITY</b>	<b>RESPONS- IBILITY</b>	<b>THEORETICAL KNOWLEDGE NEEDED</b>			<b>PRACTICAL KNOWLEDG E</b>	<b>SOCIAL WOR- KER'S ROLE</b>
		<b>PERSPECTIVE(S)</b>	<b>THEORIES</b>	<b>MODELS</b>		
1. Family members make contact with resource systems to apply for needed resources that they were referred to.	Family and social worker	Strengths-based perspective	Systems theory	Task-centred model  Interac-tional model	Rights and entitlements for families  Monitoring procedures	Mediator
2. Social worker follows up: telephonic or personal contacts with service providers to assess progress.	Social workers	Ecosystems perspective	Systems theory	Task-centred model	- Persuasion skill - Conflict manage-ment - Confrontati on skills	Advocacy
3. Social worker makes contact with family to assess if their needs have been met, and to record all outcomes.	Social worker	Strengths-based perspective	Ecological theory	Interac-tional model	- Appeal procedures - Conflict manage-ment - Recording of outcomes	Advocacy
4. Social worker facilitates case conference to assess if impact goals of the family have been met by resource systems	Team members	Strengths-based perspective	Systems theory	Interac-tional model	- Evaluation instruments/ tools	

### Phase 1

This phase involves the intake process by social workers during which information gathering is done. The professionals need the knowledge of a generalist perspective through which they can assess the child victim from all spheres of his/her life. A system theory can

be applied to understand how the various systems in the client's life has contributed to the problem of victimization or how they could offer needed support (Kirst-Ashman & Hull 1993; Sheafor *et al.* 2000).

The police and social workers need to enact their roles and co-operate with each other to obtain sworn statements from the child. As a result they need to have knowledge of the child abuse protocol to guide them to work in partnerships. By applying a strengths-based perspective they can use the coping abilities of the child or family (Sheafor *et al.* 2000) having obtained sworn statements from the family with the help of the police, the social worker could then conduct an interview with the accompanying parent (adult).

The interview should focus on obtaining the historical background of the family, family relationships and roles, ability of the family to function as a unit and to sustain itself, as well as the developmental history of the child and the various levels of functioning of significant people who form part of the intervention process. Information gathering should also indicate how the victims and their families interact with various systems in their daily living.

Knowledge of the dynamics and risk factors and consequences of child sexual abuse can assist the professional to gather sufficient information about the child and his/her family. Afterwards the social worker can embark on phase two of the proposed case management process.

## **Phase 2**

The objectives of this phase are to assess the child who has allegedly been sexually abused. As fact finders, the social workers should employ a generalist perspective within which they may assess the children by employing the psychodynamic theory.

They need to be skilled to interview and interact with the victims and their families. They are also required to use assessment tools to assess if the abuse has taken place. It is important that social workers are able to manage the information that has been disclosed by

the child and know what to do with it. Documentation of information is important, as the social worker has to prepare a report for the case conference with the multi-professional team.

### **Phase 3**

The purpose of this phase is to do an assessment of the alleged sexually abused children by the multi-professional team. The social worker is required to facilitate holding a case conference with the team. At such meetings each professional has to produce a report, critically assessing the information presented by various stakeholders. As the psychological, social, legal and medical needs of the victimized child have to be assessed the social worker has to have analytical skills to do a critical assessment of the information presented by team members.

The multi-professional team and the child and his/her family have to come to a joint decision about the risks that are identified. The team members should do need identification, and thereafter the social workers have to facilitate referrals to various resources. It is therefore important for them to know the different recourse systems in the various communities, and criteria for clients to qualify for such resources. The social workers have to act as mediators, and also have to provide information to the clients where the system disadvantages them. Each team member's role has to be clarified and tasks need to be allocated to them. The social worker should provide information to the clients regarding expectations of the recourse agencies. By using the ecosystems perspective the team can understand the political and economic context within which the family has to compete for resources. As some distressed clients might feel reluctant to take the initiative towards accessing resources, the social worker can apply motivation techniques to make them realize their potential and to be prepared to approach the resource agencies.

### **Phase 4**

During this phase, it is important that the social workers keep contact with the family and the resource agencies to implement and monitor services delivery. If the victim or family's

strengths are recognized and they are thus empowered, it may become easier for them to compete for the needed resources.

The social worker has to use of the interactional model to facilitate interaction at various levels within agencies so as to improve the client's access to resources. Where clients experience problems in acquiring resources the social worker has to persuade and confront resource agencies. If the problems persist irrespective of the advocacy that the social worker has engaged in, the team may appeal to the higher authorities for the benefit of the victims. The next case conference session should be planned and held to assess if the team efforts had assisted the victims and perpetrators to achieve their goals. It is also important to realize that during implementation of these different phases, case conferences might be held concurrently with implementation, depending on the needs identified by the team, for the benefit of the victimized children. It is therefore vital to ensure that the team sets time frames for their information plans, clarifying roles and achievable goals and responsibilities, making realistic demands for the clients and the team members.

### **3.9 SUMMARY**

From the above discussions, it is clear that social intervention with sexually abused children should be based on theoretical and practical knowledge, skills and correct attitude to attain competency. The aim of the chapter has been to explain the process of case management which is the responsibility not only of a social worker, but a joint effort of a multi-professional team with different roles that address the complex nature of this phenomenon. Although sufficient knowledge and skills are required, intervention can be hampered by practical problems and challenges that can disadvantage the sexually abused children. The manner in which social workers provide professional help to victims and offenders of child sexual abuse is determined by the nature of the agency and the approach used towards service delivery. An outline of a proposed theoretical framework within which child sexual abuse can be managed has been provided in this chapter.

## **CHAPTER 4**

### **A SITUATION ANALYSIS OF THE MANAGEMENT OF SEXUALLY ABUSED CHILDREN BY SOCIAL WORKERS**

#### **4.1 INTRODUCTION**

Case management, as a function performed by social workers dealing with child sexual abuse, requires knowledge of the process that has to be embarked on. Such knowledge will equip social workers to tackle the cases without being haphazard or shifting responsibility. Being knowledgeable about what might cause sexual abuse assists the social worker to assess risks that the sexually abused child might be facing. Morgan and Zadner (1992) suggest that the expertise and skills of other stakeholders involved in child sexual abuse work need to be used to complement one another for effective provision of services to the child victims of sexual abuse.

The aim of the study was to give a description of the dynamics and risk factors of child sexual abuse in Moses Kotane Municipality District. The study also aimed at describing the knowledge that enables social workers to deal with sexual abuse. The contents of this chapter reflect the results of how sexual abuse cases are managed in Moses Kotane Municipality District. Demographical data of social workers will also be presented to explain which attributes of social workers might have an impact on the manner in which they are dealing with child sexual abuse.

#### **4.2 EMPIRICAL STUDY**

The research findings of the empirical study are contained in this section.

##### **4.2.1 Research method**

The study employed an exploratory research method to investigate case management of sexually abused children. On account of feasibility factors indicated in chapter one of this study the research was delimited to the major referral social work offices in the Moses

Kotane Municipality District of the Northwest Province. Quantitative and qualitative research methods were used to collect data. A formal written request for participants was made and handed to respondents. The researcher made herself available when questionnaires were administered to observe the responses of the participants and to make explanations and needed clarifications.

The sample (purposive) of the study consisted of thirteen (N=13) social workers rendering generic social work services that include protection of sexually abused children. Participants were employed in the service point that was manned by fifteen social workers rendering services in the two offices situated in Madikwe and Mogwase in the Moses Kotane Municipality District. Two social workers were not included because one declined to participate in the survey and the other was not available at the time of the survey. All the social workers render services on the micro, mezzo and macro levels of intervention. Data were gathered through self-administered questionnaires. The questionnaire (Appendix A) was divided into four sections. Section A addressed the demographical data of the respondents; section B provided information regarding knowledge possessed by social workers; section C contained the skills that social workers have; section D addressed the theoretical frameworks used by respondents; whilst section E looked into the client satisfaction regarding social workers' intervention in child sexual abuse cases.

#### **4.2.2 Demographical data of social workers**

The social workers were requested to mark a box that represented their gender, educational degree(s), years of employment, current rank and sexual abuse history.

##### **4.2.2.1 Gender**

Respondents were requested to indicate their gender as their demographical attribute in child sexual abuse work. Table 4.1 below reflects the gender of the participants.

**TABLE 4.1 GENDER OF RESPONDENTS**

<b>RESPONSE</b>	<b>f</b>	<b>%</b>
Female	12	92%
Male	1	8%
<b>Total</b>	<b>13</b>	<b>100%</b>

N = 13

Twelve respondents (92%) were female and one (8%) was male. The imbalance in the gender of participants results from the professional employment pattern of the Department of Social Services, Arts, Culture and Sport, which has been predominantly female-oriented over the years. Although Bolen (2001) states that the female professionals are likely to believe child sexual abuse allegations, this study could not find any significant difference between believing and disbelieving such allegations. The response of one male social worker could therefore not be comparative in the professionals' belief or disbelief of these allegations, based on gender. However the ratio of participants in this study show no particular disinterest of male participation in the research. The gender of professionals thus cannot be attributed to believing or disbelieving allegations of sexual victimization as almost all respondents were females and all participants believed in the information they received from the victims, irrespective of whether the professionals are male or female.

#### **4.2.2.2 Age**

Social workers were also requested to indicate their age, and the following responses were reflected: the majority of the respondents eleven (84%) was aged between twenty six and thirty five years whilst one (8%) participant was under the age of twenty five years and the other one (8%) of the respondent was aged between forty six and fifty five years. It is noticeable from these findings that most social workers in this agency falls within the youth category, which suggests that they might be knowledgeable regarding the contemporary developments in the field of child sexual abuse.

#### ***4.2.2.3 Highest qualification***

The participants were also requested to state the highest qualifications they have obtained. The findings indicate that the majority of the participants eight (62%) has obtained a four year Bachelors Degree in social work. Five (38%) of the respondents have acquired Honours Degree in social work. All thirteen (100%) are employed as full-time professional social workers. The finding shows that five (38%) participants have post-graduate qualifications, which raises a question whether they had studied in the field of sexual abuse work. Bolen (2001) states that social workers with more appropriate education and training in child sexual abuse work can render more appropriate intervention than those with limited knowledge.

#### ***4.2.2.4 Years of employment***

Social workers were asked to indicate their years of employment in the field of social work. The findings reflect that five (38%) of the respondents have been employed for four to six years as social workers, four (31%) have worked for ten to twelve years, whilst three (23%) have been employed for ten years, and one (8%) has worked for less than one year. The significant finding in this category is that the majority of the social workers have been in the profession for more than three years, which suggests that they might have more experience, knowledge and expertise in working with sexually abused children.

#### ***4.2.2.5 Present rank***

Respondents were requested to state the current ranks they hold as professional social workers, and the following findings were reflected: of the thirteen participants eight (62%) occupy the rank of social worker. Four (31%) are chief social workers and one (8%) occupied the rank of senior social worker. The findings raised a question whether respondents in a higher rank were knowledgeable in the field of child sexual abuse

#### ***4.2.2.6 History of sexual abuse***

It was also important to ask if social workers had any sexual abuse history. The findings indicated that all thirteen (100%) participants indicated that they had never had any sexual abuse history. Of interest in this finding is that professionals with a sexual abuse history are

more inclined to believe the allegations of child abuse (Gore-Felton *et al.* 1999) However the study found that even the child protection professionals without a history of sexual abuse are far more ready to believe the allegations of sexual victimization.

#### **4.3 KNOWLEDGE POSSESSED BY SOCIAL WORKERS**

An exploration of how knowledgeable social workers are regarding the causes of sexual abuse in their service point was done.

##### **4.3.1 Causes of child sexual abuse**

Respondents were requested to choose three causes from a list of six dynamics of child sexual abuse. Their responses were the following:

###### ***4.3.1.1 Family circumstances***

The findings reflect that family circumstances were found to be the major cause of the problem by ten (27%) of the respondents. Such circumstances include poor sexual functioning of parents, alcoholism and overcrowding. The findings correspond with Prusent-Marumo's (1992) and Goldman and Gargiulo's (1990) studies, which found that overcrowded homes create an environment which is conducive for child sexual abuse to thrive. These authors further confirmed that alcohol abuse was found to increase chances of victimization. They also stated that an unresponsive sexual relationship between the spouses promotes the chances of incestuous sexual relations.

###### ***4.3.1.2 Characteristics of the child***

Ten (27%) respondents indicated that children per se have no dynamics that cause sexual abuse. These findings support the studies by Bolen (2001) and Goldman and Gargiulo (1990) that found that the characteristics of the child do not necessarily pose as risk factors, but the circumstances around the child can create risk for him or her. However three (87%) of the participants indicated that children display dynamics that may expose them to sexual abuse.

#### ***4.3.1.3 Father characteristics***

Eight (21%) of the social workers explained that the characteristics of the father could be the dynamic that motivates child sexual abuse to be perpetrated. These responses correspond with the studies of Gilgun (1994) and Dziuba-Leatherman and Finkelhor (1994) who found father characteristics, such as extreme authoritativeness, to be a dynamic of a sexually abusive father.

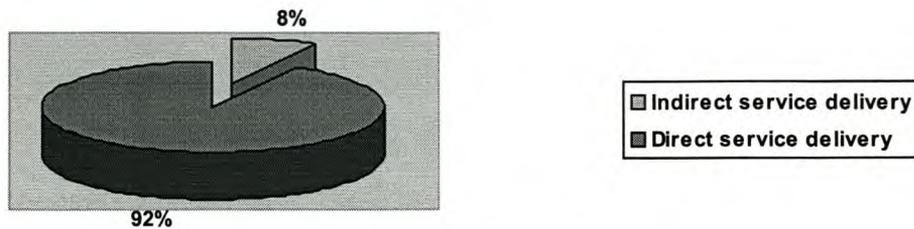
#### ***4.3.1.4 Lack of community childcare resources***

Eight (16%) of the respondents indicated that lack of child care resources in the community leave children at risk of being molested sexually. The findings correspond with Nash and Frazer (1998) whose study found that lack of childcare resources prompts children to exercise self-care. The above findings reflected that the three major dynamics that cause child sexual abuse to thrive in the Moses Kotane District Municipality are: family problems, father characteristics and lack of child care facilities in the community. If the community does not facilitate the establishment of safe childcare resources, it promotes the risk for child sexual abuse. Apparently the family's role to protect children becomes void if spousal conjugal rights are not fulfilled, which leads to children becoming targets for sexual abuse. The risk may further increase if there is a problem of alcohol abuse.

#### **4.3.2 Process of case management**

Social workers need to have knowledge of the type of case management process that they embark on in the agency. Respondents were therefore requested to give a description that explains the nature of the case management process of child sexual abuse which they are familiar with.

Figure 4.1. below indicates the nature of case management process practiced by individual social workers in Moses Kotane District Municipality.



*FIGURE 4.1 NATURE OF CASE MANAGEMENT*

As indicated in figure 4.1 above, twelve (92%) of the respondents apply direct service delivery to victims and their families, which, according to Kirst-Ashman and Hull (1993:494) involves all case work phases, counselling, referral to resources, monitoring service delivery and evaluating whether the victimized children's needs have been met or not. One (8%) of the social workers indicated that he/she provides indirect services which involves planning of services, monitoring service delivery and evaluating the impact of intervention. It appears that the majority of social workers in the agency provide services similar to those rendered by private child welfare agencies to which such services are outsourced by the government (Kirst-Ashman & Hull 1993). However the respondents render services to the general public and would be expected to adopt a generalist approach to service delivery rather than advanced case management services rendered in specializing agencies. This raises the question how they afford to provide extensive intervention in a generic social work setting.

### **4.3.3 Assessing tools**

Assessment of the child as one of the phases in the case management process can be facilitated through the use of various methods or tools. Fouche and Delport (1997:46) state that assessment tools may be used to assist the child to communicate the sexual abuse incident during disclosure. Social workers were requested to indicate the various assessment tools that they use. Different methods as shown in table 4.2 below reflect assessment tools preferred by social workers in the Moses Kotane District Municipality:

**TABLE 4.2 ASSESSMENT TOOLS**

Method	f	%
Toys and play	10	48
Anatomical dolls	8	38
Metaphors	2	9
Interviewing the child	1	5
Prevention material and videos	0	0

N=13\*

\*Respondents could choose more than one tool

As shown in table 4.2 above, ten (48%) of the social workers use toys and play to assess sexually abused children. Kelly *et al.* (1993) say that toys and play are effective means of communicating with sexually abused children as it enhances memories of the child's daily living. Eight (38%) respondents make use of dolls with or without anatomically correct genitals when assessing the victims. The results support the suggestion by Kelly *et al.* (1993) who inform that sexualised behaviour can be brought forth through the usage of these dolls. Play is an effective means and a most natural way of communicating for the child.

Two (9%) social workers applied the use of metaphors, which Furniss (1991: 18-183) found to relieve the child from concentrating on his/her ordeal, while the social worker can observe how the victim can identify with the child in the metaphor. Another assessment method mentioned by one (5%) of the social workers was interviewing the child. None of the respondents applied prevention material and videos.

Social workers in the agency reflected that they used a combination of different assessment tools. It is noticeable from the findings that social workers preferred to use toys and play as well as anatomical dolls more often than any other tools when assessing sexually abused children. However it was not established if the non-usage of other tools was due to preference, lack of skill or any other reason.

#### **4.3.4 Assessing risk**

Risk assessment was also investigated because various factors may expose children to risk of sexual abuse. During risk assessment it is necessary for the social worker to look into the child's safety within the family and immediate environment; and to understand the dynamic

nature of sexual abuse disclosure. As a result the factors such as perpetrator involvement and assessing recantation of disclosed sexual abuse information were considered important when formulating a safety plan.

#### **4.3.4.1 Perpetrator involvement**

The social workers were requested to indicate if they considered themselves as having a role in involving the offender of incest in family counselling sessions.

The following illustration in table 4.3 shows the responses of the social workers, while the results are discussed below.

**TABLE 4.3: PERPETRATOR INVOLVEMENT**

<b>Response</b>	<b>F</b>	<b>%</b>
Necessary	12	92
Difficult	1	8
<b>Total</b>	<b>13</b>	<b>100</b>

N= 13

The majority, twelve (92%), of the respondents accepted inclusion of the perpetrator on positive reconstructive reasons. Including the offenders it would rehabilitate them as their behaviours may be corrected or modified. The perpetrator can also make an introspection and create a better self-image for him/herself. An opportunity may also arise whereby dynamic problems experienced by the perpetrator and other family members may be identified and addressed. It is of interest to notice that almost all respondents regard perpetrator inclusion as necessary. These findings contradict with what Corby (1998) mentioned, namely that very few social workers regard themselves as having a role in rendering services to offenders of child sexual abuse, except if such offenders are juveniles. One (8%) social worker perceived offender involvement as a difficult task because families do not usually disclose child sexual abuse by a relative. These findings supplement Porter's (1984:79) study, which indicates that dynamics in family relations and the maintenance of the secrecy around child sexual abuse pose challenges during intervention in this problem. Briefly the above findings show that most social workers in Moses Kotane District Municipality are cautious about the risk of revictimisation if the perpetrator does not receive professional help.

#### ***4.3.4.2 Recantation of disclosed information***

Another safety plan assessment measure that was investigated is the recantation of the disclosed sexual abuse information by the child victim. An overwhelming number of respondents viz., all thirteen (100%) of the social workers, felt that recantation of previous allegations of sexual abuse should not necessarily constitute disbelief of victimization on the part of the professional. The findings complement Sorenson and Snow's (2000:42-48) caution that recantation may cause a valid sexual abuse allegation to be dismissed without further investigations, if such recantation leads the professionals to doubt the validity of the victim's allegations.

#### ***4.3.4.3 Safety plan***

Social workers were requested to state a safety plan that they usually preferred when protecting sexually abused children, so as to prevent the abuse from recurring. The majority, of the social workers (62%) indicated that they preferred to involve the offender (of incest) in the family counselling sessions to ensure that the perpetrator gets rehabilitated without removing the sexually abused child. The findings correspond with Milner and O'Brien (1998:109) who mention that understanding the behavioural functioning of the offender and rehabilitating him or her can enhance healthy family relations. An indication was also made by these eight social workers that where the child's safety is threatened he/she might be removed to a place of safety.

Five (38%) respondents felt that removing the child to safety, but actively ensuring that the perpetrator is prosecuted and imprisoned, can ensure the child's safety. These findings negate the offender-focused approaches mentioned by Corby (1998). O'Hagan (1989) asserts that such punitive laws may neither ensure the protection of the child nor act as a deterrent measure for the offenders of child sexual abuse. The findings reflect that the majority of the social workers (eight, or 62%) consider offender rehabilitation and the intervention by the criminal justice system as safety measures for protecting sexually abused children. The finding also supports the offender-focused approaches mentioned by Corby (1998). It is therefore evident that the punitive laws alone may not be the absolute protection for the sexually abused children and for curbing the recurrence of the problem.

#### **4.3.4.4 Assessing the needs**

A further factor which was investigated in the assessment, of sexually abused children, was whether parents and siblings are involved when assessing the needs in sexually abused cases. All thirteen (100%) respondents informed that they do include other family members in need assessment.

#### **(a) Competency of social workers in need assessment**

Moxley's (1989) structure of need assessment, as mentioned by Rothman (1994:71-86) and Kirst-Ashman and Hull (1993) was used to list seven different needs, and the social workers were requested to indicate whether they felt competent to assess these needs. The findings reflect that the majority of the social workers (eight, or 62%) consider offender rehabilitation and intervention by the criminal justice system as safety measures for sexually abused children, which supports the offender-focused approaches as mentioned by Corby (1998). It is therefore evident that punitive alone may not be the absolute protection for sexually abused children and for preventing the recurrence of the problem.

Table 4.4 below gives a reflection of the needs that social workers feel competent to assess.

**TABLE 4.4: COMPETENCY IN NEEDS ASSESSMENT**

<b>TYPE OF NEED</b>	<b>f</b>	<b>%</b>
Level of emotional functioning	10	23
Specific needs	9	21
Behavioural functioning	8	19
Informed support system	7	16
Level of physical functioning	5	12
Formal agency support	3	7
Cognitive functioning	1	2

N = 13\*

\*Respondents could state more than one need

The above table shows that ten (23%) of the social workers felt capable of assessing the level of emotional functioning of the victimized. Nine (21%) of the respondents regarded themselves as competent in assessing specific needs. Eight (19%) of the respondents indicated that they were capable of assessing behavioural functioning whilst seven (16%) felt that they could assess informal support systems of the victims and their families. Five

(12%) of the social workers indicated that they felt competent to assess the physical functioning of the victimized, such as illness and somatic problems. Three (7%) of the respondents informed that assessing the formal agency support was regarded as a competency. Only one (2%) of the social workers indicated that he/she was in a position to assess the level of cognitive functioning of the sexually abused children and families.

From the findings it is evident that respondents were familiar with most of the needs of the sexually abused children, which should be assessed according to the structure of needs as presented by Moxley (1989). There does however, seem to be lack of insight in what the level of cognitive functioning implied, as most of the respondents did not indicate that they were competent to assess cognitive functioning.

#### 4.4 THEORETICAL FRAMEWORK

##### 4.4.1 Importance of theory in practice

The knowledge of integrating theory into practice when a social worker intervenes in cases of child sexual abuse was investigated. Respondents were asked a partially close-ended question to indicate how important they thought theoretical knowledge was, in guiding daily practice with sexually abused children. The findings are presented in figure 4.2 below:



*FIGURE 4.2: IMPORTANCE OF THEORETICAL KNOWLEDGE IN PRACTICE.*

Ten (77%) of the social workers viewed theory as important to guide daily work with sexually abused children. They felt that utilizing theory would equip social workers to be knowledgeable about the new theoretical developments. They mentioned that theoretical knowledge will assist the social workers to avoid haphazard planning and to have structured

goals and objectives. Furthermore they felt that the theoretical knowledge could create sensitivity to the dynamic nature of sexual abuse problems. The findings correspond with the studies of Fouche and Delport (1997) who caution that professional intervention is not possible without theoretical backing. The findings also correspond with Clarke-McCleod and Coughlan (1995) who advise that theory informs professional decision-making.

Two (15%) of the respondents indicated that they were uncertain about the relevance of theory in social work practice with sexually abused children. They felt that the theory was time wasting and not applicable as the child victim may not comprehend what the social worker is trying to do. Such misunderstanding could therefore make the child lose trust in the social worker. These findings suggest that lack of a theoretical basis can make practice decisions and clear thinking of social workers difficult, as mentioned by Clarke-McCleod and Coughlan (1995). Resultantly the sexually abused child might not receive quality service from the social worker, if theory is not applied to practice during the helping process.

One (8%) social worker was of the opinion that theory was unimportant in rendering the service because it cannot be generalized to all backgrounds and situations. The use of general knowledge was therefore regarded as effective. These findings are contrary to what Botha (2000:109) suggests, namely that social workers need to have a willingness to constantly acquire new professional knowledge. Furthermore, the conception that theory is unimportant seems to disregard the ethical responsibility that social workers have to keep up with relevant emerging knowledge as an obligation stated by the National Association of Social Workers Code of Ethics (Loewenberg *et al.* 2000:276). This respondent's reaction does not correspond with Fouche and Delport's (1997) caution that professional intervention is not possible without theoretical processes. Consequently it became evident that the majority of the respondents regard theory as important, though a few social workers felt uncertain about the roles theory can play in practical situations, or would dismiss its importance.

#### 4.4.2 Social Work Perspectives

A further factor, which was addressed in the study, was to investigate the types of perspectives that social workers preferred to apply when rendering services to sexually abused children. Respondents were requested to indicate three different social work perspectives that guided their professional intervention, from a close-ended question.

Sheafor *et al.* (2000:87-91) state that interventions should be based on perspectives to assist the professional to assess the problems and needs of the victims and their families. Table 4.5 below show the different perspectives used by the social workers when managing child sexual abuse cases.

**TABLE 4.5: SOCIAL WORK PERSPECTIVES**

<b>PERSPECTIVES</b>	<b>f</b>	<b>%</b>
Strengths perspectives	8	53%
General systems perspectives	7	47%
Generalist perspectives	0	0%
Other	0	0%

N = 13\*

\* Respondents could choose more than one perspective.

The majority (eight or 53%) of the social workers indicated that they use the strengths-based perspectives as they were trained in developmental assessment which emphasizes prevention of problems and building on individual strengths. The findings correspond with Sheafor *et al.* (2000), who recommend a strengths-based perspective to assess the strengths that clients have, and use these during the intervention.

Seven (47%) of the respondents indicated that they use the general systems perspectives. The findings agree with Sheafor *et al.* (2000), who indicate that a general systems perspective can be used to assess and understand the interrelation between the client and various systems. None of the participants applied any other perspective.

#### 4.4.3 Theories applied by the respondents

A list of three different theories and an option to indicate any other theories that the social workers usually apply in their encounters with sexually abused children, was provided and formed part of the questionnaire.

Five (31%) of the social workers employed psychodynamic theories, which assist them to assess the victims and perpetrators of child sexual abuse. The findings agree with Milner and O'Brien (1998:109) who mention that the psychodynamic theory is important for understanding of behaviour that seems irrational, and of ways in which past events influence current behaviour of individuals.

Two (13%) social workers mentioned that they use ecological theories to understand the behaviour of the victimized children in context. The findings correspond with Van der Mey and Neff (1986) who inform that human behaviour needs to be understood in relation to the environmental factors, socio-economic disadvantages and lack of resources that could predispose individuals to perpetrate the problem of sexual abuse. One (6%) respondent indicated that he/she uses a one-to-one intervention. It can be concluded that the workers in the service point apply theories when managing cases of sexual abuse.

#### 4.4.4 Social work models used by respondents

Another factor which was studied, is the type of social work models that respondents applied in their work with cases of child sexual abuse, namely problem solving model, interactional model, a task-centred model or any other model used by the respondents. Figure 4.3 below reflect the various models preferred by social workers.

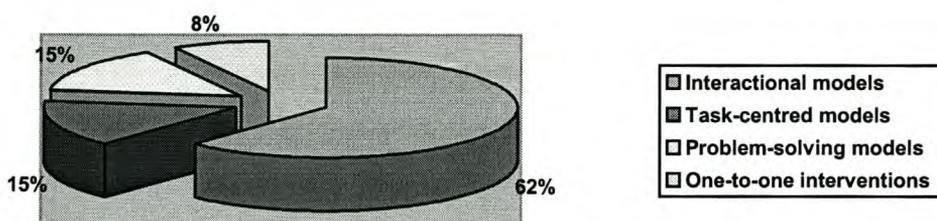


FIGURE 4.3: SOCIAL WORK MODELS USED BY RESPONDENTS

The majority of the respondents (eight or 62%) stated that they used interactional models. Two (15%) applied task-centred models whilst two (15%) used problem-solving models and one (8%) indicated that he/she used a one-to-one intervention. It can be concluded that the respondents applied social work models when intervening in cases of child sexual abuse.

#### **4.4.5 Competence in applying theory to practice**

Respondents were asked an open-ended question on how competent they feel in applying theoretical knowledge when assisting sexually abused children. Nine (69%) of the respondents stated that they felt incompetent, which could be attributed to a lack of theoretical and practical knowledge of sexual abuse work. These respondents indicated that their lack of skills in play therapy make them feel incapable, therefore they utilize general knowledge without any specific theoretical backing. Of these nine social workers, one (11%) explained that as theoretical training undergone by social workers is of Western Cultural orientation, it does not seem practical to fit into the indigenous cultural background in South Africa. The explanation given by this respondent opposes Bolen's (2001) and Corby's (1998) statements that training on sexual abuse work is crucial. Training generates feelings of security, confidence and competence in providing effective services. Corby (1998) further discourages on-the-job training, but regards ongoing education in child sexual abuse management as a priority.

Four (30%) of the social workers indicated that they felt competent to apply theoretical knowledge in the case management of sexually abused children. They attribute such competency to the training that they have received when they studied towards their Bachelors Degrees or Honours Degrees. The findings differ from the studies of Bolen (2001) and Corby (1998), who mention that training courses in child sexual abuse management are necessary. In conclusion it is evident that the majority (nine or 69%) of social workers in Moses Kotane District Municipality experience incompetence in managing child sexual abuse cases. The findings suggest that although much effort by

social workers could be expended towards the advanced case management that the respondents practice, the high level of incompetence mentioned can make them ineffective in child sexual abuse work.

## 4.5 MULTI-PROFESSIONAL TEAM WORK

### 4.5.1 Liaising with other service providers

Social workers were requested to name the professional service providers that they work with when managing child sexual abuse. Figure 4.4 below indicates the professionals that social workers liaise with.

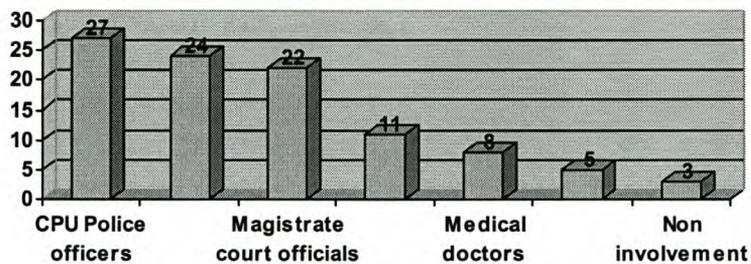


FIGURE 4.4: LIAISING WITH OTHER PROFESSIONALS

As indicated in figure 4.4 above, the majority, namely ten (27%) of the social workers, involves child protection unit police officers, nine (24%) interact with educators, eight (22%) liaise with the magistrate court officials, whilst four (11%) interact with nurses from local health clinics and hospitals. Three (8%) of the respondents involve medical doctors whilst two (5%) interact with psychologists. One (3%) respondent involves no stakeholders when providing services to the sexually abused children, which opposes the advice of Rothman (1992:19), Morgan and Zadner (1992) and O'Hagan (1989:135) on joint assessment, investigations and expertise through multi-professional teamwork. The findings show that the social workers mainly liaise with the child protection unit, police officers, educators and magistrate court officials as the major service providers for referrals of sexually abused children.

#### 4.5.2 Co-operation amongst stakeholders

As child protection services need co-operation amongst different service providers to access and decide on future plans for victims and their families, respondents were requested to indicate how they felt about the need for such co-operation. In response all thirteen (100%) of the social workers strongly agreed that co-operation with other stakeholders is important. The findings support Corby's (1998) study which regards co-operation of multi-professional team members as important.

#### 4.5.3 Holding case conferences

Due to the complex and dynamic nature of child sexual abuse it is necessary to involve different disciplines in case conferences, as the social worker alone is not supposed to manage the problem as an individual (Rothman 1994:71). Respondents were asked to indicate whether they hold case conferences when intervening in cases of child sexual abuse. The findings are shown in table 4.6 below.

**TABLE 4.6: HOLDING CASE CONFERENCES**

<b>RESPONSES</b>	<b>F</b>	<b>%</b>
Not held	10	77%
Held	3	23%
Total	13	100%

N = 13

Ten (77%) of the social workers indicated that they do not hold case conferences, as shown in table 4.6 above. They explained that interaction and liaison do take place in the form of referrals. Individual professionals in the child protection services do their own assessments and investigations without involving other services providers who deal with sexual abuse. Three (23%) of the respondents stated that they hold case conferences. However, it became apparent in their motivation that only unstructured communications about the cases prevail without necessarily holding case conferences with other stakeholders. It therefore seems that social workers are only involved in child protection programmes (and not case conferences per se). Respondents further mentioned that in a few instances telephonic discussions are held, indicating the roles between social workers and child protection unit

officers. It thus appears that communications and referrals do take place but case conferences are not in place. Such an arrangement supports the work of Biard *et al.* (1992:726) who assert that decision makers who work as individuals to assess sexually abused children (even if they have child sexual abuse training) run a risk of having inaccurate predictions of future revictimization of such children. Furthermore, as social workers use their own professional discretion to report cases, as mentioned by Peltzer and Phaswane (2000) and police officers use their own decisions to write off cases as lacking enough evidence, according to Morgan and Zadner (1992), some cases may end up unattended due to case conferences not being in place.

#### **4.5.4 Relationship with stakeholders**

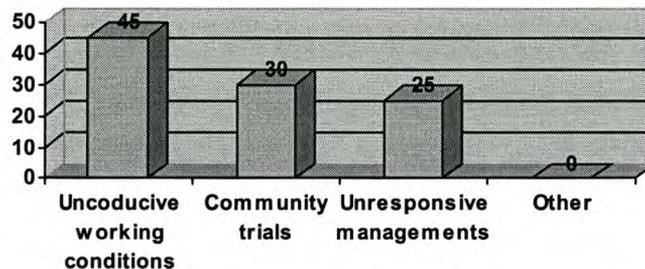
The manner in which respondents perceived their relationship with other professionals who provide services to sexually abused children was investigated. Corby's (1998) study reflects that disagreements exist among different agencies that render services to the victimized children and their families. Respondents were asked a close-ended question that included attribution of blame to other professionals and an option to indicate any other interaction with them.

In response the majority of the social workers (seven or 54%) blame police officers who in return blame social workers for not involving the others in their investigations and findings. Four (31%) of the respondents felt that doctors fail to communicate with social workers regarding sexually abused patients. According to Porter (1984:960), doctors working in isolation result in the sexually victimized children not being referred to social workers. Two (15%) of the social workers blamed the police officers for not promptly involving them in investigations, and thus the cases of sexually abused children receive social work intervention after a long period of time or end up not being referred to the agency. The other two (15%) respondents explained that ineffectiveness in child sexual abuse work is not only caused by poor relationships with other professionals, but family dynamics too may hamper efficiency, e.g. fear of loss of economic support from the perpetrator may cause intentional failure to report the abuse by family members. The findings reveal that almost all social

workers blame other professionals for not co-operating with them in child protection services. None of the respondents mentioned any positive relationship with other professionals.

#### 4.6 CHALLENGES FACED BY SOCIAL WORKERS

Respondents answered a question on challenges that social workers face in managing child sexual abuse. Figure 4.5 below shows the challenges that affect effectiveness of the respondents in their daily work with sexually abused children.



*FIGURE 4.5: CHALLENGES FACED BY RESPONDENTS*

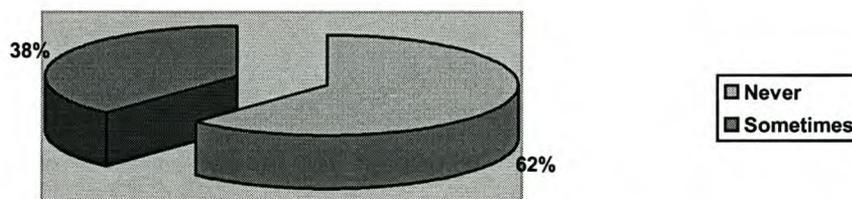
As shown in figure 4.5 above, nine (45%) of the social workers mentioned that they experience working conditions that are not conducive to effective service delivery. The findings correspond with the views of Simpson (1997:180-181) and Bolen's study (2001:149-200) which found that working conditions that are pressure-laden as well as burnout affect effective services delivery negatively.

Six (30%) of the respondents were challenged by community trials in child sexual abuse cases as the principle of confidentiality is disregarded. Five (25%) of the social work programs that are decided on by the agency management, tend to fail to protection of children. The needs of the sexually abused children might receive delayed attention from the social workers as first preference is usually given to scheduled office events. These findings correspond with Simpson's (1997:180-181) caution that agency plans may affect the needs of sexually abused children. It is thus evident that the three forms of challenges

experienced by most social workers are stressful and unsympathetic working conditions, community trials and unresponsive agency management. Notice should therefore be taken that efforts need to be made to provide working conditions conducive to facilitating effective intervention. Agency management needs to arrange for provision of timework services when others attend to scheduled office events.

#### 4.7 SUPERVISION

The frequency of supervision received by social workers regarding intervention in cases of child sexual abuse was investigated. The findings are illustrated in figure 4.6 below.



N = 13

*FIGURE 4.6: FREQUENCY OF SUPERVISION*

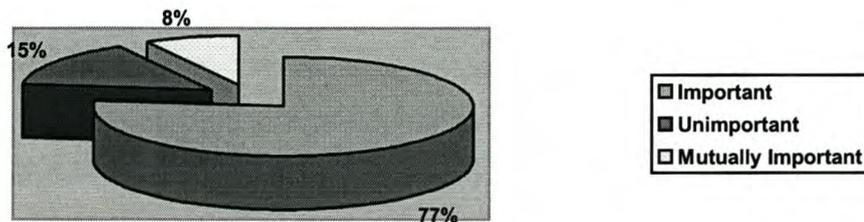
The findings in figure 4.6 reflect that the majority, namely eight (62%) of the respondents, have never received any form of supervision on how to manage sexual abuse cases. These findings seem to differ from Corby's (1998:68) advice that it is important to supervise front-line social workers as the complex nature of this problem creates stress and affect professionalism. Five (38%) of the social workers stated that they sometimes get supervision on how child sexual abuse cases should be managed. It is clear that the majority of line social workers do not receive supervision. Kirst-Ashman and Hull (1993) caution that supervisors too need to be knowledgeable in case management of sexually abused children. However it is not clear what the reasons for non-supervision are, and whether the few social workers who receive supervision have supervisors trained in child sexual abuse management.

#### 4.8 SKILLS OF SOCIAL WORKERS

Respondents were requested to indicate how skilled they perceive themselves to be to apply social skills and clinical skills when working with sexually abused children and their families. Such skills are found to be important by Fontana (1990), Middleman and Wood (1990:45), Palmer *et al.* (2001:41) and Weick (1999). Five open-ended questions were therefore asked to respondents to indicate the skills they applied during intervention with the sexually abused children.

##### 4.8.1 The importance of social skills

The open-ended question was: "How do you consider a gesture such as remembering clients by their name". The following responses were deduced, and the findings are presented in figure 4.7 below.



N = 13

FIGURE 4.7: THE IMPORTANCE OF SOCIAL SKILLS

The majority, namely ten (77%) of the respondents, felt that social skills such as remembering people by their names in a professional interaction was important as it creates an accepting and worthy client-worker relationship and also individualizes the uniqueness of people. According to the participants, the victims, their families and perpetrators may feel comfortable, free and open because they would feel that they are not regarded as strangers. The findings correspond with Fontana's (1990) suggestion that social skills enhance professional relationships and make lasting impressions. Two (15%) of the social workers view the application of social skills as not practical due to high caseloads that they attend to as generic social workers. One (8%) of the respondents explained that

remembering people by their names is not only important for the victim, family or perpetrator, but also vital for the social worker as he/she would be in a position to remember critical details about the family's problem situation, e.g. their co-operation or resistance as well as tasks allocated to them and to the social worker.

Although some of the respondents view remembering people by their names as not important, it is, however, felt by most social workers that such a skill is necessary as it complements the victimized child and the social worker's perceptions about each other in a professional relationship.

#### **4.8.2 Interactional skills**

Middleman and Wood (1990:45) encourage responsiveness and acceptance within social workers towards sexually abused children so as to make them feel comfortable, although cultural norms need to be observed in terms of space. A question of how social workers rearrange their office setting to become child-friendly during interviews was asked. In response the majority (eight, or 62%) of the social workers explained that they do not make any rearrangement of the office setting, as there is no provision made by employers for relevant resources. Resultantly the child victims sit across the office table during an interview. It seems from these findings that these respondents do not attempt to use any creativity when dealing with such children to enhance comfort and openness on the part of the child within the warm and necessary accepting environment.

Five (38%) of the respondents indicated that, irrespective of the poorly resourced office conditions that they work in, they make efforts to accommodate the needs of the sexually abused children. The respondents indicated that they would request the child to sit next to the social worker, to ensure that the office portrays warmth and a non-violent environment. One of these five respondents mentioned that he/she displays the pictures of the non-violent celebrities that the child might be familiar with as a creative way to child-friendliness. Talking about such pictures can be used by the social worker as an icebreaker at the beginning of an interview. The findings mentioned above correspond with Middleman and

Wood's (1990) advice of creating a user-friendly office environment when providing assistance to sexually assaulted children.

#### 4.8.3 Skills to deal with feelings

A question of whether the social workers were skilled to deal with the feelings that surface during the interview was asked. Middleman and Wood (1990) assert that social workers have to be able to contain own feelings to prevent bias. An indication of how capable respondents are in dealing with feelings is pointed out in table 4.7 below

**TABLE 4.7: SKILLS TO DEAL WITH FEELINGS**

<b>RESPONSE</b>	<b>F</b>	<b>%</b>
Lacked skills	9	69
Skilled	4	31
<b>TOTAL</b>	<b>13</b>	<b>100</b>

N=13

It is evident from table 4.7 above that the majority, or nine (69%) of the social workers, lack skills to deal with feelings. Respondents attributed such unskillfulness to lack of training or workshops regarding trauma counselling. As a result they depend on general knowledge and focus mainly on what happened (sexual abuse incident) between the victims and the perpetrator. The findings complement the study of Cooper and Ball (1987) and Goldman and Gargiulo (1994) who found that lack of skills and theoretical knowledge in child sexual abuse work make social workers respond to the abuse incident rather than to the needs of the victim.

Four (31%) of the social workers mentioned that they were able to deal with feelings of the victim, family and perpetrator. The respondents feel competent to encourage the victim towards further disclosure and purposeful exploration of feelings without losing the initial focus of the interview. Furthermore the respondents stated that ventilation of feelings becomes important as it is directed towards problem solving and a plan of action that addresses the emotional needs of the victims and their families. It is clear from the findings that most social workers in the Moses Kotane District Municipality lack knowledge and

training on the specifics of handling emotions and feelings involved in distressing problem situations of child sexual abuse.

#### 4.8.4 Empathetic listening skills

Another skill that was investigated was empathetic listening. Palmer *et al.* (2001:41) explain that survivors of sexual abuse have rated listening and being empathetic highly. Respondents were requested to indicate their ability to listen empathetically, and the following responses were noted as per table 4.8 below.

**TABLE 4.8: EMPATHETIC LISTENING SKILLS**

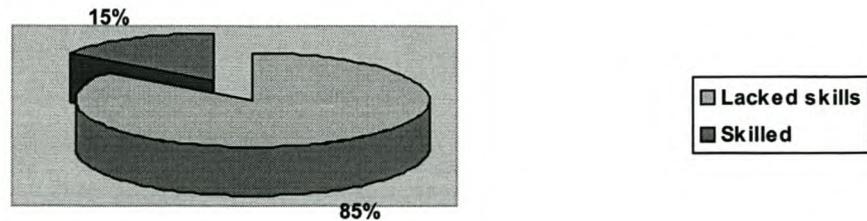
RESPONSE	f	%
Skilled	7	54
Unskilled	6	46
TOTAL	13	100

N=13

With reference to table 4.8 it is reflected that about half (seven or 54%) of the social workers are skilled to listen empathetically without interrupting what is being said by the interviewee, and would imagine themselves in the shoes of the victimized child. The respondents also stated that empathetic listening created an atmosphere of mutual understanding, preparedness and willingness to assist. The findings support the studies of Middleman and Wood (1990) and Palmer *et al.* (2001) who state that empathetic listening creates openness and shows interest to assist on the part of the social worker. Six (46%) of the respondents explained that listening empathetically was difficult as the ordeal and trauma that the abused children go through emotionally affect one. About half of the social workers in the sample find it difficult to apply the skill.

#### 4.8.5 Cognitive skills

A question whether social workers were able to apply cognitive skills was included in the questionnaire. The findings are presented in figure 4.8 below:



*FIGURE 4.8: COGNITIVE SKILLS*

In figure 4.8 it is significant to note that respondents who lacked cognitive skills significantly outnumbered those who felt competent to apply the skill in most cases when rendering services to the victimized children and their families. The majority, eleven (85%) of the social workers, attributed their being unskilled to such factors as lack of training as well as the inability of the sexually abused children to explain how they feel. The findings differ from the work of Middleman and Wood (1990) who state that it is important for social workers to be skilled to recognize various ways in which emotions and feelings can be manifested. The findings thus suggest that respondents are not able to “pick up” such feelings and emotions and probably depend on the verbally expressed feelings of the sexually abused children. Two (15%) of the social workers indicated that they are skilled to apply cognitive skills. It appears from these findings that almost all (eleven or 85%) social workers are incapable of applying cognitive skills when conducting interviews. It also became apparent during the researcher’s discussions with the respondents that they did not know what cognitive skills implied, even after the former made explanations in this regard. It is therefore necessary for the respondents to understand the relevance of cognitive skills in interviews so as to get insight into the emotions and feelings of the sexually abused children.

#### **4.9 SELF-AWARENESS AMONGST SOCIAL WORKERS**

According to literature (Elsdon 1998; Fontana 1990:8-13) self-awareness is crucial and central in a professional relationship as it influences effective social work practice. Self-awareness was therefore considered as a factor for investigation in this study. Social workers were requested to indicate if they were aware of how their own emotions, attitudes, feelings and personal viewpoints affected their professional relationship with victims and perpetrators of child sexual abuse.

In response the majority of the respondents, (nine or 69%) stated that they had not consciously noted how the said attributes affected the quality of their services in child sexual abuse cases. The findings of this study differ from Rothman's (1991:102-226) advice, namely that social workers need to recognize when their motivations affect the helping process negatively. Four (31%) of the social workers said that their objectivity in the helping process is affected by their being emotionally engaged with the victim, an account of which they lose focus. The response of these four social workers agrees with Elsdon (1998) who reckons that social workers who deal with youth and children should be aware of their own emotions and ways in which this influences intervention.

From the results of the study it appears that the majority of the social workers in the Moses Kotane District Municipality do not do much introspection on the way their personal attributes can affect service delivery.

##### **4.9.1 Social signals in an interview**

Respondents were asked to state whether they do sometimes notice themselves portraying social signals such as angry looks, nervous hand and body movements, interrupting conversations or uttering half statements during interviews with sexually abused children and their families.

Ten (77%) social workers reported that they are aware that sometimes they do react impulsively and negatively through facial expressions and the tone of voice and body gestures that definitely convey how deeply touched they are by victims or perpetrators of

child sexual abuse. Some social signals stated by the respondents include getting annoyed if the interviewee tells lies or gives direction of how he/she wants to be assisted by the social worker. The findings of these ten (77%) respondents correspond with Botha (2000) who encourages social workers to have self-knowledge regarding their own attitudes strengths and weaknesses, feelings and emotions to improve service delivery to victims. By being aware of these various motivations, the social worker can improve objectivity.

One (10%) of the ten social workers explained that sometimes the negative social signals may also be triggered by ringing telephones that cannot be ignored as they need attention. Middleman and Wood (1990:45) advise that telephone calls should be sensitively observed and be attended to by others and by not professionals in an interview session.

The response of three (23%) social workers indicates that they are not aware of the social signals that they portray during interviews with the sexually abused children, their families and perpetrators. If the professional is not conscious of his/her personal motivations, the sexually abused child might interpret such social signals as rejection and being unaccepted, hence further disclosure of the sexual abuse information or possible offender rehabilitation can be inhibited.

#### **4.10 CLIENT SATISFACTION**

Respondents were requested to indicate how satisfied they thought the “clients” were, with social workers' services. Five social workers (38%) stated that the victimized children and their families do not obtain satisfaction from service delivery due to the fact that services or programs that they are often referred to are not accessible to them due to the vastness of the area. Respondents further indicated that dissatisfaction is sometimes caused by the misunderstanding that victims and their families have regarding the role of the social worker, particularly because they concentrate on rectifying the incident of abuse; and the perception of the community (stigmatisation) of the abuse. Also they are often not satisfied due to the social worker's lack of insight or training regarding professional intervention into child sexual abuse cases, as indicated by the respondents.

Four (31%) respondents explained that, due to lack of feedback mode between the social workers and the victimized children, it is difficult to assess if they are satisfied with the intervention.

The other four (31%) social workers felt that the sexually abused children and their families are satisfied with the assistance they receive from them as they had rendered counselling, support and court intermediary services. Respondents further mentioned that satisfaction of the victimized children and their families is indicated when the latter appreciate the psychosocial support they received from the social worker when they were traumatized. Rapport established during a professional relationship is basic to satisfaction as the abused feels accepted and cared for during intervention. According to these social workers the sexually abused children and their families usually leave the agency office being happy.

#### **4.11 SUMMARY**

Probably no service organization in existence has no problem situations or highlights of some sort. In this chapter the knowledge, skills and attitudes that social workers have in intervening in child sexual abuse cases in the Moses Kotane Municipality District were analysed. The type of knowledge investigated in this chapter included the nature of case management process, assessment of the child as well as need assessment. The chapter also looked into the theoretical framework on which social workers base their intervention during practice. It is important for social workers to be involved in partnerships with other stakeholders. It is therefore vital to investigate how they relate with one another during professional interaction. Often the social workers in the Moses Kotane District Municipality are faced with different challenges that affect quality service delivery to the victims and their families. They need skills to render services to the victims and also need to have correct attitudes. These have been outlined in this chapter. Questions concerning whether they feel competent in case management and whether their clients are satisfied have been answered by this study.

## **CHAPTER 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

The results of the present study are important for the understanding of how social workers in the Moses Kotane District Municipality manage cases of child sexual abuse. The study investigated circumstances prevailing in the services point, and pointed out various strengths and needs that social workers encounter when intervening in cases of child sexual abuse. Based on the findings of an exploratory study that was undertaken conclusions and recommendations will be made with regard to case management in the agency. The aim of the study as presented in chapter one will now be addressed.

#### **5.2 CONCLUSIONS**

##### **5.2.1 The dynamics and risk factors of child sexual abuse**

Based on the findings of the study the conclusion is made that a high prevalence of family dynamics is a causative factor of child sexual abuse, followed in importance by characteristics of the father (as perpetrator) and lack of childcare facilities in the communities. Children in families that experience dynamics such as alcohol abuse, overcrowding and poor parental sexual functioning are vulnerable to sexual abuse, be it interfamilial or extra-familial in nature.

##### **5.2.2 Attributes of social workers as risk factors**

The following conclusions regarding the attributes of social workers as high risk factors in case management of sexually abused children are made.

###### ***5.2.2.1 Sexual abuse history***

Based on the findings of the study none of the participants had a history of childhood sexual abuse, but they were more inclined to believe allegations made by children regarding sexual victimization. It is concluded that not only professionals with a history of sexual abuse are ready to believe allegations of child sexual abuse.

### ***5.2.2.2 Educational qualification***

Although all the social workers have obtained a four year Bachelors Degrees and Honours Degrees all of them had not studied in the field of child sexual abuse thus they feel that they lack training in trauma counselling and play therapy experience and expertise. However, they indicated a need for theoretical and practical experience in managing child sexual abuse. It can thus be concluded that they need training in how to deal with child sexual abuse in practice.

### ***5.2.2.3 Gender***

Almost all social workers in the service point are female, and only one is male. The gender ratio of the participants shows no disinterest of male participation in the research. Furthermore no conclusion can be drawn with regard to how gender affects case management of child sexual abuse. However all the respondents do readily believe the allegations of victimization. The probability is that child victims might feel safe to disclose to these social workers as they might feel believed by “the mother figures”.

### ***5.2.2.4 Age***

Most of the social workers in the agency fall within the age of twenty-five to thirty-six years. This suggests that they may be knowledgeable regarding the contemporary developments in the field of child protection.

## **5.3 KNOWLEDGE NEEDED BY SOCIAL WORKERS**

### **5.3.1 Direct service delivery**

Direct service delivery was considered as a popular and potential means by which social workers in Moses Kotane District Municipality could achieve the goals and needs of sexually abused children. The sequence of tasks that constitute their case management was found to correlate with what child welfare organizations strive to achieve (Austin and McClelland 1996:6). Although the service point renders public services according to a generic approach, it would be expected that an indirect service delivery, which focuses on brokering of services and resources, be rendered to child victims and their families rather than advanced case management through direct service delivery. It is concluded that the

extent to which advanced case management is done in the midst of other generic services, be explored.

#### ***5.3.1.1 Assessing risk***

In order to assess the risk of revictimisation almost all the social workers regarded the involvement of the perpetrators of child sexual abuse in counselling sessions as necessary.

### **5.3.2 Assessing the child**

#### ***5.3.2.1 Assessment tools***

The study findings reveal that social workers prefer to use dolls as well as toys, and play more often when assessing sexually abused children. Metaphors and interviews are also used. It is concluded that it is not clear whether the non-usage of other tools was due to lack of knowledge, preference or ability to use particular tools.

#### ***5.3.2.2 Assessing the needs***

All the participants include family members of the sexually abused children in need assessment. It is evident from the study findings that the social workers can assess different types of needs such as the level of emotional functioning, specific needs and formal agency support. Although most social workers can assess the victimized children and their families holistically, the majority could not assess cognitive needs of the victims and their families. From observations the researcher detected that participants could not comprehend what cognitive functioning implied, even after explanation. It is concluded that the social workers need to learn how to assess the cognitive functioning of the victimized children and their family members as well as other needs such as informal support systems, the level of physical functioning and psychological functioning.

### **5.3.3 Theoretical framework**

Most social workers in Moses Kotane District Municipality feel that the application of theory in practice is important, as professionals would avoid haphazard planning, keep in touch with new theoretical developments and have guided and structured goals and objectives when intervening in cases of child sexual abuse. However some regarded theory

as time wasting and irrelevant to the indigenous South African cultural background and thus as unimportant.

It is interesting to note that all social workers do apply some theoretical perspectives, even if others had indicated earlier in the study that theory was unimportant. It is thus not clear whether the use of theoretical perspectives is genuinely applied by those social workers that regarded theory as unimportant. However each social worker indicated the use of a perspective(s), theory(s) and a model(s). It can be concluded that some of the social workers were not quite conversant with what different approaches entailed. Lack of conceptual understanding regarding some perspectives, theories and models might have resulted in a choice of non-viable frameworks that were mentioned by the respondents. Resultantly it can be concluded that these social workers might be drawing their knowledge base from a multiplicity of perspective theories and models without any specific origins.

#### ***5.3.3.1 Competency in applying theory in practice***

The study found out that the majority of social workers in the service point feel incompetent to apply theory in practice when managing cases of child sexual abuse. Based on the findings it can be concluded that victimized children and their families in the Moses Kotane District Municipality might not be receiving the relevant and appropriate professional services they ought to receive due to lack of appropriate knowledge by social workers.

#### **5.3.4 Liaising with other service providers**

Communications and referrals between social workers and other stakeholders do take place, but case conferences are not in place. Individual professionals use their own professional discretion when deciding to do assessments. It can be concluded that professionals run risk of having inaccurate predictions on the future revictimisation of sexually abused children.

Social workers liaise mostly with Child Protection Unit police officers, educators and magistrate court officials as the major referral sources for child sexual abuse cases. There is less involvement of health care professionals such as nurses, doctors and psychologists. Even though the magistrate court officials liaise with social workers it has been indicated

that such liaison usually takes place when the former request reports and court intermediary services from the social workers. Based on the findings it can be concluded that only referrals are made and less case discussions take place, especially with the prosecutors.

#### ***5.3.4.1 Need for cooperation amongst stakeholders***

Based on the fact that all social workers strongly agree that co-operation amongst stakeholders is important, it can be concluded that co-operation with the Child Protection Unit officers, educators and court officials is needed.

#### ***5.3.4.2 Relationship with other stakeholders***

Almost all social workers blame police officers that in turn blame the social workers, for not involving them in their investigations and findings. Social workers also blame doctors for working in isolation without referring sexually abused families, whilst other respondents blame police officers for not referring cases promptly. It can be concluded that there appears to be the “blame the other” type of relationship as no positive relationship was indicated. The findings suggest that role relationships are not clarified and the necessary protocol strategies and plans in child protection work are not adhered to.

#### **5.3.5 Challenges faced by social workers**

Effectiveness in intervening in child sexual abuse cases in the service point is impaired by various factors. The three major challenges found to be experienced by social workers are: working conditions that are not conducive to effective service delivery, community trials in child sexual abuse cases (disregarding confidentiality) and unresponsive agency management. Based on these findings it can be concluded that line work social workers are experiencing feelings of inadequacy without support from management of the agency.

#### **5.3.6 Frequency of supervision**

The majority of social workers were never exposed to supervision in child sexual abuse work, which suggests that the complex nature of the problem may render them incompetent and result in burnout. Few social workers stated that they sometimes receive supervision. It is, however, not clear what the reason for no supervision and minimal supervision is, and

whether these few supervised social workers receive supervision from supervisors trained in sexual abuse case management or not. It can be concluded that a lack of supervision in child sexual abuse work exists.

## **5.4 SKILLS HELD BY SOCIAL WORKERS**

### **5.4.1 Social skills**

Most social workers found social skills to be important, as such skills enhance professional relationships and make lasting impressions, e.g. remembering people by their names makes them feel appreciated, known and accepted. The skills were also found to be vital for social workers to remember critical details about role relationships and allocation of tasks to both the social worker and the families of abused children. It can be concluded that most social workers in the service point have acceptable interpersonal relations during service delivery.

### **5.4.2 Interactional skills**

Poorly resourced offices are a concern for most social workers. They subsequently use the office as is without improvising for a child-friendly atmosphere. The majority of the social workers in the agency lack interactional skills, as they make no efforts to create an environment that is conducive to meet the needs of the children who have been sexually abused. It can be concluded that these few social workers in Moses Kotane District Municipality show concern and ensure comfort for the child irrespective of lack of office resources.

### **5.4.3 Clinical/Case work skills**

#### ***5.4.3.1 Skills to deal with feelings***

The majority of the social workers in the agency feel unskilled to deal with feelings that surface during child sexual abuse work due to lack of training in trauma counselling. Few social workers feel competent to handle purposeful expression of feelings that leads to further disclosure without losing initial focus of the interview. It can be concluded that a lack of skill to deal with feelings prevails, and training in how to utilize the skill is needed.

#### ***5.4.3.2 Empathetic listening***

The study found that most workers in the agency were skilled to listen empathetically and are able to create an atmosphere of mutual understanding, preparedness and willingness to assist. However some social workers found it difficult to apply the skill. It can be concluded that social workers are skilled in empathetic listening and have concern to understand how sexually abused children and their families function.

#### ***5.4.3.3 Cognitive skills***

Social workers who lacked cognitive skills significantly outnumbered those who felt competent to apply this skill. They attributed their unskillfulness to lack of training and the inability of the sexually abused children to explain how they feel. It can be concluded that the social workers are unskilled to “read” the uncommunicated feelings and subtle emotions; suggesting that they might be depending on the verbally expressed emotions and feelings experienced by the victim, perpetrator or family.

### **5.5 ATTITUDES POSSESSED BY SOCIAL WORKERS**

#### **5.5.1 Self-awareness in emotions, attitudes, feelings and personal viewpoints of social workers**

The majority of the social workers in the agency seem not to notice consciously how their personal attributes such as emotions, attitudes, feelings and viewpoints affect the quality of their work with sexually abused children or perpetrators. Only a few social workers recognize when their objectivity is affected by being emotionally engaged when assisting the sexually abused children and their families. Being unaware when personal attributes surface, they might disregard the professional values and react unacceptably. It might be concluded that a lack of self-awareness exists amongst most social workers.

#### **5.5.2 Social signals in an interview**

Most social workers in the service point portray social signals that are negative during interviews with the victims and perpetrators of child sexual abuse, e.g. facial expressions and gestures conveying how they are affected by the problem. Ringing telephones sometimes aggravate such social signals. At times when interviewees tell lies or when

victims, family or perpetrators give direction on how they want to be assisted, the social worker gets annoyed and portrays negative social signals. It can be concluded that social workers are aware of the negative social signals that they portray during interviews.

### **5.5.3 Client satisfaction**

Most social workers feel that the victimized children and their families are not quite satisfied with the interventions that the professionals undertake in their cases. It might be concluded that a lack of training in sexual abuse work might be contributing to the dissatisfaction.

## **5.6 RECOMMENDATIONS**

The recommendations of this research have been formulated on the basis of the conclusions made.

### **5.6.1 Training**

- It is recommended that social workers in the service point should undergo training courses in sexual abuse work, irrespective of their educational qualifications, years of experience and ranks. Such training could be arranged with the South African Child and Family Welfare Society.
- Social workers should be trained by an experienced clinical social worker or a psychologist on how to assess the level of cognitive functioning of the victimized children so as to know how to recognize subtle emotions and feelings. They should also learn how to deal with their own feelings (or the victimized children's) that surface during interviews.
- Social workers should acquire interactional skills so as to create a user-friendly office environment. Such training could be offered by a social worker experienced in child sexual abuse work. The agency management needs to provide necessary and appropriate resources for a child-friendly office environment.
- Social workers who find perpetrator involvement difficult due to dynamics in family relationships should learn various skills so as to engage the sexual abuse offenders in

the process of case management. A training course on dynamics and risk factors of child sexual abuse can be arranged with scholars who have researched these variables.

### **5.6.2 Nature of case management**

As social workers render generic social work services which includes almost all categories of service delivery, and experience full case loads it would be necessary for them to enact the role of brokering of services when intervening in sexual abuse cases with children, families and perpetrators. Individual social workers should compile resource lists with contact telephone numbers, addresses and services that are provided by resource agencies so as to engage in service brokering.

### **5.6.3 Case conferences**

It is recommended that social workers should facilitate the holding of case conferences with other service providers. Such multi-professional meetings would benefit the victimized children as their psychological, medical, social and legal needs as well as concerns could be assessed. The responsibility to intervene into cases of child sexual abuse would be shared by all relevant stakeholders. Therefore the professionals can avoid the “blame the others” type of relationship.

### **5.6.4 Working conditions**

It is recommended that the working conditions of the social workers should be improved to be conducive to the effectiveness of the professionals, so as to serve the best interest of the child. The agency management should therefore take responsibility to provide the necessary equipment, and services that could create a user-friendly environment for social workers.

Social workers should arrange information sessions with various community leadership structures to discuss the sensitivity and confidentiality required in child sexual abuse work, regarding community trials of sexual abuse cases.

### **5.6.5 Supervision**

It is recommended that social workers should receive continuous and constant supervision and support from their supervisors, as the complex nature of child sexual abuse problems may create stress for them. More investigations could be made into whether the supervisors have undergone training regarding case management for sexually abused children.

### **5.6.6 Self-awareness**

It is recommended that social workers should be conscious of the social signals that they portray during interviews, as these signals may affect the helping relations negatively.

### **5.6.7 Theoretical knowledge**

It is recommended that social workers should be guided by theoretical knowledge about perspectives, theories and models when providing services to the sexually abused children and their families, as most of them indicated that they felt incompetent when addressing this phenomenon.

## **5.7 FUTURE RESEARCH**

- (a) It is recommended that future research be undertaken on how competent social workers are in applying theoretical knowledge, perspectives, theories and models when managing cases of sexually abused children.
- (b) It is recommended that research be conducted on the impact of working conditions that are uncondusive on the competency of social workers and client satisfaction.
- (c) It is recommended that further study be made among supervisors to explore the quality of supervision and knowledge regarding case management for sexually abused children.
- (d) It is also recommended that research be undertaken on the exploration of the attributes and attitudes of professionals as risk factors of child sexual abuse.

## **5.8 CONCLUDING THOUGHTS**

Social workers need to acquire training in child sexual abuse work irrespective of their professional qualifications (degrees), years of experience and professional ranks, as university training does not necessarily encompass child sexual abuse management. The training in this regard is crucial, as professionals would be equipped with theoretical knowledge to intervene in the situations of affected children and families. Line social workers may experience incompetence due to lack of professional training in case management of sexually abused children because they might not know what phases they need to embark on during the process. However they regard theory as a tool that can assist social workers to gain a broad spectrum of information during assessment and implementing of services.

The complex nature of child sexual abuse problem may render social workers incompetent especially if they work under pressured working conditions but do not receive supportive supervision where they could vent their emotional pressure and increase their ability to cope. Such support can empower them to become creative in striving for a child-friendly environment. Notwithstanding challenges and problems they experience, the social workers' good interpersonal relations (social skills) and ability to listen empathetically allow them to strive towards client satisfaction even though most professionals feel unskilled to deal with feelings or to apply cognitive skills. Liaising with other stakeholders on child protection work is appreciated, however facilitation of case conferences by social workers is crucial. Resultantly the recommendations made in this study could strengthen and empower social workers towards effective management of child sexual abuse cases in the agency.

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**ANNEXURE A**

University of Stellenbosch  
Department of Social Work  
Private Bag X1  
Matieland  
7602  
15.07.2003

Mr/ Mrs/ Miss-----  
Department of Social Services  
Arts Culture and Sport  
Private Bag x1006  
Mogwase

Dear Sir /Madam

Re : Request to complete survey questionnaire

Our previous discussion on the above stated matter has reference.

As a follow up of our previous discussion on my research, I would like to request you to participate in the survey that I am undertaking on the Case management of child sexual abuse by social workers in the Moses Kotane Municipality District. The research undertaken is part of the requirements for completion of a Master of Social Work degree at the University of Stellenbosch.

You are kindly requested to complete an attached questionnaire and please feel free to ask questions as I am available to make clarification.

Yours sincerely

Boitumelo J. Letsholo

**ANNEXURE B**

**QUESTIONNAIRE**

**CASE MANAGEMENT OF SEXUALLY ABUSED CHILDREN BY SOCIAL WORKERS IN MOSES KOTANE DISTRICT MUNICIPALITY DISTRICT**

PLEASE ANSWER ALL THE QUESTIONS AND NOTE THAT CONFIDENTIALITY WILL BE ENSURED AT ALL TIMES

**SECTION A**

1. BIOGRAPHICAL DATA

1.1 Gender

1	Male	
2	Female	

1.2 What is your present age?

1	Under 25 years	
2	26 – 35 years	
3	36 – 45 years	
4	46 – 55 years	
5	Over 55 years	

1.3 What is your highest qualification?

1	3 yrs Bachelors degree	
2	4 yrs Bachelors degree	
3	Honours Degree	
4	Masters degree	

1.4 How many years have you been employed as a social worker?

1	0 – 1 year	
2	1 – 3 years	
3	4 – 6 years	
4	7 – 9 years	
5	10 – 12 years	
6	Over 12 years	

1.5 What is your present rank?

1	Social worker	
2	Senior social worker	
3	Chief social worker	
4	Other (specify)	

**SECTION B**

**2 KNOWLEDGE POSSESSED BY SOCIAL WORKERS**

2.1 Which of the following are the three main causes of child sexual abuse in your caseload?

1	Personal problems of the perpetrator (pathological hatred for women, preferring sexual intercourse with children, pornographic sexual exploitation of children)	
2	Family problems (such as poor sexual functioning of parents, alcoholism and overcrowding)	
3	Characteristics of the mother (e.g. encouraging sexual relations between father and daughter, maternal absence or illness and history of sexual abuse)	
4	Characteristics of the father (such as the need to feel powerful and to control others, feelings of inadequacy / incompetence, history of sexual abuse)	
5	Characteristics of the child e.g. being unattached from parents hence clinging to others; being available, attractive and vulnerable to the perpetrator, inability to detect dangerous situations due to a younger age)	
6	Community factors (such as lack of appropriate childcare services, unsupervised child play and unsupervised access to adult males.	

**3. MULTI-PROFESSIONAL TEAM WORK**

3.1 Which professional service providers do you work with in managing child sexual abuse?

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3.2 Holding case conferences.

3.2.1 Do you hold case conferences as a team?

1	Yes	
2	No	

3.2.3 Please motivate your answer.

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3.3 Co-operation amongst stakeholders.

3.3.1 Child protection services need cooperation amongst different service providers to assess and decide on a future plan for the victim and his or her family. How do you feel about this statement?

1	Strongly disagree	
2	Mildly disagree	
3	Strongly agree	
4	Mildly agree	

3.3.2 Please motivate your answer.

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#### 4 RELATIONSHIPS WITH STAKEHOLDERS

4.1 Which of the following statements best describes your relationship with other stakeholders in managing child sexual abuse?

1	Social workers blame police officers for not referring cases promptly.	
2	Doctors do not communicate identified child sexual abuse cases for counselling services for the victim and his or her family.	
3	Police and social workers blame one another for not involving the other in their investigations and findings.	
4	Other (specify)	

#### 5 PROCESS OF CASE MANAGEMENT

Different opinions exist on what case management is. Specializing and non-specializing social work agencies may offer different services for case management depending on their ability to buy outsourced services for the victim and his or her family. Which of the following descriptions suit case management in your agency?

1	Provision of indirect services to victims and their families by linking them to resources, planning and co-ordinating services.	
2	Direct service delivery to victims and their families - engaging in all case work phases, counselling, advocating, linkage to resources, monitoring and evaluation.	
3	Other (specify)	

#### 6. ASSESSMENT TOOLS

6.1 In assessing whether the child has been sexually molested or not, which of the following tools do you use?

1	Dolls with/without anatomically correct genitals.	
2	Using metaphors (relating a story of "another child")	
3	Toys and play.	
4	Prevention material and videos	
5	Other (specify)	

## 7 ASSESSING RISK

### 7.1 Perpetrator involvement.

7.1.1 How do you consider yourself as a social worker, as having a role in involving the offender of incest in family counselling sessions?

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### 7.2 Recantation of disclosed information.

7.2.1 If the child that has previously disclosed that he or she was sexually molested suddenly denies the allegations and informs that he or she was actually not sexually assaulted, which of the following statements will you consider appropriate?

1	The child has not been sexually molested.	
2	The child might have been abused but is in a denial stage.	
3	The child has a love relationship with the offender.	
4	Other (specify)	

## 8 ASSESSMENT OF SAFETY PLAN

8.1 In protecting the sexually abused child, which of the following plans of action do you prefer to prevent the abuse from recurring?

1	Removal of the child for safety; prosecution and imprisonment of the offender.	
2	Involving the offender in family counselling without removing the child, but ensuring that the offender gets rehabilitated.	
3	Other (specify)	

## 9 ASSESSING THE NEEDS

9.1 Do you include the parents and other siblings when assessing the needs in child sexual abuse cases?

1	Yes	
2	No	

### 9.2 Competency in needs assessment

Which of the following needs do you feel competent to assess in child sexual abuse cases?

1	Specific needs (health care, accommodation, transport, safety)	
2	Level of physical functioning (illness, medication, somatic problems).	
3	Emotional functional (anger, anxiety, control of emotions).	
4	Cognitive functioning (reality orientation).	
5	Behavioural functioning (self-care, reaction to frustration, assertiveness).	
6	Informal support systems (from family, churches, relatives, clubs).	
7	Formal agency support (from welfare organizations, specialized agencies, other government departments).	

## 10 CHALLENGES

10.1 Which of the following challenges do you experience in your work with sexually abused children?

1	Working conditions which are uncondusive (pressure-laden, unresponsive management, burn out).	
2	Community trials in sexual abuse cases that contravene confidentiality.	
3	Management decisions that may overlook emergency child care needs due to meetings and other programs.	
4	Other (please specify)	

## 11 SUPERVISION

11.1 Do you receive supervision on how you manage child sexual abuse cases?

1	Yes	
2	No	

## 12 SELF-AWARENESS

12.1 How aware or unaware are you of how your attitudes, feelings, emotions and myths influence your professional relationship with the victims and perpetrators of child sexual abuse?

1	Aware	
2	Unaware	

12.2 If aware please motivate your answer.

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## 13 SOCIAL SIGNALS

13.1 Do you sometimes notice that you have portrayed signals such as angry looks, nervous hand and body movements, interrupting conversations, uttering half statements during an interview?

1	Yes	
2	No	
3	Uncertain	

Please motivate your answer.

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13.2 As an individual have you experienced sexual assault in your life?

Yes	No
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**SECTION C**

**14 SKILLS**

**14.1 Social skills**

How important do you consider gestures such as remembering clients by their names?

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**14.2 Interactional skills**

14.2.1 How do you rearrange your offices' physical setting when interviewing child victims?

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14.2.2 How do you describe your skill to listen empathetically?

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14.2.3 How skilled are you to deal with feelings that surface during an interview with sexually abused families?

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14.2.4 How would you describe your ability to use cognitive skills (recognizing feelings, subtle emotions, behaviour patterns and their motives)?

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**SECTION D**

**15 THEORETICAL FRAMEWORK**

**15.1 The importance of theory in practice.**

How important do you think theoretical knowledge is to guide daily work with sexually abused children?

1	Unimportant	
2	Important	
3	Uncertain	

Please motivate your answer.

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### 15.2 Perspectives

Which of the following perspectives do you use in managing child sexual abuse?

1	Generalist perspective	
2	General systems perspective	
3	Strengths perspective	
4	Other (specify)	

### 15.3 THEORIES

15.3.1 Which theories do you utilize in managing child sexual abuse work?

1	Psychodynamic theory	
2	Ecological theory	
3	Behaviour modification	
4	Other (specify)	

### 15.4 Models

15.4.1 Which of the following models do you prefer to use in managing child sexual abuse cases?

1	Problem-solving model	
2	Interactional model	
3	Task-centred model	
4	Other (specify)	

### 15.5 Competency

15.5.1 How competent do you feel in applying theoretical knowledge when rendering services to sexually abused children and their families?

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**SECTION E**

15.6 Client satisfaction

15.6.1 How satisfied do you think your clients are, with your service in the case management of sexually abused children?

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Thank you for your co-operation.